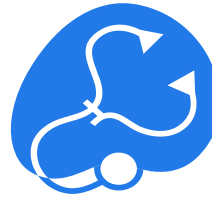




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Medicaid In New Jersey

Medicaid

Medicaid is the federal-state partnership created by Congress in 1965 to finance health care for the nation's most needy citizens. Originally Medicaid was designed to provide services to recipients of cash assistance through welfare programs. The program has expanded over time, most notably for women and children. Medicaid pays for hospital, doctor, prescriptions, nursing home and many other health services.

New Jersey Medicaid is the largest health care program in state government. It provides payment of the health care costs of more than 900,000 people. The New Jersey Medicaid program, administered by the Division of Medical Assistance and Health Services, covers certain medical and health care services for individuals who meet eligibility requirements. Those receiving Supplemental Security Income (SSI) are automatically eligible for Medicaid and need not make a separate application. (As of 2011, the New Jersey Medicaid eligibility criteria for a single individual to receive Medicaid through SSI are a monthly income of \$674.00 or less and resources of \$2,000 or less.) Other individuals with low incomes may be covered under the NJ Care program, which provides full Medicaid coverage but no cash assistance. (As of 2011, the New Jersey Medicaid eligibility criteria for a single individual to receive Medicaid through NJ Care are a monthly income of \$908.00 or less and resources of \$4,000 or less.)

To be eligible for New Jersey Medicaid, a person must meet these general requirements: resident of New Jersey, U.S. Citizen or qualified alien (most immigrants who arrived after August 22, 1996 are barred from the program for five years), and fall within specific standards for financial income and resources. In addition, a person must be a member of one of the following groups: 1) families with children up to age 18, 2) people who are aged, blind or permanently disabled, 3) pregnant women, and 4) children.

For further information on New Jersey Medicaid, call 1-800-356-1561.

Medicaid State Plan Services

New Jersey Medicaid, sometimes referred to as standard Medicaid, pays for a wide array of healthcare services, including inpatient and outpatient hospital treatment, prescription drugs, laboratory tests and x-rays, dental care, eye care & glasses, home health care, physician services, nurse-midwife services, durable medical equipment, medical supplies and nursing facility services. Other specialized services that an individual might need, such as brain injury treatment at a residential facility or cognitive therapy, are not covered under Medicaid State Plan Services, but may be covered under a Medicaid Waiver program.

For additional information on Medicaid State Plan Services, call 1-800-356-1561.

Medicaid HMO Enrollment

New Jersey Medicaid requires that everyone who has Medicaid, including people who also have Medicare or private health insurance, must enroll in a Medicaid HMO. The four plans are: Amerigroup (serving all counties except Salem) Healthfirst (in 10 counties: Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex and Union) Horizon NJ Health (serving all counties) and UnitedHealthcare Community Plan (serving all counties). Anyone who is newly enrolled in a Medicaid HMO and wants to change is allowed a period of 90 days from the date of enrollment to switch. After that, enrollees can change HMOs once a year,

during the Open Enrollment Period, from October 1 to November 15. The new HMO enrollment will take effect on January 1. However, enrollees have the option of changing HMOs at any time, if there is a “good cause” reason, by calling NJ Medicaid / FamilyCare at 1-800-701-0710.

Many health services previously covered under Medicaid fee-for-service (“carved-out” from the Medicaid HMO system) are now provided by the Medicaid HMOs (“carved-in”). In some cases, the provider may change, but the services have not been eliminated. These are the health services for people with disabilities now covered by the Medicaid HMOs: the pharmacy benefit, home health care, PT, OT, and speech therapy, personal care assistance, adult and pediatric medical day care.

Care management services are available at all of the Medicaid HMOs. Care managers are able to do individual, out-of-network contracting with medical, dental, and mental health providers who are not in the HMO’s network, when the HMO does not have in-network providers with the same level of expertise as the out-of-network provider. These arrangements are made on a case-by-case basis, if the health care professional is willing to make such an arrangement.

Medicaid HMO care management phone numbers:

Amerigroup Community Care: 1-800-452-7101 x66050

Healthfirst NJ: 1-866-467-7178

Horizon NJ Health: 1-800-682-9094 x89385

United Healthcare Community Plan: 1-877-704-8871 x5260

To report a problem with the transition to managed care, you can complete a form at the Arc of NJ’s website, Mainstreaming Medical Care: www.mainstreamingmedicalcare.org, or call the Brain Injury Association of NJ, 800-669-4323, for assistance in completing this form.

For further information about Medicaid HMO enrollment, call NJ Family Care at 1-866-472-5338.

Medicaid Specialized Long Term Care

Medicaid also pays for certain nursing home residents with exceptional needs to receive specialized care at a long-term care facility, including traumatic brain injury long-term care facilities. Medicaid pre-admission screening is required for anyone seeking to access these specialized long-term care programs. This process is referred to as the TBI PAS, referring to the pre-admission screening that is necessary for admission to a sub-acute brain injury facility. If a person with a brain injury is being transferred from an acute care facility to a nursing home, it is worthwhile to inquire about placement in a specialized TBI care facility as an alternative.

For further information on New Jersey Medicaid Specialized Care programs, call 609943-4978

Medicaid Waivers

New Jersey has several special Medicaid programs designed to meet the needs of certain groups of people who would only be able to qualify for Medicaid in an institutional setting. These special programs are referred to as Medicaid Waivers, and they provide some services not covered under the standard Medicaid program. Medicaid Waivers do not have the same financial eligibility criteria as the standard Medicaid program – they have a higher income criterion. Individuals who would not financially qualify for standard New Jersey Medicaid, may be eligible for Medicaid Waivers. Often, individuals who might qualify for these Medicaid Waivers do not apply because they believe that their income is too high. If you are unsure as to whether or not you or your family member would qualify, contact the agency administering that specific Waiver program to find out. (As of 2011, the New Jersey Medicaid eligibility criteria for a single individual to receive Medicaid through a Medicaid Waiver are a monthly income of \$2,022.00 or less and resources of \$2,000 or less.)

Listed below are the Medicaid Waivers that may benefit individuals with traumatic brain injury, depending on each person’s needs and individual situation. Medicaid Waivers vary in the groups they serve, the services they

provide, and the agencies that administer them. Pay close attention to the eligibility requirements and specific services in order to access the Medicaid Waiver that would best suit your needs. Also, individuals may be enrolled in only one Medicaid Waiver at a time.

- The **Community Resources for People with Disabilities (CRPD) Medicaid Waiver** is for blind and disabled children and adults, and provides all Medicaid State Plan services, except nursing facility care. CRPD's waiver services are case management and for eligible individuals meeting specific clinical criteria, private duty nursing services of up to 16 hours per day. **For further information on the CRPD Waiver, contact the Division of Disability Services at 1-888-285-3036.**
- The **Traumatic Brain Injury (TBI) Medicaid Waiver** is for persons ages 22-65 with an acquired traumatic brain injury, and provides all Medicaid State Plan services, except nursing facility care and personal care assistance. The TBI waiver services are case management, counseling, community residential services, therapies, behavioral programs, environmental modifications, day programming, personal care assistant, transportation, respite care, night supervision, chore services and companion services for individuals who qualify. To qualify for the TBI Medicaid Waiver, an individual's injury must have occurred after age 21. **For further information on the TBI Medicaid Waiver, contact the Division of Disability Services at 1-888-285-3036.**
- The **Community Care Medicaid Waiver (CCW)** is for individuals registered with the Division of Developmental Disabilities (the disability had to have manifested before the age of 22), and provides all Medicaid State Plan services, except ICF/MR (intermediate care facility for people with mental retardation) and personal care assistance in congregate settings. CCW waiver services are case management, habilitation, individual supports, environmental/vehicle accessibility adaptation, personal emergency response system, and respite care. **For further information on the CCW Waiver, contact the Division of Developmental Disabilities at 1-800-832-9173.**
- The **Global Options (GO) for Long-Term Care Medicaid Waiver** is for individuals 65 years or older, or between the ages of 21 and 64 who are deemed disabled by the Social Security Administration (SSA) or the Division of Medical Assistance and Health Services, Disability Review Section (individuals who are chronically mentally ill, mentally retarded or developmentally disabled are considered ineligible). Services provided through the GO Medicaid Waiver include assisted living/adult family care, respite care, home based supportive care, environmental accessibility adaptations, personal emergency response systems, home delivered meal service, caregiver/participant training, social adult day care, special medical equipment and supplies, chore services, care management, transition services and transitional care management, transportation, and attendant care.
- The **Global Options (GO) Nursing Facility Transition (NFT)** is part of the above GO initiative, and is for individuals residing in a nursing facility who could potentially transition back to the community.

For more information on the GO for Long-Term Care and GO Nursing Facility Transition Medicaid Waivers, contact your local Area Agency on Aging at 1-877-222-3737.

NJ WorkAbility

The WorkAbility program offers people with disabilities who are working, and whose income would otherwise make them ineligible for Medicaid, the opportunity to pay a small premium and receive full NJ Medicaid coverage. People with disabilities who are employed between the ages of 16 to 64 can qualify for the program with annual gross earned income up to \$54,948 and resources up to \$20,000 for an individual. **For further information on NJ WorkAbility, contact the Division of Disability Services at 1-888-285-3036 or visit the website at <http://www.state.nj.us/humanservices/dds/projects/discoverability>.**