

## Medicaid & Its Important Role in Funding Services and Supports for Individuals with Autism



Medicaid is an important but complicated government program that funds a wide array of medical and long-term care services to eligible children and adults with disabilities. Understanding the program and your eligibility and entitlement will help you get the services you or your family member with autism needs.

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### What is Medicaid?

Medicaid provides medical assistance and funding to pay for long-term care services for aged, blind, disabled, and low-income Americans, including many children and adults with autism.

At one time, the only long-term care services that Medicaid funded were those available in institutions, but now the program also funds community-based care. New Jersey's Division of Developmental Disabilities (DDD) depends on Medicaid funding to pay for many of these services.

Medicaid is an "entitlement," so once someone is found to be eligible for Medicaid, he/she must receive all Medicaid services he or she needs. Waiting lists are generally not allowed.

### Who is eligible for the Medicaid Program in New Jersey?

Eligibility for Medicaid is based on an assessment of a person's disability and his/her financial resources, including income. A person receiving DDD services will likely meet Medicaid's disability criteria.

In New Jersey, individuals receiving Security Income (SSI) are automatically Medicaid-eligible. SSI provides cash to individuals who meet the income limits (approximately \$800 per month for individuals) and resource limits (up to \$2,000 for individuals).

Because most adults with autism do not earn much money and have few resources of their own, they will probably meet Medicaid's financial eligibility requirements. Adults with autism who earn an income may be eligible under new "work incentives" that make it possible for adults with disabilities to earn money and remain Medicaid-eligible. The income and resources of a parent are not considered when the person with a disability is age 18 or older, even if he/she is living with family. To be eligible, one also must be a resident of New Jersey and a United States citizen.

by Valerie Powers Smith, Esq., Hinkle, Fingles & Prior, Attorneys at Law  
and Leslie Long, Director of COSAC's Adult Resources Department

COSAC • 1-800-4-AUTISM • 1450 Parkside Ave., Suite 22, Ewing, NJ 08638

## What services are available under the New Jersey Medicaid Program?

New Jersey's Medicaid Program offers both mandatory and optional services to its beneficiaries. Mandatory services are those required by the federal government. Optional services are those which the State of New Jersey has elected to provide. All of these services are available to New Jersey residents who are Medicaid eligible:

### Mandatory

- Inpatient hospital services
- Outpatient hospital services
- Physician services
- Medical & Surgical Dental services
- Nursing Facility services (21 years & older)
- Home Health Care (includes intermittent or part-time services, home health aides, and medical supplies for the home)
- Family Planning services & supplies
- Coverage for rural health clinic services
- Lab & X-ray services
- Certified Pediatric & Family Nurse
- Practitioner services
- Nurse mid-wife services
- EPSDT
- Federally-qualified health center services
- Rural health clinic services

### Optional

- Clinic services
- Nursing facility services (21 years & under)
- ICF/MR services
- Optometrist services & eyeglasses
- Drugs during LTC stays
- TB-related services for TB infected persons
- Prosthetic devices
- Dental services
- Therapy services (OT, ST, PT)
- Inpatient psychiatric care (under 21 & 65 and older)
- Hospice
- Podiatrist services
- Prosthetics & Orthotics
- Durable Medical Equip.
- Chiropractic services
- Transportation
- Psychology services
- Hearing aides
- Private Duty Nursing
- Residential Treatment

## What is a Medicaid-funded Waiver? Why are waivers important?

Medicaid waivers may provide different benefits than traditional Medicaid programs, or create different eligibility criteria. They are called "waivers" because some of the rules that apply to Medicaid are 'waived,' or put aside. Some states have specific waivers for people with autism. At this time, New Jersey does not.

The purpose of waivers is to give states more flexibility to serve a larger number of individuals with disabilities in the community. States must provide community Long Term Care (LTC) services for individuals who are Medicaid-eligible and who qualify for institutional care. An individual who is eligible for LTC is entitled to community-based services listed in the State's Community Care Waiver, as long as the services are also listed in the individual's Plan of Care - either the Individualized Habilitation Plan (IHP) or the Essential Lifestyle Plan (ELP).

One important waiver is the Home and Community-Based Services (HCBS) Waiver, designed to support people in their communities. In New Jersey, this waiver for people with developmental disabilities is called the "Community Care Waiver (CCW)." Some of the services provided by the Division of Developmental Disabilities through the CCW are "self-directed services," such as those offered through DDD's "Real Life Choices" program.

## Who is eligible for the Community Care Waiver?

If a child under age 18 is ineligible for Medicaid because of parental income or resources, the Community Care Waiver “waives” the consideration of parental income / resources. The income and resources of the child are still considered but eligibility can be obtained using a special needs trust. For individuals 18 years and older, the resource limitation is still \$2,000, but the income limitation is higher (approximately \$1,800/month).

## What services are available under the Community Care Waiver?

The Community Care Waiver in New Jersey funds traditional and non-traditional medical services. In addition to the aforementioned Medicaid services, a DDD client under the Community Care Waiver also may receive:

- Case management
- Respite Care
- Habilitation (including, pre-vocational or day programming & supported employment services)
- Individual supports (including, personal assistant services & transportation)
- Integrated Therapeutic Network (ITN) Therapies (including OT, PT, ST, psychological & psychiatric services)
- Environmental Modifications
- Home & vehicle accessibility adaptations
- Personal emergency response systems (PERS)

In addition to the Community Care Waiver, the New Jersey Division of Disability Services (DDS) administers a number of other waivers, including waivers for medically fragile children, children and adults with AIDS and HIV, and individuals with a Traumatic Brain Injury (TBI). The New Jersey Department of Health & Senior Services (DOHSS) also administers Medicaid-funded waiver programs for individuals who would otherwise qualify for placement in a nursing home or hospital.

## How do I apply for the Medicaid Program or any of the various Medicaid-funded Waivers?

To apply for Medicaid, you can either contact DMAHS at (800) 356-1561 or SSA office at (800) 772-1213.

For more information about the various Medicaid-funded Waivers or to make an application, contact DDD at (800) 832-9137; DDS at (609) 588-2621; or DOHSS at (800) 328-3838.

## How can a child with autism get Medicaid Services?

If your child under age 18 is ineligible for Medicaid because of your income or resources, you should contact your DDD case manager to request your child be processed for the Community Care Waiver.

Another option is to contact your local County Office of Special Child Health Services to request a Split Medicaid Application. This special application is for children with disabilities who are not eligible for Medicaid through SSI or otherwise because of your income, and who have a non-disabled sibling. You must apply for both children under the Medically Needy program. Under the “split application” analysis, your parental income is deemed to your non-disabled child; your child with disabilities is considered on his / her own, so he / she will meet the income eligibility requirements. Your child with disabilities also must meet the SSI disability requirements and the resource limit of \$6,000.

### **Important Considerations When Seeking Medicaid Coverage:**

- ❑ Guardianship may be necessary to permit health care decision-making on behalf of the person and to permit access to medical information.
- ❑ If the person's assets and resources are above the limits for eligibility ( i.e., \$2,000, but slightly more in some instances), a special needs trust should be established to protect assets.
- ❑ Careful planning is needed to ensure that the person does not directly receive assets (for example, through inheritance) that would effect continued Medicaid eligibility.
- ❑ The person should have a well written plan of care, either an Individual Habilitation Plan (IHP) or an Essential Life Plan (ELP) which describes the medically necessary services to be provided.
- ❑ It is important that family members and individuals with disabilities know their rights under Medicaid and understand the appeals process.

## **The New Jersey Center for Outreach and Services for the Autism Community (COSAC)**

1450 Parkside Ave., Ste. 22  
Ewing, NJ 08638  
1-800-4-AUTISM  
[www.njcosac.org](http://www.njcosac.org)

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