

Medicaid and its Important Role in Funding Services and Supports for Individuals with Autism Spectrum Disorders



Medicaid is an important 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 that you or your family member with autism needs.

WHAT IS MEDICAID?

Medicaid provides medical assistance and funding for long-term care services for low-income Americans who are aged, blind and disabled, 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 for many of these services. Medicaid is an "entitlement." Therefore, once someone is found to be eligible for Medicaid, he or she must receive all Medicaid services deemed to be medically necessary.

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 or her financial resources, including income. A person already receiving DDD services will most likely meet Medicaid's disability criteria.

In New Jersey, individuals receiving Supplemental Security Income (SSI) are automatically Medicaid-eligible. SSI provides cash to individuals who meet the income limits (approximately \$668 per month for individuals) and resource limits (up to \$2,000 for individuals).

Because many 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" programs 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 18 years or older, even if he or she is living with family. To be eligible, one also must be a resident of New Jersey and a United States citizen.

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WHAT SERVICES ARE AVAILABLE UNDER THE NEW JERSEY MEDICAID STATE PLAN?

MANDATORY SERVICES PROVIDED FOR ALL NEW JERSEY MEDICAID CLIENTS:

- Inpatient and outpatient hospital treatment
- Laboratory tests and X-rays
- Early and Periodic Screening, Diagnostic and Treatment services (EPSDT)
- Home health care
- Physician services
- Nurse-midwife services
- Assistance with family planning and any necessary supplies
- Nursing facilities for people over 21

OPTIONAL SERVICES PROVIDED TO NEW JERSEY MEDICAID CLIENTS ENROLLED IN SPECIFIC PROGRAMS:

- Treatment in residential treatment centers
- Optical appliances
- Dental care
- Optometry services
- Chiropractic services
- Psychologist
- Podiatrist
- Prosthetics and orthotics
- Drugs necessary during long term care
- Drugs at retail cost
- Durable medical equipment
- Hearing aid services
- Hospice care
- Transportation
- Personal care services
- Licensed practitioner services
- Private duty nursing
- Services in a clinic
- Physical, occupational and speech therapy
- Inpatient psychiatric care for individuals under 21 and over 65
- Intermediate care facilities for people with mental retardation

WHAT IS A MEDICAID-FUNDED WAIVER? WHY ARE WAIVERS IMPORTANT?

Medicaid waivers may provide additional benefits to those available under the State Medicaid Plan 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 set aside. Some states have specific waivers for people with autism. Currently, New Jersey does not have specific waivers for individuals with autism.

One important waiver is the Home and Community-based Services (HCBS) Waiver, which is designed to support people in their communities. In New Jersey, the waiver for people with developmental disabilities is called the Community Care Waiver (CCW). Some of the services provided by DDD through the CCW are “self-directed services,” whereas others are provider-directed.

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 qualify for institutional care. An individual who is eligible for LTC is entitled to community-based services listed in DDD’s Community Care Waiver, as long as the services also are listed in the individual’s service plan.

WHO IS ELIGIBLE FOR DDD'S COMMUNITY CARE WAIVER?

If a child under age 18 is ineligible for Medicaid because of parental income or resources, the CCW "waives" the deeming of parental income and 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 \$2,022/month).

The following Medicaid eligibility groups are now served under the CCW:

- SSI recipients
- Optional state supplemental recipients
- Optional categorically needy, aged and/or disabled with income at 100% F.P.L.¹
- Special home and community-based waiver group under 42 C.F.R. 435.217 with 300% of SSI Federal Benefit Rate² and ABD population with 100% of F.P.L.

¹ The 2009 Federal Poverty Level ("F.P.L.") is \$10,830 for an individual.

² The 2009 Federal Benefit Rate for SSI is \$674 for an individual and \$1,011 for a couple.

WHAT SERVICES ARE AVAILABLE UNDER DDD'S COMMUNITY CARE WAIVER?

In addition to the aforementioned Medicaid State Plan services, a DDD client under the CCW also may receive:

- Case Management Services
- Respite Care
- Day Habilitation (i.e., pre-vocational or day programming and transportation)
- Supported Employment Services (includes transportation)
- Individual Supports (i.e., personal care assistant and training)
- Integrated Therapeutic Network Therapies (i.e., OT, PT, ST and psychological services)
- Environmental and Vehicle Modifications (not to exceed \$11,000 every 3 years)
- Assistive Technology Devices (included in the above \$11,000 tri-annual limit)
- Personal Emergency Response Systems (PERS)
- Transportation
- Community Transition Services

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 HIV/AIDS and individuals with a Traumatic Brain Injury (TBI). The New Jersey Department of Health and Senior Services (DHSS) also administers Medicaid-funded waiver programs for individuals who otherwise would qualify for placement in a nursing home or hospital, now known as the Global Options for Long-Term Care (GO).

HOW DO I APPLY FOR THE MEDICAID STATE PLAN OR ANY OF THE VARIOUS MEDICAID-FUNDED WAIVERS?

To apply for Medicaid, you can either contact the Division of Medical Assistance and Health Services at 800.356.1561 or your local SSA District 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 DHSS 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 that your child be processed for the CCW.

Your other option is to contact: (1) your County Medicaid Office to apply for New Jersey Family Care, which grants eligibility to those with less than approximately \$867 per month in income and \$4,000 in resources; or (2) your local County Office of Special Child Health Services to request a Split Medicaid Application, which is a special application for children with disabilities who are not eligible for Medicaid through SSI or otherwise because of parental income, and who have a non-disabled sibling. Under the "split application" analysis, parental income is deemed to the non-disabled child; the child with disabilities is considered on his or her own, so he or she will meet the income eligibility requirements. The 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 healthcare decision-making on behalf of the person and 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 (i.e., through inheritance) that would affect continued Medicaid eligibility.

The person should have a well-written service plan describing 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.

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