

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
WAIVER AUTHORITY**

**NUMBER:** 11-W-00279/2 (Title XIX)

**TITLE:** New Jersey Comprehensive Waiver Demonstration

**AWARDEE:** New Jersey Department of Human Services Division of Medical Assistance and Health Services

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in this list, shall apply to the Demonstration from the effective date specified through June 30, 2017. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of State plan requirements contained in section 1902 of the Act are granted in order to enable New Jersey to carry out the New Jersey Comprehensive Waiver section 1115 Demonstration.

**1. Statewideness** **Section 1902(a)(1)**

To enable the State to conduct a phased transition of Home and Community Based Services (HCBS) for Medicaid beneficiaries from fee-for-service to a managed care delivery system based on geographic service areas.

**2. Amount, Duration, & Scope** **Section 1902(a)(10)(B)**

To enable the State to modify the Medicaid benefit package to provide a more limited package to beneficiaries who are eligible as parents or caretaker relatives with incomes above the 1996 AFDC income standard and at or below 133 percent of the Federal poverty level (FPL).

To the extent necessary to enable the State to vary the amount, duration, and scope of services offered to individuals, regardless of eligibility category, by providing additional services to enrollees in certain targeted programs to provide home and community-based services.

**3. Transfer of Assets** **Section 1902(a)(18)**

To enable the State not to impose penalties on individuals who are enrolled in HCBS benefit programs whose transfer assets but have incomes at or below 100 percent of the FPL.

**4. Freedom of Choice** **Section 1902(a)(23)(A)**

To the extent necessary, to enable the State to restrict freedom of choice of provider through the use of mandatory enrollment in managed care plans for the receipt of covered services. No waiver of freedom of choice is authorized for family planning providers.

**5. Direct Payment to Providers**

**Section 1902(a)(32)**

To the extent necessary to permit the State to have individuals self-direct expenditures for HCBS long-term care and supports.