
Refer to: DMCH: VG

December 11, 2008

John R. Guhl
Director
Division of Medical Assistance and Health Services
Department of Human Services
P.O. Box 712
Trenton, New Jersey 08625-0712

Dear Mr. Guhl:

I am pleased to inform you that New Jersey's September 26, 2008 request to amend the Community Care Program for the Elderly and Disabled Home and Community-Based Services Waiver has been approved. The amendment is effective January 1, 2009. This approved waiver amendment has been assigned control number NJ-0032.R04.01 which should be used in all future correspondence regarding this amendment.

The amendment consolidates the Enhanced Community Options and the Assisted Living waivers with the Community Care Program for the Elderly and Disabled waiver which is currently in its 3rd year of operation (10/01/08-09/30/09). The consolidated waiver will be called Global Options for Long-Term Care. Global Options for Long-Term Care offers the following services for waiver participants: Care Management, Adult Family Care, Assisted Living (Assisted Living Residences and Comprehensive Personal Care Homes), Assisted Living Program, Attendant Care, Caregiver/Participant Training, Chore Services, Community Transition Services, Environmental Accessibility Adaptations, Home-Based Supportive Care, Home-Delivered Meal Service, Personal Emergency Response System, Social Adult Day Care, Specialized Medical Equipment and Supplies, Transitional Care Management, and Transportation.

The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved.

	Unduplicated Recipients (Factor C)	Community Costs (Factor D+D')	Institutional costs (Factor G+G')	Total Waiver Costs (Factor C x Factor D)
Year 3	11,669	\$29,367	\$46,418	\$149,328,193
Year 4	12,252	\$30,248	\$47,810	\$161,493,612
Year 5	12,865	\$31,156	\$49,244	\$174,668,105

We would like to express our gratitude for the effort and cooperation provided by your staff and the staff of the Department of Health and Senior Services during our review of your amendment request.

Should you have any questions, please contact Vivian Giroux at 212-616-2468 to arrange for a meeting or a conference call.

Sincerely,

A handwritten signature in black ink, appearing to read "Sue Kelly", with a long, sweeping flourish extending to the right.

Sue Kelly
Associate Regional Administrator
Division of Medicaid and Children's Health

CC: Valerie Harr, DHS
Elena Josephick, DHS
Patricia Polansky, DHSS
Nancy Day, DHSS
Suzanne Watson, DHSS