



**State of New Jersey**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

ADMINISTRATIVE OFFICES  
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12  
QUAKERBRIDGE ROAD  
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:  
CN-712  
TRENTON, NEW JERSEY 08625

**MEDICAID COMMUNICATION 89-15**

**Date: May 15, 1989**

**TO:** County Welfare Agency/Board of Social Services' Directors

**SUBJECT:** Cost-Share Liability in the Home and Community Based  
Services Waivers

The Consolidated Omnibus Budget Reconciliation Act of 1985 allowed states to increase the maintenance needs deduction for optional categorical eligible individuals, served under the waivers, thereby eliminating the post-eligibility treatment of income, known as cost-share liability. This Division has elected this legislative option to better serve individuals under these programs.

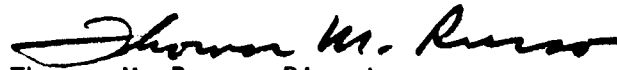
The purpose of this communication is to inform the County Welfare Agency/Board of Social Services' Directors that effective May 1, 1989, recipients enrolled in the five (5) Medicaid Waiver Programs: Community Care Program for the Elderly and Disabled (CCPED), Model Waivers I, II, and III and the AIDS Community Care Alternatives Program (ACCAP), **will no longer be required to share in the cost of their care.**

The three Operational Procedural Manuals for these programs will be revised to reflect this change. In the interim, please advise your staff that the cost-share liability is **not** to be discussed with applicants to any of the waiver programs who will be enrolled **after May 1, 1989.**

Cost-share bills will continue to be sent by the Office of Home Care Programs to recipients enrolled in the programs through April 1989. These recipients will be notified by the Division that cost-share obligations beyond May 1, 1989 will no longer be required. However, cost-share due for prior months will continue to be collected.

Questions regarding this communication are to be directed to this Division's Office of Home Care Programs at (609) 588-2620.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Thomas M. Russo".

Thomas M. Russo, Director  
Division of Medical Assistance  
and Health Services

TMR:Km

c Marion Reitz, Director  
Division of Public Welfare

William Waldman, Director  
Division of Youth and Family Services

Norma Krajczar, Executive Director  
Commission for the Blind and Visually Impaired

Case Management Sites