New Jersey Department of Human Services
Division of Developmental Disabilities

Waiver Program Transfer Request

Plan Coordinators use this form when an individual/legal guardian requests a transfer from one waiver program to another.

Instructions

Step 1: Fill out the form and get the signature of the person or their guardian.

- If there is more than one legal guardian, each one needs to sign.
- Instead of using this form, the person or their guardian(s) may put their request in writing and send it to their plan coordinator by email or mail. The written request should name the program they are leaving and the program they want to join.

Step 2: Upload the completed transfer request in iRecord and notify DDD.SCHelpdesk@dhs.nj.gov.

Important

Private Duty Nursing (PDN)

- PDN is not available in the Community Care Program (CCP).
- If a person with PDN is requesting a transfer to the CCP, the plan coordinator must inform the Managed Care Organization (MCO) care manager that PDN will end due to the waiver transfer.

Descriptions and Requirements

- An individual can only be enrolled in one Medicaid program at a time.
- Program descriptions and eligibility requirements are found in the DDD Policy Manuals.

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Identifying Information

Individual's name: DDD ID:
Date of birth:
Support Coordinator's name: Phone:
Email:

Is the person receiving a DDD-funded service in addition to Support Coordination? Yes ◯ No ◯

If yes, what is the service(s)?

Program Transfer being Requested

Transfer **from** the current program enrollment:

Transfer **to**: *(select one)*

◯ Community Care Program (CCP)

*Enrollment occurs **only** through the Waiting List or an approved emergency.*

◯ Supports Program (SP)

Is the person approved for Private Duty Nursing (SP+PDN)? Yes ◯ No ◯

◯ Managed Long Term Services & Supports (MLTSS)

Is the person in a nursing home and approved for long-term care, ***or*** will their stay exceed 180 days? Yes ◯ No ◯

(Approval for long-term care requires PASRR II assessment. Send questions to ddd.PASRR@dhs.nj.gov.)

Admission date: Facility name:
Address: Phone:

Briefly explain the reason for this transfer request:

Signature of individual or guardian(s) (Service availability ends effective the signature date.)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____