

## Reassessments and Your Rights

This bulletin provides general information about your right to: 1) request a reassessment of your NJCAT functional need and tier assignment; and 2) appeal DDD's refusal to conduct the reassessment through a Medicaid Fair Hearing.

### What Is The NJCAT?

If you are receiving services from DDD through either the Community Care Program or the DDD Supports Program, the amount of your budget and tier assignment was determined based upon a **functional assessment** by DDD. That functional assessment is part of the New Jersey Comprehensive Assessment Tool (NJCAT) that is also used to determine your clinical eligibility for both programs.

The part of the tool that determines your budget is about your functional needs in three main areas: self-care, behavioral health, and medical. For example, the NJCAT asks how much assistance you need with certain tasks like getting dressed or taking a shower. It also asks questions about things like how you get your meals. You have the right to have someone assist you with answering these questions. Your tier assignment and budget is determined based upon your answers to these questions on the NJCAT. For more information on the NJCAT, visit <https://www.state.nj.us/humanservices/ddd/resources/njcat.html>

### What If I Believe My Annual Budget or Tier Is Not Supporting My Needs?

DDD is required to follow the federal person center planning law, 42 C.F.R. 441.301(c)(1)-(3) with respect to the frequency of review of your Service Plan, including the functional needs assessment included in the NJCAT. In fact, this federal law is built into the NJ FamilyCare Comprehensive Demonstration Waiver, which describes the three conditions under which the NJCAT should be re-done:

[T]he state must ensure . . .the person-centered service plan will be reviewed and revised with reassessment of functional need at least annually, upon changes to the individual's circumstances or needs, **or at the request of the individual.**

This means that you can ask DDD to conduct a new NJCAT assessment when you believe it is needed, and DDD must allow a reassessment. You do not need to wait a full year nor do you need to prove by sufficient evidence that there was a change in your self-care, behavioral health or medical needs, or that the initial assessment was conducted improperly.

## How Do I Request a Reassessment?

- If you are requesting a reassessment due to a change in need or because the initial assessment was completed improperly, complete the “Request for NJCAT Assessment” form found on DDD’s website at :  
<https://www.state.nj.us/humanservices/ddd/resources/njcat.html>
- If you are asking for the reassessment based on change in need, DDD asks that you also send in supporting documentation with the request form. You could include a copy of the current NJCAT with the changes indicated right on the form. You could also include a doctor’s letter.
- **Alternatively, you do not need a change in circumstances – the federal law allows you to simply request the reassessment.** You can use the DRNJ form we have attached here to do this.
- In either case, you should return the completed forms to DDD via email to:  
[DDD.DDPIAssessmentRequests@dhs.state.nj.us](mailto:DDD.DDPIAssessmentRequests@dhs.state.nj.us)

Or by mail to:

NJ Division of Developmental Disabilities  
PO Box 726  
Trenton, NJ 08625-0726  
ATTN: NJCAT Reassessment Unit

If you return your form by mail, be sure to send it certified Return Receipt Requested. This way you have confirmation that DDD received it and the date they received it. If you need assistance with requesting the reassessment, call DRNJ and tell the intake specialist that you have an issue for the “Community Inclusion” team regarding the NJCAT. An advocate or attorney will call you back.

## What Do I Do If I Requested a New Assessment and DDD Denies the Request or Does Not Respond?

- Make sure you have documentation when you requested the reassessment (via email or return receipt)
- If it has been more than thirty (30) days, contact DRNJ and explain to the intake specialist that you have an issue for the “Community Inclusion” team regarding the NJCAT. We will help you file a Fair Hearing appeal.

## Contact Us

You can reach Disability Rights New Jersey by telephone at:  
(800) 922-7233 (toll-free in New Jersey only) or  
(609) 292-9742 (609) 633-7106 (TTY)

You can reach DRNJ by e-mail at [advocate@drnj.org](mailto:advocate@drnj.org)

*This document provides general information only and is not intended as legal advice specific your situation.*

Mail this letter to the address below or emailed to  
[DDD.DDPIAssessmentRequests@dhs.state.nj.us](mailto:DDD.DDPIAssessmentRequests@dhs.state.nj.us)

From: \_\_\_\_\_

Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Date: \_\_\_\_\_

To: New Jersey Division of Development Disabilities  
PO Box 726  
Trenton, NJ 08625-0726  
ATTN: NJCAT Reassessment Unit

**Re: *Request for NJCAT Reassessment of Functional Need***

I am requesting an NJCAT Reassessment of functional need for \_\_\_\_\_, an individual served by the Community Care Program/DDD Supports Program (underline one).

The reassessment is being requested for the following reason:

There have been changes to \_\_\_\_\_'s circumstances or needs, 42 C.F.R. 441.301(c)(3). Attached please find the completed DDD Request for NJCAT Reassessment form and supporting documentation.

In accordance with 42 C.F.R. 441.301(c)(3), a reassessment must be conducted when requested by the waiver participant, and with this letter, \_\_\_\_\_ is requesting a reassessment.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Relationship to the individual: \_\_\_\_\_