

NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DISABILITY SERVICES

ANNUAL REPORT  
2013



**NJ Division of  
Disability Services**

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## **DIVISION OF DISABILITY SERVICES**

### **2013 ANNUAL REPORT**

#### **I INTRODUCTION**

##### **PURPOSE OF THIS REPORT**

This report is being submitted in fulfillment of the legislative requirements of C.30: 6E-6 “Commissioner shall report annually to the Governor and the Legislature. The report, at a minimum, shall: summarize the activities of the office for the preceding fiscal year; document significant problems affecting persons with disabilities when accessing public services; indicate and analyze trends in the systems of care and services for persons with disabilities; and present any recommendations to further the State's capacity to provide services to, and advocate for the rights of, persons with disabilities, including such recommendations for legislative or administrative action as the commissioner desires to present.”

##### **MISSION OF THE DIVISION OF DISABILITY SERVICES**

The New Jersey Department of Human Services’ Division of Disability Services promotes and facilitates the maximum independence and participation of people with disabilities in all aspects of community. This is done through active information exchange and cooperation among all government agencies.

##### **HISTORY OF THE DIVISION OF DISABILITY SERVICES**

The State Office on Disability Services (SODS) was created by Public Law 1999, c 91 within the Department of Human Services, to be the “single point of entry” within state government for people with disabilities who seek assistance in obtaining support and services. DDS works as a resource for individuals of all ages and various types of disabilities. DDS is legislatively designated to serve individuals with adult onset disabilities or those with disabilities that do not meet the eligibility criteria for other divisions within the New Jersey Department of Human Services or other state agencies. The Division also serves as the coordinating body among state agencies providing services to people with disabilities.

In 2001, the State Office of Disability Services was elevated to division status. The Division was given the additional responsibility for the administration of several Medicaid Home and Community Based Waiver Programs and the Personal Care Assistant (PCA) program. These programs were previously located within the Division of Medical Assistance and Health Services.

The Division of Disability Services (DDS) continues to be responsible for all SODS activities including, responding to more than 15,000 calls each year requesting Information or Referral (I and R) services for residents with disabilities. Most requests come through the I and R’s toll free number: 1-888-285-3036. The public also may access the I and R service via the web, email, fax and TTD.

DDS oversees many programs that serve people with permanent or temporary disabilities living in the community. These programs are outlined in detail in the following sections of this report.

## NJ DIVISION OF DISABILITY SERVICES 2013 BUDGET

\$35,782,000	State Appropriation
\$51,866,065	Federal Appropriation
\$3,594,000	TBI Fund
\$20,236,000	Casino Revenue

### II OFFICE OF INFORMATION AND ASSISTANCE SERVICES

The Office of Information and Assistance Services is made up of two smaller program units. Each is detailed below:

#### INFORMATION AND REFERRAL SERVICE

**Authority: 91:C.30-6E-1**

#### PURPOSE

The Information and Referral Service, also known as “I and R”, operates as the “single point of entry” into the disability services system. Individuals with disabilities, their families and professionals working with in the social services field can call the DDS toll free number, **1-888-285-3036**. The “I and R” service is available to everyone regardless of age, disability or participation in any other state program. However, focus is placed on individuals with adult onset disabilities (Traumatic Brain Injury, Spinal Cord Injury and Multiple Sclerosis, etc.) and individuals who are not eligible for services within the department.

- The “I and R” Service receives an average of 1,700 calls per month. One-third of the callers are professionals seeking information to assist their clients.
- Calls to the “I and R” line are answered by a staff of knowledgeable specialists. They are familiar with a variety of disability topics, programs and services which meet the needs of individuals with disabilities
- A screener refers the caller to an information specialist who provides information and referral services
- Callers are invited to call back when more assistance is needed.

Specialists use technology and active listening skills to determine what assistance and services the caller is requesting. The caller’s information is stored in a customized database that allows for easy retrieval should the caller need to get more information in the future. If the caller reaches another I and R specialist in a subsequent call, there is no need to repeat the entire content of the original call. Given the personal nature of some of the inquiries, callers are always given the option to remain anonymous.

**AN INFORMATION AND REFERRAL SPECIALIST CAN HELP A CALLER BY:**

- Answering questions about available services at all levels of government and in the non-profit community
- Identifying available resources, services and provide contact information
- Troubleshooting obstacles and barriers to obtaining services
- Helping individuals and families “navigate” the system

**TOP 10 INFORMATION AND REFERRAL TOPICS**

1. Housing Assistance	6. Pharmaceutical Assistance
2. Health Care	7. Veteran’s Services
3. Financial Assistance	8. Accessibility
4. Respite Services	9. Recreation

**THE “CONNECTIONS” PROJECT**

Effective January 2, 2010, Division of Disability Services remains the primary contact for approximately 3,000 adults receiving services from DDD.

**ACCESS AND FUNCTIONAL NEEDS (AFN)**

DDS was designated by the Commissioner of Human Services to the act as the lead agency supporting the access and functional needs of people with disabilities who were affected by Super Storm Sandy. As part of that effort, DDS made several pre storm wellness calls to assure that the constituents with disabilities were prepared for the storm. During the storm, staff remained available to triage and report care needs to the appropriate agencies including FEMA. Immediately after the storm, DDS staff worked in shelters as disability integration advisors to assist shelter staff in working with individuals with disabilities. This effort included coordination of personal care assistants in the shelters.

Staff are also integrating long-term recovery and rebuilding efforts and working on developing a better infrastructure of support for individuals with disabilities as we prepare for other future “Sandy” like events.

### **ISSUES AND TRENDS FOR 2013**

Information and referral specialists saw an increase in callers with questions about enrollment in community programs related to the projected changes to Division of Developmental Disabilities (DDD) services system. Callers also inquired about how services would be administered under the new Medicaid Managed Long Term Care System.

### **LOOKING AHEAD TO 2014**

All I and R specialists are certified by the Alliance of Information and Referral Service (AIRS). In 2014, the I and R unit will continue the process of preparing to qualify for AIRS agency accreditation, a unique distinction held by only a few I and R agencies in the country. Accreditation is recognition of the agency’s “best practice” in all areas of call center operation. Once completed, DDS will be the first disability-specific I and R Service Unit to receive national accreditation.

### **TRAUMATIC BRAIN INJURY FUND**

**BUDGET: \$3.5M**

**Authority: N.J.S.A 30:6F-6B. N.J.A.C. 10:141 2011**

### **PURPOSE**

The purpose of the Traumatic Brain Injury (TBI) Fund is to assist New Jersey residents who have survived a Traumatic Brain Injury to obtain the post-acute and rehabilitative services, supports needed to live in the community to maintain their independence and maximize their quality of life. The Fund does this in two ways:

1. Awards to applicants so they may purchase support and services on their own.
2. Sponsorship of activities that promote education, awareness and prevention of Traumatic Brain Injury in association with the [Brain Injury Alliance of New Jersey](#).

Funding revenue comes from a \$0.50 surcharge from each MVC vehicle registration.

### **ELIGIBILITY**

To be eligible for service and supports sponsored under the TBI Fund an individual applicant must:

- The Fund is the payer of last resort and must be utilized after other benefits and funding sources have been exhausted, or do not exist.
- Individuals are eligible for up to \$15,000.00\* per funding year, with a lifetime cap of \$100,000.

- Present medical documentation that confirms the presence of a Traumatic Brain Injury as defined by the [Centers for Disease Control and Prevention](#). The Fund serves individuals with mild, moderate or severe TBI.
- Be a resident of the State of New Jersey at least 90 days prior to the date of application.
- Have liquid assets that do not exceed \$100,000. For purposes of eligibility, liquid assets are defined as resources that are convertible to cash within 30 days. These assets exclude the participant's primary home, vehicle and retirement accounts recognized by the Internal Revenue Service (IRS).

### TOP 10 REQUESTED SERVICES FROM THE TBI FUND

1. Cognitive Therapy	6. Vision Services
2. Assistive Technology	7. Transportation Services
3. Service Coordination	8. Household Modifications
4. Home Health Aides	9. Pharmaceuticals
5. Neuropsychology and Counseling Services	10. Respite Care

### EDUCATION AND OUTREACH

The Fund is also to provide education and outreach to raise public awareness and prevention of brain injury. Through legislation, the Brain Injury Alliance (BIA) of New Jersey is contracted with this responsibility.

Using the Fund's purposes the objectives, the Brain Injury Alliance of New Jersey focuses on four primary program goals.

The first is the promotion of the TBI Fund, as well as other brain injury resources.

Another important aspect is publicizing the government's commitment to devoting a portion of the Fund's resources to assist people better understand the significance of brain injury on the lives of New Jersey citizens, and ways to prevent brain injury.

The second goal is to provide information about traumatic brain injury to those directly affected by injury. This includes consumers and professionals.

Training sessions are scheduled by the NJ BIA throughout the year titled, "Brain Injury Basics" and "Brain Injury 101", to educate brain injury survivors and their families about brain injury.

The BIA also has Information and Referral Department, as well as a library of resources available to survivors, families and professionals.

Their Family Support Specialists meet with families to assist them with information and resources that may be available to them.

The third goal is to raise awareness of traumatic brain injury, its high incidences and its prevention. The general public is the target for these activities.

The fourth goal is targeted public campaigns for brain injury prevention. Other aspects of brain injury, such as falls by elders, sports concussion, and automobile crashes, have been subjects of these campaigns.

In addition to the above services, the Brain Injury Alliance also provides: summer respite programs, county based support groups; mentor programs; family support and care coordination; injury prevention services, and systems advocacy.

## **2013 ISSUES AND TRENDS**

In 2013, as the financial stability of the program improved due to the regulatory changes implemented in 2010, the Fund raised the annual cap from \$3,000 to \$6,000. The Brain Injury Alliance of New Jersey (BIANJ) contracted through legislation, continued their educational and outreach programs throughout the state. Among their objectives were to promote the Fund and continue their brain injury prevention programs.

## **LOOKING AHEAD TO 2014**

With the Fund being more financially stable, the annual cap will be increased from \$6,000 to \$10,000 a year. This additional increase will allow clients to request more funding, which will enable them to receive more needed brain injury related supports and services. In addition, it moves the annual cap closer to the original, legislated cap of \$15,000 a year. The Brain Injury Alliance of New Jersey (BIANJ) will continue their outreach, information and referral, educational and brain injury prevention programs. Additionally, the Fund plans to create and print a revised version of the TBI Fund brochure, which will also be available online at: <http://www.dhs.state.nj.us/dds/Pages/default.aspx>

## **III OFFICE OF HOME AND COMMUNITY SERVICES**

The Office of Home and Community Services is responsible for the Medicaid Personal Care Assistant (PCA) program and the administration of three home and community based waiver programs. In 2013, the Office also assumed responsibility for facilitating community discharge from institutional settings.

## PERSONAL CARE ASSISTANCE PROGRAM

BUDGET: \$22M

Authority: N.J.A.C. 10:60

The Personal Care Assistant (PCA) Program is an optional statewide service offered to New Jersey Medicaid recipients who are experiencing functional impairment and need a personal care assistant to help them with Activities of Daily Living (ADL's) such as dressing and bathing.

### PURPOSE

The purpose of the PCA program is to accommodate long-term chronic or maintenance health care verses short-term skilled care as provided under Medicaid's Home Health Program. PCA services are non-emergency health-related tasks performed by qualified staff in a medically eligible beneficiary's home. Individuals receive no more than 40 hours of personal care per week.

### QUALIFICATIONS

In order to qualify for PCA Services, recipients must (be):

- Participating on Medicaid Plan A or G of New Jersey Family Care Program.
- Have a doctor's certification of need.
- Live in a community based residence (private home, apartment house or boarding home) or group home, skill development home, supervised apartment or other congregate living program were personal care **is not** provided as a part of the service package included in the living arrangement.
- The Personal Care Assistance Program (PCA) serves 30,000 clients. Clients have more options of how to receive services, many clients have varieties of ways to receive services via traditional PCA agencies.

### 2013 ISSUES AND TRENDS

The Personal Care Assistance Program (PCA) serves 30,000 clients. The goal is to have clients obtain more options on how to receive services. Clients will have the ability to choose their services through a home care based approach, other than a medical facility.

### LOOKING AHEAD TO 2014

In July 2014, the PCA program will make a smooth transition to the HMOs. While helping to contain costs the goal is to maintain the integrity of the program to deliver quality care to our consumers (or clients).

## **HOME AND COMMUNITY WAIVER PROGRAMS**

**BUDGET: \$25M**

**Authority: N.J.A.C. 10:60**

### **PURPOSE**

The general purpose of a waiver program is to provide specialized disability specific services and/or to divert an individual from needing institutional placement. Waiver services also can be used to ease the client's adaption into community life. -

There are a set number of individuals who can be served by a waiver program at any time. In situations where short term/acute care may be needed, i.e. a period of hospitalization, transitions on and off the program is permitted. Monthly waiver budgets must not be greater than the cost of equal care in a nursing facility.

### **LEVEL OF CARE**

Level of care is the term used to assess an applicant's level of need based on the person's diagnosis, ability to function physically in normal, everyday activities and supports required to maintain the person's health and safety. Physical, emotional, and behavioral factors are also considered in the determination of care.

To be eligible for DDS waivers, an individual must meet the nursing facility level of care as verified by the Office of Community Choice Options and have an income no higher than \$2,002/month as verified by the Board of Social Services in the county in which the individual lives.

### **IV COMMUNITY RESOURCES FOR PEOPLE WITH DISABILITIES WAIVER (CRPD)**

- Serves adults and children
- Provides private duty nursing; home and vehicle modifications
- Priority is given to individuals who are ventilator dependent
- 350 slots statewide

### **AIDS COMMUNITY CARE ALTERNATIVES PROGRAM (ACCAP)**

- Diagnosis of AIDS
- Provides PCA services above 40 hours
- 290 slots statewide

## TRAUMATIC BRAIN INJURY WAIVER (TBI)

- Diagnosis of Brain Injury sustained between the ages of 21 and 65
- Provides Cognitive Therapy, Neuropsychiatric Service and TBI Residential Rehabilitation
- 350 slots statewide

## INSTITUTIONAL DISCHARGE

DDS has expanded the mission of the Office of Home and Community Services to include community discharge. Staff will assist individuals who have expressed a desire to return to the community to make attainable discharge plans and identify supports and resources.

## 2013 ISSUES AND TRENDS

Due to the improved standards of care, fewer waivers were given to ACCAP. Consumers that remained were allotted to the CRPD program to eliminate the waiting list within the program. The continued transition of the Waiver Programs to Managed Long Term Service and Support (MLTSS) is ongoing. MLTSS will provide a more centralized system and standard of care for its consumers. This transfer allows for a more consumer-based program that will help eliminate slot complications and waiting list. The current managed care organization (MCO) contracts require management of all long-term care (LTC) services. These include Home and Community Based Services. This move to managed care is necessary to contain costs and improve services in the LTC system. The mission is to have persons return or stay in the community and away from medical or nursing facilities for a more preferred way of living.

## LOOKING AHEAD TO 2014

In 2014 the Community Resources will be planning to use MLTSS. The goal this year will be to keep people in the community and have them as independent as possible with the most optional and functional level of services.

## V OFFICE OF SPECIAL PROJECTS

The Office of Special Projects contains programs that are unique to New Jersey, some of which began as demonstration or pilot projects. Each is explained in detail in the following sections.

**SANDY RELIEF MODULAR RAMP PROGRAM**  
**Authority: Social Services Block Grant (SSBG)**

**BUDGET: \$2.89M**

### PURPOSE

Utilizing a portion of the SSBG funding allocated for Super Storm Sandy relief, the Division of Disability Services (DDS) modeled a program similar to the former “Modular Ramp Program”, which was funded by the Kessler Foundation from 2006 to 2009. This program provides modular wooden, aluminum or steel ramps to individuals who were adversely impacted by Sandy, and who did not receive funding from FEMA, Homeowners’ Insurance, or the Red Cross,

to build, re-build, or construct modular ramps to give them safe access into and out of their homes.

Modular ramps provide flexibility in the event they must be moved or removed in the future. They are not permanent fixtures, with no footings, so they can be removed and most of the sections re-used at a future site and different location. Modular ramps are built in sections, and constructed to conform to the American with Disabilities Act (ADA) of 1991 regulatory codes for accessibility. If the client moves, or lives in a rental property, or becomes deceased, the modular design allows the structure to be removed without damage to the property.

## ELIGIBILITY

To be eligible for The Sandy Modular Ramp Program, applicants must:

- Have previously had a ramp which was damaged, and needs to be repaired or replaced; are currently in inaccessible transitional housing, or due to home being elevated the previous ramp is no longer useable.
- Show examples of New Jersey residency would include: birth certificate, driver's license, utility bill, mortgage statement, rental receipt, etc.
- Provide written proof that they applied to FEMA, Homeowners' Insurance or the Red Cross and/or other organization(s), and were denied funding for a ramp.
- Present written proof that this is their PRIMARY residence with proof of mortgage or rental receipts (if renting, have landlord's written approval) along with a utility bill with applicant's name at that same address.
- Show verification of a permanent physical disability by providing written medical documentation from a physician. Medical documentation may be provided on the Medical Document Form, provided in the application packet, or verified by a physician written on letterhead or prescription pad.

## 2013 ISSUES AND TRENDS

Plans for creating the ramp program began in early 2013. When funding was encumbered in September, DDS used names of callers who contacted the division's Information & Referral unit, immediately following Superstorm Sandy seeking assistance with accessibility to their damaged homes. Those individuals were contacted via phone, and/or mail, to inform them of the availability of funds. Information was entered into the database, and interested individuals were sent flyers and applications. The first ramp was built on November 25, in Point Pleasant for a 73 year-old stroke survivor, who uses a wheelchair. Prior to, and during Sandy, her husband had built a homemade ramp, which was washed away and damaged during Sandy. Two additional ramps were installed November 30, in Toms River, and on December 23, in Seaside Heights.

## LOOKING AHEAD TO 2014

DDS has received applications in addition to inquiries regarding the program by calling toll free referrals from other agencies and outreach activities. Outreach has been conducted and has included Long Term Recovery Groups, -Offices on Aging/Disabled, Offices for Emergency Management, and officials in the affected towns and counties. DDS continues to promote the program through outreach, town hall meetings and mass mailings. In 2014, it is anticipated that there will be an influx of inquiries and installations due to additional homes being rebuilt, repaired and elevated. As a result, more individuals with disabilities will have safe egress and ingress to their homes and regain their independence and freedom.

### **PERSONAL ASSISTANCE SERVICES PROGRAM (PASP)**

**BUDGET: \$10.9M**

**Authority: N.J.S.A.30:4G-2 N.J.A.C. 10:140**

### **PURPOSE**

The Personal Assistance Services Program (PASP) provides routine, non-medical personal care assistance to individuals with a physical disability who are employed, volunteering in the community or attending school. The program differs from the PCA Services under Medicaid as PASP consumers are required to direct their own services. The number of hours of assistance a person receives depends on his/her needs and Plan of Service based upon a clinical assessment. The County PASP Assessment personnel meet with the consumer. The consumer's needs are discussed and a Plan of Service is developed. Consumers cannot exceed 40 hours of personal care/week. In many cases, the PASP Program is the only source of personal care consumers can receive because their income makes them ineligible for Medicaid.

In 2013, the program served 542 individuals and 75 people on the waiting list.

The program has a Consumer Advisory Council as mandated by the enabling legislation and regulations. Its purpose is to advise the Commissioner of any current issues, effectiveness, or updates to the Program. The Advisory Council consists of 19 members appointed by the Commissioner, at least 75% of who are consumers of PASP Services. Members serve a 3 year term. By regulation, there must be at least five members from North, Central, and South Jersey.

### **ELIGIBILITY**

To be eligible for PASP Services, an applicant must be:

- A New Jersey resident.
- Between the ages of 18-70.
- Able to self-direct one's own services.
- Have a permanent physical disability.

- Participating in one or more of the following qualifying program activities:
- Working or preparing for employment
- Attending school or training program
- Parenting minor children
- Actively volunteering in their community

## **CASH MODEL**

The Cash Model allows consumers to determine how monies given to them by the State can be used more effectively. The Cash Model operates by administering a predetermined amount of money into an account of an individual consumer. This budget is set after a meeting with the County Consultant. The final plan must be developed by the consumer. Program participants are expected to hire their own personal assistants and manage their budgets. The cash model does not allow college students out of state. It will operate under cost neutrality and within the program's current appropriation. The PASP Program seeks to eliminate its waiting list.

## **TRENDS AND GOALS IN 2013**

The Division of Disability Services published new regulations, which have led to major changes and adjustments in the PASP program, along with the implementation of the Cash Model. Consumers at risk to their health & safety may be able to stay on the PASP for one more year, if granted approval from the Commissioner. These adjustments allow for persons to have more control over their services. The age criteria was, increased to 70 in order to compensate for the trend that Americans are working and living in the community longer.

## **LOOKING AHEAD IN 2014**

PASP will resume a training curriculum for all new PASP participants on Cash Model Orientation. DDS now arranges for a qualified assessor through Laurel Rehabilitation Services to perform initial and reassessments of all PASP participants. Per the amended regulations, a new composition of the Statewide Consumer Advisory Council now consists of no more than (19) members represented geographically from north, central and southern New Jersey.

## **PERSONAL PREFERENCE PROGRAM (PPP)**

**Authority: Section 1915(j) of the Social Security Act**

### **PURPOSE**

PPP provides an alternative delivery system to traditional Medicaid PCA provided by a home care agency. This model gives the consumers greater control of the services they receive. Using the “Cash and Counseling” model and the philosophy of “consumer direction,” this program allows recipients to direct and manage their services. This program permits non-professional caregivers to provide care to consumers. The caregivers are, in many instances, family and friends of consumers with disabilities where agency services are not available.

In 1999, New Jersey became one of four states to implement a “cash model counseling” demonstration project through a grant from the Robert Wood Johnson Foundation in association with the Center for Participant Directed Care at Boston College. At the conclusion of the demonstration period, the program was determined a success and remained part of the Medicaid State Plan.

### **PROGRAM OVERVIEW**

Individuals who want to self-hire caregivers are assessed for PCA Services. The Cash Management Plan (CMP) is used to convert the “cost” of services an agency would routinely pay personal care assistant into monthly “cash” for the consumer to “purchase” PCA Services. The consumer works with the Cash Model Program Consultant to determine how this “monthly cash” will be spent most effectively. The cash management plan must be approved by the program manager. The Personal Preference Program makes an agreement with a Fiscal Intermediary (FI) who acts as the consumer’s business agent and assumes responsibility for issuing paychecks, tax withholding and other employer functions. The FI is paid based upon the number of active enrollees and the size of each cash grant. The FI bills the Medicaid billing agent, Molina Health Care Solutions, for the cost of their services. DDS covers the cost of staff salaries with its appropriation and operates this program without a dedicated budget.

PPP enrollment for 2013 was 3,711 individuals with an average grant of \$1452.00 per person.

### **ELIGIBILITY**

- Must be Medicaid eligible
- Must qualify for Personal Care Assistance Services (PCA)
- Must be able to self-direct services or choose a representative who can act on one’s behalf.

### **2013 ISSUES AND TRENDS**

In 2013, inquiries into the Personal Preference Program increased due to managed health care. Managed Care Organizations (MCO’s) are required to inform Medicaid consumers of the option to self-direct Medicare Personal Care Assistant (PCA) benefits whenever a member requests home care services, which is transitioning to MLTSS.

## LOOKING AHEAD TO 2014

By the end of 2014, PPP will be in the process of rebidding the Vendor Fiscal Employer-Agency-Counseling Entity contract.

### **SENIOR COMMUNITY INDEPENDENT LIVING SERVICES PROGRAM (SCILS)**

**Budget: \$400,000**

#### **PURPOSE**

SCILS program that DDS is administrating is now collaboration with the Commission of the Blind and Visually Impaired (CBVI). SCILS is a new program as of 2013 that match seniors that have significant vision impairment with caring compassionate volunteers. These volunteers provide support, assistance and friendship to participants living in the community. Participants can expect their volunteers to spend one to two hours weekly assisting with various activities such as: reading the mail, running errands, driving to medical appointments, writing letters, helping with grocery shopping and companionship.

#### **ELIGIBILITY**

The visual eligibility component for the Senior Community Independent Living Services (SCILS) program comes directly from the NJ Commission for the Blind and Visually Impaired (CBVI) and is the visual eligibility criteria for all CBVI programs.

- Must be a senior at the age of 55 or older.
- Must live independently at an owned home.
- A client's best correct distant visual acuity must be 20/70 or worse in each eye, and/or they must have a peripheral field loss of less than 40 degrees. From the CBVI criteria.
- All chosen volunteers must be a U.S. citizen with a state and federal background check.
- Companion must be at the age of 18 or older.
- If companions are driving they must have a valid driver's license
- Companion must be allows to work in this country.
- Companion must complete a training orientation

## BENEFITS

- A senior with impaired vision at the age of 55 or older will be able to have a paid volunteer to help being assisted with various activities such as: reading the mail, running errands, driving, helping with grocery, shopping and companionship.
- SCILS is not a personal care assistant (PCA) a volunteer is only able to help with light house work.
- Participants can expect their companion to spend a maximum of four hours a week assisting them with various tasks.

## 2013 ISSUES AND TRENDS

DDS began enrolling participants in September of 2013. By the end of December, the SCILS program had approximately 5 active participants in the program. DDS has also begun marketing the SCILS program by talking with agencies that currently serve seniors and people with visual impairments. The staff has sent letters to dozens of senior centers throughout New Jersey, educating the public about this new program.

## LOOKING AHEAD TO 2014

DDS will continue to endorse the SCILS program throughout New Jersey, targeting organizations and agencies that serve both seniors as well as individuals with visual impairment. SCILS staff will promote the new program at meetings and events hosted by peer support groups, social service agencies and others. The Staff will develop a brochure as well as a power point presentation for promoting purposes, along with creating and populating a database for both SCILS participants and companions.

## GRANTS

1. NJ State Police, Office of Emergency Management awarded a grant to DDS to develop and administer a training program to people with various disabilities, across NJ, on how to prepare themselves for emergencies and disasters. In 2013, DDS contracted with an individual to develop curricula, recruit trainers and schedule trainings. Also in 2013, staff began collecting and reviewing disaster preparedness training materials from across the US, focusing specifically on FEMA and Red Cross.
2. Kessler Foundation awarded a small grant (2<sup>nd</sup> award) to continue efforts to make food pantries more accessible to people with physical disabilities. In 2013, staff began developing the Notice of Funds Available (NOFA) and establishing criteria for candidates.

## VI PROJECTS

### NJ WORKABILITY PROGRAM

Authority N.J.S.A. 30:4D-1 N.J.A.C. 10:72-9.

#### PURPOSE

NJ WorkAbility offers people with disabilities who are working and whose income would make them ineligible for Medicaid, the opportunity to receive full Medicaid coverage. People with disabilities who are employed and between the ages of 16-64 can qualify for the program with an annual gross earned income of up to approximately \$58,236 individually. For eligible couples the annual gross earned income is \$78,348. NJ WorkAbility was created by the federal Ticket to Work/Work Incentives Improvement Act and subsequently established by PL 2000 Chapter 161. NJ Workability enrollment is 9,530 in this year, 2013. NJ WorkAbility is a Medicaid program; however, outreach, employment and project management are performed by the Division of Disability Services.

#### ELIGIBILITY AND REQUIREMENTS

- NJ Resident between the ages of 16 and 64
- Work part time, full time or be self-employed and have proof of employment
- Have a permanent physical or mental disability as determined by the Social Security Administration (SSA) or the Disability Review Team at the Division of Medical Assistance and Health Services (DMAHS)
- Social Security Disability Benefits and/or Railroad Retirement System Benefits received by and individual.
- Retirement accounts (IRA or 401K) and the value to the home in which the applicant lives and one car.
- Married couples must have less than 30,000 dollars.
- Individuals must have less than 20,000 dollars.

#### DISABILITY BENEFITS 101

Disability Benefits 101 (DB101) is a web portal to assist individuals who are working or looking for work. The portal projects the impact that earnings could have on their public benefits. The site is customized to operate using the logic and program requirements of New Jersey's public programs. The site is available in English and Spanish.

- ❖ [http://nj.db101.org/planning/\(S\(hutl1oauct0yt45z1l4rl55\)\)/b2w2\\_nj\\_start.aspx?screen=sta&l=b2w2\\_nj](http://nj.db101.org/planning/(S(hutl1oauct0yt45z1l4rl55))/b2w2_nj_start.aspx?screen=sta&l=b2w2_nj)

## **ADD US IN-EVERY TALENT, EVERY SKILL (NATIONAL ORGANIZATION OF DISABILITY)**

The Every Talent Every Skill Project serves New Jersey's lesbian, gay, bisexual, transgendered and intersex – (LGBTI), minority and women-owned businesses. These businesses seek to build a more inclusive workplace by hiring, retaining, and promoting career seekers with disabilities from minority and impoverished backgrounds.

## **I CHOOSE HOME NJ MONEY FOLLOWS THE PERSON (MFP)**

The MFP Demonstration Project is an ongoing effort to move people living in nursing facilities and state institutions into more home-like, community based settings. This program is funded by the Federal Centers for Medicaid and Medicare Services (CMS.) Money Follows the Person is a collaborative effort with the Division of Disability Services, The Division of Developmental Disabilities, The Office on Aging and the Office of the Ombudsman. We have a group of consumers on our advisory council.

## **2013 TRENDS AND PROJECTIONS**

The division has focused on supporting the Employment First Initiative which means competitive work is the first and preferred, post education activity for people with any type of disability. NJ WorkAbility has been included as a major employment resource that was provided to consumers who are part of the I Choose Home New Jersey Program, as they transition from institutional facilities back into the community.

## **LOOKING AHEAD TO 2014**

While New Jersey continues to be an 'Employment First' state, the NJ WorkAbility program will remain an integral part of work incentives for New Jersey residents with disabilities, who desire competitive employment. As the numbers increase for NJ WorkAbility, the program will start to transition to a cost share system with a sliding scale fee. NJ WorkAbility also is looking to increase the unearned income limit for the program so that more working disabled people can access the Medicaid health coverage.

## **SELF DETERMINATION PROGRAM TRANSFER PROJECT (SD)**

### **HISTORY**

The Self Determination program was the Division of Developmental Disabilities' first program designed to offer in home support to individuals with developmental disabilities in lieu of group home placement. The program allowed participants to live independently in the community with DDD assistance.

## **PURPOSE**

In October of 2013, CMS approved the Division of Developmental Disabilities' Comprehensive Medicaid Waiver. Self Determination program recipients will be able to access additional funding to be used for the purchase of needed Medicaid waiver services such as individual assistants, transportation supports, behavior management and home modifications.

## **ELGIBILTY**

Eligibility for the Self Determination Transfer Project was based on participation in the Self-Determination program through DDD. If you were a (Division of Developmental Disabilities) Self Determination program participant, than you were participating in this transfer project.

## **2013 ISSUES AND TRENDS**

The Division of Disability Services developed 90 Self Determination transition work plans to ensure a successful transition to the Community Care Waiver guidelines. Various alternative state and federal resources were provided to the Self-Determination recipients so that each recipient could access additional supports to supplement their budget. An additional 110 individual meetings with Self-Determination participants were conducted to develop work plans for an effective transition to DDD community care waiver services and supports.

## **VII NEW JERSEY DISABILITY HEALTH AND WELLNESS INITIATIVES**

### **PURPOSE**

The New Jersey Disability Health and Wellness Initiatives Program partners with professionals in the healthcare and secondary fields to start and improve on projects promoting wellness, independence for those with disabilities. These initiatives also focus on preventing people with disabilities from acquiring secondary conditions. The partnerships that Health and Wellness staff develops with policymakers, health educators, public and private agencies allow the Division to develop and implement plans to integrate health and wellness options for people with disabilities into current state health promotion activities. These programs are funded through grants given by public and private entities. The division works to identify gaps in the state healthcare system, increase overview of activities, and facilitate partnerships between state agencies, community organizations, vendors and individuals with disabilities. The division also seeks funding for initiatives that will help meet these goals.

### **GOALS AND OBJECTIVES**

- To enhance program infrastructure and capacity surrounding health and wellness of people with disabilities
- To improve state level surveillance of health-related activities and monitor activities of health and wellness programs
- To increase health promotion opportunities for people with disabilities to maximize health
- To improve access to health care for people with disabilities.

- To facilitate and lead policy and environmental change that will have an impact on people with disabilities.

## **2013 ISSUES AND TRENDS**

DDS was awarded a second grant from the Kessler Foundation, allowing us to pass through funds to make food pantries more accessible for people with physical disabilities. The Kessler Foundation awarded DDS another \$10,000 to select 2-3 food pantries to receive this funding, and made capital improvements allowing people with physical disabilities to access the live saving services that these shelters provide.

## **LOOKING AHEAD TO 2014**

DDS applied for a grant through the Violence Against Women Act (VAWA) to continue to work on educating women with disabilities on issues surrounding violence and abuse. Also in addition DDS we will receive another emergency preparedness grant from the Department of Health to educate members of the Medical Reserve Corps on access and functional needs of the disability community.

## **VIII STATUTORY BOARDS AND COUNCILS**

### **NJ ADVISORY COUNCIL ON TRAUMATIC BRAIN INJURY**

The Division of Disability Services, as the state's designated lead agency for brain injury services, serves as staff to the NJ Advisory Council on Traumatic Brain Injury. The Council, mandated under PL 2001, Chapter 332, is comprised of 26 members and holds quarterly public meetings, advising the Department of Human Services on matters related to brain injury services.

### **PERSONAL ASSISTANCE SERVICES PROGRAM ADVISORY COUNCIL**

The Personal Assistance Services Program (PASP) under the supervision of the New Jersey Department Human Services' Division of Disability Services is required by law to have a statewide PASP Advisory Council. The PASP Advisory Council provides a means for consumers to express opinions and views that will affect the quality of personal assistance in New Jersey. The PASP Advisory Council reviews and evaluates the effectiveness of the program and makes recommendations to improve the program as needed.

