



Division of Medical Assistance and Health Services

An Overview of the Personal Preference Program

Calendar Year 2026

Overview

This presentation will:

- Provide a better understanding of the Personal Preference Program (PPP)
- Walk through the PPP enrollment process
- Facilitate discussion to better understand questions related to the PPP
- Provide PPP resources for assistance and outreach

Let's Meet Sarah

- Sarah is 34 years old and lives by herself in a small ranch home that was left to her by her parents. She is diagnosed with Multiple Sclerosis and uses a wheelchair. She is cognitively alert but has a severe weakness in all her limbs. Despite her disability, Sarah is able to work part-time at the neighborhood library.
- Sarah is independent; however, requires assistance with getting ready for the day both during the work week and the weekend. Sarah's sister and brother help when they can, but they have young families and aren't always available.
- Sarah is seeking reliable supports to assist her with getting ready each day. She noticed that as a member of NJ FamilyCare/Medicaid, she is eligible for personal care assistance (**PCA**) services. She contacts her health plan (also referred to as a Managed Care Organization (MCO) for more information.

Personal Care Assistance Assessment

- New Jersey has services for NJ FamilyCare/Medicaid members who are financially eligible and need help with activities of daily living (ADL) to remain at home and in their community. This is called **Personal Care Assistance (PCA)** services.
- The member's NJ FamilyCare health plan will conduct the state PCA assessment tool which will detail the level of service, in hours, a member may receive based on their activities of daily living (ADL) needs.
- The member's NJ FamilyCare MCO can contract with an agency to provide these services. The agency sends a qualified person to the member's home to help with these ADL, such as bathing, meal preparation and light housekeeping.
- New Jersey offers another way for NJ FamilyCare/Medicaid members to get these services that does not involve an agency. This is called the **Personal Preference Program (PPP)**.

PCA Tool and Children Applying for PPP

- Parents or legal guardians are responsible for the care for each ADL/IADL activity if the participant is under the age listed for that activity in the PCA assessment. For each ADL/IADL activity, if an age limit is provided, the limitation is based on standard developmental milestones and may vary for children with developmental disabilities. The age guidelines in the tool should not be considered restrictions when assessing the participant's needs.
- While the PCA assessment has age noted for each task as it relates to participant abilities, each participant is assessed individually. Parental responsibility is still reviewed as part of that assessment, considering the developmental disability of the participant's and standard milestones.

What is Personal Preference Program (PPP)?

- The **Personal Preference Program (PPP)** offers members more choice, flexibility and control and the opportunity to manage their personal care services.
- Self-directed Personal Care Assistance may not be the choice for all members, but it is an available option.
- With PPP, Sarah can choose a relative or friend to help with her ADL needs and pay them for these services within her approved budget.

The difference between agency provided PCA and PPP

PCA

Good for NJ FamilyCare/Medicaid members who do not have the desire or ability to manage their own care

The member's health plan uses an agency from their network of providers

The agency hires, trains, supervises, schedules and dismisses their caregivers, if needed

The agency is responsible for timesheets and payment. A member's health plan is responsible for payment to the agency.

The agency conducts supervisory visits to ensure program compliance

The agency is responsible for providing a backup plan

The agency is responsible for how the services are provided

The service is available only where the agencies are located within the health plan's network

PPP

Good for NJ FamilyCare/Medicaid members who want to choose how to manage their care and exercise greater control over their lives

The member can hire people they know and trust

The member has supervisory control over their "employee" and how to handle tasks

The member (or their authorized representative) is responsible for approving timesheets and payment for services authorized in their Cash Management Plan (CMP) for the fiscal agent to pay. The member's budget pays for the administrative cost of the services and the member authorizes the fiscal intermediary to pay the workers for the services provided under the approved budget.

The fiscal intermediary will conduct an initial visit for enrollment and make quarterly visits as well as visits at the member or caregiver's request

The fiscal intermediary will help the member develop a backup plan

The member decides how their caregiver will provide the services

Available statewide

Options Counseling for PPP

- Authorized hours are determined by the completion of a PCA Assessment by the health plan for members enrolled in Managed Care.
- Members who choose traditional PCA Services will receive the authorized hours from an accredited home care agency.
- Members who choose to self-direct through the Personal Preference Program (PPP) receive a monthly budget, based on the authorized PCA hours. **The PCA hours are calculated into a dollar amount that is used to pay for services referred to as the Cash Management Plan(CMP).**
- In this model, members are not restricted to purchase the same number of hours for which they have been authorized.

Sarah makes her choice

Sarah's PCA assessment has determined that she is eligible for 25 hours per week. Her health plan provides Options Counseling to determine if self-direction is for her.

The Options Counseling Check List:

- ✓ The budget calculation process;
- ✓ What it means to be the Employer Record (EOR)
- ✓ The role of the Authorized Representative (AR) whether one should be assigned to Sarah
- ✓ The completion of forms for enrollment processing

The Budget Calculation Process

- **Step 1:** Multiply the authorized hours by the PCA reimbursement rate: **25 Hours X \$20.40 (as of January 1, 2026) = \$510.00**
- **Step 2:** There are more than 4 weeks in each month, so we use the bookkeeping figure to account for the 29th, 30th, 31st day in a month **(4.33): \$510.00 X 4.33 = \$2,208.30**
- **Step 3:** The Member receives 87.5% of the monthly budget to purchase services and other participant's fees. 12.5% is reduced from the monthly budget to pay for costs associated with being the Employer of Record **\$2,208.30 X .875 = \$1,932.26 = Monthly Cash Grant Amount**

Monthly Cash Grant Amount = \$1,932.26

This figure represents the “*cashed out benefit*” Sarah gets to spend to purchase services through the Personal Preference Program.

Sarah must pay her workers at least minimum wage (\$15.92 in 2026) by law but cannot exceed \$25 per hour. Sarah recognizes that the higher the rate of pay per hour, the fewer hours she will be able to purchase.

What is means to be the Employer Record (EOR)

- Under PPP, Sarah will have some new responsibilities and a great deal more choice and freedom in terms of the services she receives. Sarah will be the employer of record for her PCA services.
- This means that she will make decisions and manage and supervise her employees like a small business.
- As with any small business, there are some costs involved such as **bookkeeping, taxes, payroll** as well as **workers' compensation and overhead**.
- **These costs are deducted from her budget including payroll taxes, workers' compensation and check processing fees.**
- The balance of her budget will be applied to the services she needs to remain in her home and community.

The role of the Authorized Representative (AR)

Sarah may choose to appoint or be asked to appoint an **Authorized Representative (AR)** to help her manage her PPP services. The health plan and Sarah discuss the role of the AR.

- An AR can be anyone over 18 years of age that the participant knows and trusts like a family member or friend; however, the AR cannot work for the participant and cannot be paid to act as an AR.
- An AR supports the participant as needed to fulfill the participant's responsibilities as a PPP participant and employer, so the AR must be present in the participant's life and readily available to provide the participant's necessary support. The AR should live within 1 hour or 30 miles from the participant and visit at least once every 2 weeks.

The role of the Authorized Representative (AR) continued

- An AR will support the participant to process paperwork, hire and supervise the participant's workers, oversee services from providers, sign timesheets and invoices and follow-up with the Fiscal Intermediary's Customer Service Agent or the participant's Financial Consultant if any issues come up.
- An AR must also be present for all scheduled visits and calls with the participant's Financial Consultant.
- An AR must meet with the Financial Consultant during enrollment to ensure they understand their role and responsibilities.
- **An AR will also complete a Designation of Representative Form agreeing to act in this role.**

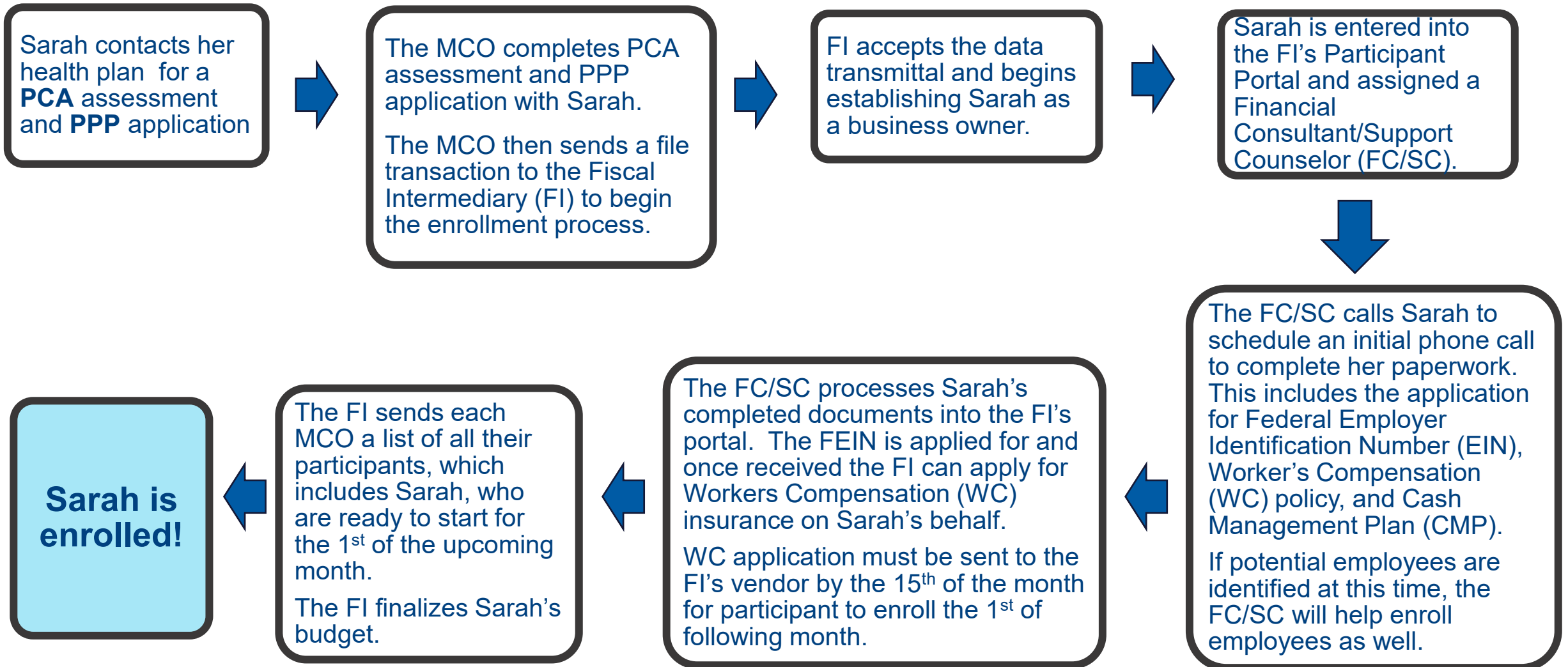
The PPP Enrollment Process

After completing Options Counseling with the health plan Sarah has decided to participate in the Personal Preference Program and really likes the fact that she will be able to direct her own “program” and act as the Employer of Record.

She has also determined that she will not require the assistance of an Authorized Representative but is happy to know that the option is available if the need arises.

Sarah completes the enrollment paperwork, and her health plan facilitates the next steps of the enrollment process.

Sarah's PPP Enrollment Process



How to contact the PPP Team

- **Email us!** MAHS.PPP@dhs.nj.gov
- **Call us!** PPP Hotline 609-631-2481
- **Fax us!** 609-588-3806
- **Visit us online!** PPP web page PPP.NJ.gov
- **Mailing address:**

NJ Division of Medical Assistance and Health Services
P.O. Box 712
Attention: Personal Preference Program
Trenton, NJ 08625

Managed Care Organization (MCO) PPP

MCO PPP Unit Contacts		Fiscal Intermediaries
Horizon NJ Health	1-855-465-4777 Webpage- Link Here	PALCO Customer Service: 877-710-0457 Fax: 877-8598757 Email Address: Supportnj@palcofirst.com PALCO PPP Website- Link Here
Aetna Better Health of New Jersey	1-855-232-3596 Website- Link Here	
Aetna Assure Premier Plus (D-SNP)	1-844-362-0934	
Fidelis Care	1-855-642-6185 (select option #3, then option #2) Website- Link Here	
UnitedHealthcare Community Plan	1-800-645-9409 (select option #3) Website- Link Here	
Wellpoint	1-855-661-1996 (select option #1) Website- Link Here	
		Public Partnership LLC. (PPL) Customer Service: Phone: 1-844-880-8702 (English) Phone: 1-844-880-8703 (Spanish) Fax: 1-844-627-6834 Email Address: CS-njppp@pplfirst.com PPL Program Website- Link Here

PPP Glossary of Terms

- ADL – Activities of Daily Living
- FC – Financial Consultant
- FI – Financial Intermediary
- CMP – Cash Management Plan
- Health Plans – also referred to as managed care
- iADL – Instrumental Activities of Daily Living
- Medicaid – also referred to as NJ FamilyCare
- MCO – Managed Care Organization
- NJ FamilyCare – also referred to as Medicaid
- PPP – Personal Preference Program