

NJ DEPARTMENT OF HUMAN SERVICES (DHS)						
2026	Division of Aging Services (DoAS)					
	MEDICAID WAIVER PROGRAM		NON-MEDICAID WAIVER PROGRAMS			
	MLTSS/PACE	JACC	SRCP	AADSP	CHSP	OAA
Program Title	Managed Long Term Service and Supports/ Program of All-Inclusive Care for the Elderly	Jersey Assistance for Community Caregiving	Statewide Respite Care Program	Alzheimer's Adult Day Services Program	Congregate Housing Services Program	Older Americans Act (OAA) Funded Programs
Medicaid State Plan Services Covered	<ul style="list-style-type: none"> <li><input type="checkbox"/> All*</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> </ul>
Services Offered*	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assisted Living Services** <ul style="list-style-type: none"> <li>1. Assisted Living Residence (ALR)</li> <li>2. Comprehensive Personal Care Home (CPCH)</li> <li>3. Assisted Living Program (ALP)</li> </ul> </li> <li><input type="checkbox"/> Behavioral Management (TBI)</li> <li><input type="checkbox"/> Caregiver/Participant Training</li> <li><input type="checkbox"/> Chore Services</li> <li><input type="checkbox"/> Cognitive Therapy</li> <li><input type="checkbox"/> Community Residential Services</li> <li><input type="checkbox"/> Community Transition Services</li> <li><input type="checkbox"/> Home Based Supportive Care</li> <li><input type="checkbox"/> Home Delivered Meals</li> <li><input type="checkbox"/> Medication Dispensing Device (Set Up &amp; Monthly Monitoring)</li> <li><input type="checkbox"/> Personal Care Assistant (PCA)</li> <li><input type="checkbox"/> Non-Medical Transportation</li> <li><input type="checkbox"/> Nursing Facility and Special Care Nursing Facility Services (Custodial)**</li> <li><input type="checkbox"/> Nutritional Services &amp; Housing Supports</li> <li><input type="checkbox"/> Occupational Therapy (Group &amp; Individual)</li> <li><input type="checkbox"/> Personal Emergency Response System (PERS) (Set Up &amp; Monthly Monitoring)</li> <li><input type="checkbox"/> Physical Therapy (Group &amp; Individual)</li> <li><input type="checkbox"/> Private Duty Nursing</li> <li><input type="checkbox"/> Residential Modifications</li> <li><input type="checkbox"/> Respite (Daily &amp; Hourly)</li> <li><input type="checkbox"/> Social Adult Day Care</li> <li><input type="checkbox"/> Speech, Language &amp; Hearing Therapy Structured Day Program</li> <li><input type="checkbox"/> Supported Day Services</li> <li><input type="checkbox"/> Vehicle Modifications</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Care Management</li> <li><input type="checkbox"/> Respite</li> <li><input type="checkbox"/> Env. Accessibility Adaptation</li> <li><input type="checkbox"/> Spec. Medical Equipment &amp; Supplies</li> <li><input type="checkbox"/> Chore</li> <li><input type="checkbox"/> PERS</li> <li><input type="checkbox"/> Attendant Care</li> <li><input type="checkbox"/> Home Delivered Meals</li> <li><input type="checkbox"/> Social Adult Day Care</li> <li><input type="checkbox"/> Home-Based Supportive Care</li> <li><input type="checkbox"/> Adult Day Health</li> <li><input type="checkbox"/> Transportation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Respite from direct unpaid caregiving provided using the following types of services: <ul style="list-style-type: none"> <li>- Companion</li> <li>- Homemaker – Home Health Aide</li> <li>- Private Duty Nursing</li> <li>- Adult Day Health Services</li> <li>- Social Adult Day Care</li> <li>- Adult Family Care</li> <li>- Inpatient Care in a licensed facility, e.g., Assisted Living Facility, Nursing Home, or Residential Health Care Facilities</li> <li>- Campership</li> <li>- Caregiver Directed Option</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Social Adult Day Care</li> <li><input type="checkbox"/> Adult Day Health Services</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Congregate Meal(s)</li> <li><input type="checkbox"/> Housekeeping</li> <li><input type="checkbox"/> Personal Assistance, i.e., <ul style="list-style-type: none"> <li>- Laundry</li> <li>- Shopping</li> <li>- Assistance with bathing, grooming, dressing, etc.</li> <li>- Other supportive services</li> </ul> </li> </ul>	<p>Service Categories &amp; Examples:</p> <p><u>Access</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information &amp; Assistance</li> <li><input type="checkbox"/> Screen for Community Services (<i>Access Point</i>)</li> <li><input type="checkbox"/> Options Counseling</li> <li><input type="checkbox"/> Medicaid Navigation – Service Coordination</li> <li><input type="checkbox"/> Care Management</li> <li><input type="checkbox"/> Transportation &amp; Assisted Transportation</li> <li><input type="checkbox"/> Assistive Technology</li> </ul> <p><u>Home Support</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visiting Nurse</li> <li><input type="checkbox"/> Certified Home Health Aide</li> <li><input type="checkbox"/> Housekeeping</li> <li><input type="checkbox"/> Residential Maintenance</li> <li><input type="checkbox"/> Telephone Reassurance</li> <li><input type="checkbox"/> Hospice Care</li> </ul> <p><u>Community Support</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Legal Assistance</li> <li><input type="checkbox"/> Adult Protective Services</li> <li><input type="checkbox"/> Physical/Oral/Mental Health</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Socialization/Recreation</li> <li><input type="checkbox"/> Adult Day: Social &amp; Medical</li> <li><input type="checkbox"/> Housing Assistance: Homesharing &amp; Matching</li> </ul> <p><u>Nutrition Support</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Congregate Nutrition</li> <li><input type="checkbox"/> Home Delivered Nutrition</li> <li><input type="checkbox"/> Nutrition Education &amp; Counseling</li> </ul>

\* Services provided as appropriate per the individual's Plan of Care.

\*\* Patient Pay Liability (Cost Share) may apply for participants in ALR, CPCH, AFC, NF, or SCNF.

2026	MEDICAID WAIVER PROGRAM	NON-MEDICAID WAIVER PROGRAMS				
		JACC	SRCP	AADSP	CHSP	OAA
Program Title	MLTSS/PACE	Jersey Assistance for Community Caregiving	Statewide Respite Care Program	Alzheimer's Adult Day Services Program	Congregate Housing Services Program	Older Americans Act (OAA) Funded Programs
Financial Eligibility	<ul style="list-style-type: none"> <li><b>Supplemental Security Income (SSI):</b> Income <math>\leq \\$998.25</math>/mo. Individual or <math>\leq \\$1,475.35</math>/mo. Couple; Resources <math>\leq \\$2,000</math> Individual or <math>\\$3,000</math> Couple (2025)</li> <li><b>Medicaid Only:</b> (Institutional Level): Income <math>\leq \\$2,901</math>/mo. Individual; Resources <math>\leq \\$2,000</math> Individual (2025)</li> <li><b>New Jersey Care ... Special Medicaid Program:</b> Income <math>\leq \\$1,305</math>/mo. Individual or <math>\leq \\$1,763</math>/mo. Couple; Resources <math>\leq \\$4,000</math> Individual or <math>\\$6,000</math> Couple (2025)</li> </ul>	<ul style="list-style-type: none"> <li>Not participating in a Medicaid program</li> </ul> <p>Countable Income** <math>\leq \\$4,760</math>/mo. Individual or <math>\leq \\$6,433</math>/mo. Couple (which is 365% of FPL); Resources <math>\leq \\$40,000</math> Individual or <math>\\$60,000</math> Couple (2025)</p>	<ul style="list-style-type: none"> <li>Not eligible if participating in MLTSS</li> </ul> <p>Care recipient(s): Income <math>&lt; \\$2,982</math>/mo. Individual or <math>\leq \\$5,964</math>/mo. Couple; Resources <math>\leq \\$40,000</math> Individual or <math>\\$60,000</math> Couple (2026)</p>	Care recipient(s): Gross Income** $\leq \$50,256$ /yr. Individual or $\leq \$58,632$ /yr. Couple; Resources $\leq \$40,000$ Individual or $\$60,000$ Couple (2025)	Financially eligible for residence in low- or moderate-income subsidized housing for the elderly and disabled as determined by HUD or other governing agency guidelines	<p>None. OAA programs have no means test; however, services target those most in need of assistance.</p> <p>Service priority is to individuals age 60 or older with the greatest economic and social need, with particular attention to low-income, minority, limited English proficient, or rural-residing older adults and those at risk of institutional placement.</p>
Other Eligibility	Categorical Eligibility for Aged Blind or Disabled	Age 60 or older	Age 18 or older and participant must have an unpaid caregiver in need of respite	Reside in community with an unpaid caregiver in need of respite	Residence must be CHSP grantee. Resident must request services.	Age 60 and older. Some services available to caregivers of any age and to grandparents age 55 or older.
Clinical Eligibility	NF Level of Care	NF Level of Care	Chronic disability	Alzheimer's disease or related dementia	Assessed as in need of supportive services	None
Funding	State/Federal Match	State Funds	State Funds	State Funds	State Funds	Federal/State/Local Funds & Participant Donations
Billing Agent	Managed Care Organizations (MCOs) and Programs of All-Inclusive Care for the Elderly (PACEs) contracted with NJ FamilyCare (also known as Medicaid)	State Billing Agent	SRCP Sponsor Agency	DHS Fiscal	DHS Fiscal	None
Governing Code	MLTSS – 42 U.S.C. §1315, Section 1115 PACE – 42 U.S.C. §1396u-4		NJAC 10:164B	NJAC 10:164A		45 C.F.R. 1321.53 – Older Americans Act, Title III
Licensed	YES – NJAC 8:36, 8:39 & 8:43A-33	NO	NO	YES – NJAC 8:43	NO	NO
Patient Pay Liability (Cost Share)	NO *	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	NO. Participants are notified on the opportunity to voluntarily contribute to the cost of services (except for APS).
Service Limitations	Based on limitations as specified in the MLTSS Dictionary and subject to medical necessity determinations per the MCO. PACE services per individual's Plan of Care.	Up to \$1,090/mo.	Varies according to caregiver's assessed needs and budget availability	Up to 5 days per week	Varies according to participant needs and constraints of site's CHSP budget	Full array of services not available/funded in every county. Services limited to budget.

\* Patient Pay Liability (Cost Share) may apply for participants in ALR, CPCH, AFC, NF, or SCNF.

\*\* Service package remains the same.

NJ DEPARTMENT OF HUMAN SERVICES (DHS)						
2026	Division of Aging Services (DoAS)					
	PRESCRIPTION PROGRAMS*		MEDICARE, UTILITY, & HEARING AID ASSISTANCE PROGRAMS*			
	PAAD	Senior Gold	MSPs: QMB, SLMB, QI	Lifeline	HAAAD/NJHAP	USF/LIHEAP
<b>Program Title</b>	<b>Pharmaceutical Assistance to the Aged and Disabled</b>	<b>Senior Gold Prescription Discount Program</b>	<b>Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualifying Individual</b>	<b>Lifeline Utility Assistance/Tenants Lifeline Assistance</b>	<b>Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project</b>	<b>Universal Service Fund/Low Income Home Energy Assistance Program</b>
<b>Services Offered</b>	<ul style="list-style-type: none"> <li>▪ Generic prescriptions for \$5 copay; \$7 for name brands</li> <li>▪ Payment of Medicare Part D premium, including late-enrollment penalty, if applicable</li> <li>▪ Motor vehicle discount</li> <li>▪ Pet spay/neuter program</li> <li>▪ Property Tax Freeze</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prescription drugs for \$15 plus 50% of the remaining cost for the drug</li> <li>▪ Catastrophic Cap set at \$2,000 for a single person, \$3,000 for a couple. When cap is met, prescription copay set at \$15 per drug</li> </ul>	<p>QMB:</p> <ul style="list-style-type: none"> <li>– Payment of Medicare Part A and B premiums, deductibles, coinsurance, and copays for Medicare-covered services and items</li> </ul> <p>SLMB and QI-1:</p> <ul style="list-style-type: none"> <li>– Payment of Medicare Part B premium, currently \$185 per month, or \$2,220 per year (2025)</li> </ul> <p>All three MSPS:</p> <ul style="list-style-type: none"> <li>– Payment of any late enrollment penalty</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$225 annual benefit applied directly to utility bill for utility customers or by check to tenants</li> </ul>	<ul style="list-style-type: none"> <li>▪ HAAAD – \$500 reimbursement toward recent purchase of hearing aid or up to \$1,000 for two devices, if eligible</li> <li>▪ NJHAP – free refurbished hearing aid, if eligible</li> </ul>	<ul style="list-style-type: none"> <li>▪ Utility programs for low-income residents</li> <li>▪ USF is a monthly credit on utility bill with a maximum annual benefit of \$2,400, based on income and usage</li> <li>▪ LIHEAP is an annual benefit during the heating season</li> </ul>
<b>Financial Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Annual income &lt;\$54,943 Individual or &lt;\$62,390 Couple; No resource limit (2026)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual income between \$54,943 and \$64,943 Individual or between \$62,390 and \$72,390 Couple; No resource limit (2026)</li> </ul>	<p>QMB: Annual income</p> <ul style="list-style-type: none"> <li>▪ <math>\leq \\$15,660</math> Individual; <math>\leq \\$21,156</math> Couple</li> </ul> <p>SLMB and QI: Annual income</p> <ul style="list-style-type: none"> <li>▪ <math>\leq \\$21,132</math> Individual; <math>\leq \\$28,560</math> Couple</li> </ul> <p>All three MSPS:</p> <p>Resources</p> <ul style="list-style-type: none"> <li>▪ \$9,660 Individual; \$14,470 Couple</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual income &lt;\$54,943 Individual or &lt;\$62,390 Couple; No resource limit (2026)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annual income &lt;\$54,943 Individual or &lt;\$62,390 Couple; No resource limit (2026)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Income limit based on family size and usage. Monthly income \$4,167/mo. Individual or \$5,449/mo. Couple (2025-26 heating season)</li> </ul>

\* These programs can be accessed through the NJSave online application at [www.aging.nj.gov](http://www.aging.nj.gov) or by calling 1-800-792-9745.

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	PAAD	Senior Gold	MSPs: QMB, SLMB, QI	Lifeline	HAAAD/NJHAP	USF/LIHEAP
<b>Program Title</b>	<b>Pharmaceutical Assistance to the Aged and Disabled</b>	<b>Senior Gold Prescription Discount Program</b>	<b>Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualifying Individual</b>	<b>Lifeline Utility Assistance/Tenants Lifeline Assistance</b>	<b>Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project</b>	<b>Universal Service Fund/Low Income Home Energy Assistance Program</b>
<b>Other Eligibility</b>	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits	Resident of New Jersey eligible for or enrolled in Medicare Part A	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits who is a utility customer or tenant with utilities included in rent payment	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits who produces a doctor statement attesting to the need for hearing aid(s). HAAAD applicants must also provide a paid receipt for reimbursement.	Resident of New Jersey who is the customer of record for utility/heating costs or has utility/heating burden
<b>Funding</b>	State Funds	State Funds	QMB and SLMB-State/Federal Match; QI-1-State Funds	State Funds	State Funds	USF-State Funds; LIHEAP-Federal Funds
<b>Billing Agent</b>	Gainwell	Gainwell	Medicaid	Treasury	Treasury	DCA
<b>Governing Code</b>	NJAC 10:167	NJAC 10:167B	NJAC 10:71 & 10:72	NJAC 10:167D	NJAC 10:167E	NJAC 5:49
<b>Patient Pay Liability (Cost Share)</b>	\$5 copay for generic and \$7 copay for name brand covered drugs.	\$15 copay + 50% of remaining cost of covered drugs	NO	NO	NO	NO
<b>Service Limitations</b>	Covers only drugs approved by the Food and Drug Administration. Drugs purchased outside of New Jersey are not covered, nor are any pharmaceutical products whose manufacturer has not signed a rebate agreement with the State of New Jersey.	Covers only drugs approved by the Food and Drug Administration. Drugs purchased outside of New Jersey are not covered, nor are any pharmaceutical products whose manufacturer has not signed a rebate agreement with the State of New Jersey.	NO	NO	NO	NO