

	NJ DEPARTMENT OF HUMAN SERVICES (DHS)					
2025	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>All*</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Services Offered*	<ul style="list-style-type: none"> <li>Adult Family Care**</li> <li>Assisted Living Services**               <ol style="list-style-type: none"> <li>Assisted Living Residence (ALR)</li> <li>Comprehensive Personal Care Home (CPCH)</li> <li>Assisted Living Program (ALP)</li> </ol> </li> <li>Behavioral Management (TBI)</li> <li>Caregiver/Participant Training</li> <li>Chore Services</li> <li>Cognitive Therapy</li> <li>Community Residential Services</li> <li>Community Transition Services</li> <li>Home Based Supportive Care</li> <li>Home Delivered Meals</li> <li>Medication Dispensing Device (Set Up &amp; Monthly Monitoring)</li> <li>Personal Care Assistant (PCA)</li> <li>Non-Medical Transportation</li> <li>Nursing Facility and Special Care Nursing Facility Services (Custodial)**</li> <li>Occupational Therapy (Group &amp; Individual)</li> <li>Personal Emergency Response System (PERS) (Set Up &amp; Monthly Monitoring)</li> <li>Physical Therapy (Group &amp; Individual)</li> <li>Private Duty Nursing</li> <li>Residential Modifications</li> <li>Respite (Daily &amp; Hourly)</li> <li>Social Adult Day Care</li> <li>Speech, Language &amp; Hearing Therapy</li> <li>Structured Day Program</li> <li>Supported Day Services</li> <li>Vehicle Modifications</li> </ul>	<ul style="list-style-type: none"> <li>Care Management</li> <li>Respite</li> <li>Env. Accessibility Adaptation</li> <li>Spec. Medical Equipment &amp; Supplies</li> <li>Chore</li> <li>PERS</li> <li>Attendant Care</li> <li>Home Delivered Meals</li> <li>Social Adult Day Care</li> <li>Home-Based Supportive Care</li> <li>Adult Day Health</li> <li>Transportation</li> </ul>	<ul style="list-style-type: none"> <li>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>Social Adult Day Care</li> <li>Adult Day Health Services</li> </ul>	<ul style="list-style-type: none"> <li>Congregate Meal(s)</li> <li>Housekeeping</li> <li>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>	Service Categories & Examples: <u>Access</u> <ul style="list-style-type: none"> <li>Information &amp; Assistance</li> <li>Screen for Community Services (<i>Access Point</i>)</li> <li>Options Counseling</li> <li>Medicaid Navigation – Service Coordination</li> <li>Care Management</li> <li>Transportation &amp; Assisted Transportation</li> <li>Assistive Technology</li> </ul> <u>Home Support</u> <ul style="list-style-type: none"> <li>Visiting Nurse</li> <li>Certified Home Health Aide</li> <li>Housekeeping</li> <li>Residential Maintenance</li> <li>Telephone Reassurance</li> <li>Hospice Care</li> </ul> <u>Community Support</u> <ul style="list-style-type: none"> <li>Legal Assistance</li> <li>Adult Protective Services</li> <li>Physical/Oral/Mental Health</li> <li>Education</li> <li>Socialization/Recreation</li> <li>Adult Day: Social &amp; Medical</li> <li>Housing Assistance: Homesharing &amp; Matching</li> </ul> <u>Nutrition Support</u> <ul style="list-style-type: none"> <li>Congregate Nutrition</li> <li>Home Delivered Nutrition</li> <li>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.

2025	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
Financial Eligibility	<ul style="list-style-type: none"> <li>▪ <b>Supplemental Security Income (SSI):</b> Income ≤\$998.25/mo. Individual or ≤\$1,475.35/mo. Couple; Resources ≤\$2,000 Individual or \$3,000 Couple (2025)</li> <li>▪ <b>Medicaid Only:</b> (Institutional Level): Income ≤\$2,901/mo. Individual; Resources ≤\$2,000 Individual (2025)</li> <li>▪ <b>New Jersey Care ... Special Medicaid Program:</b> Income ≤\$1,305/mo. Individual or ≤\$1,763/mo. Couple; Resources ≤\$4,000 Individual or \$6,000 Couple (2025)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Not participating in a Medicaid program</b></li> </ul> <p>Countable Income** ≤\$4,760/mo. Individual or ≤\$6,433/mo. Couple (which is 365% of FPL); Resources ≤\$40,000 Individual or \$60,000 Couple (2025)</p>	<ul style="list-style-type: none"> <li>▪ <b>Not eligible if participating in MLTSS</b></li> </ul> <p>Care recipient(s): Income &lt;\$2,829/mo. Individual or ≤\$5,658/mo. Couple; Resources ≤\$40,000 Individual or \$60,000 Couple (2024)</p>	Care recipient(s): Gross Income** ≤\$50,256/yr. Individual or ≤\$58,632/yr. Couple; Resources ≤\$40,000 Individual or \$60,000 Couple (2024)	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)						
2025	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
Program Title	Pharmaceutical Assistance to the Aged and Disabled	Senior Gold Prescription Discount Program	Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualifying Individual	Lifeline Utility Assistance/Tenants Lifeline Assistance	Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project	Universal Service Fund/Low Income Home Energy Assistance Program
Services Offered	<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 \$1,800, based on income and usage</li> <li>LIHEAP is an annual benefit during the heating season</li> </ul>
Financial Eligibility	<ul style="list-style-type: none"> <li>Annual income &lt;\$53,446 Individual or &lt;\$60,690 Couple; No resource limit (2025)</li> </ul>	<ul style="list-style-type: none"> <li>Annual income between \$53,446 and \$63,446 Individual or between \$60,690 and \$70,690 Couple; No resource limit (2025)</li> </ul>	<p>QMB: Annual income</p> <ul style="list-style-type: none"> <li>≤\$15,660 Individual; ≤\$21,156 Couple</li> </ul> <p>SLMB and QI: Annual income</p> <ul style="list-style-type: none"> <li>≤\$21,132 Individual; ≤\$28,560 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;\$53,446 Individual or &lt;\$60,690 Couple; No resource limit (2025)</li> </ul>	<ul style="list-style-type: none"> <li>Annual income &lt;\$53,446 Individual or &lt;\$60,690 Couple; No resource limit (2025)</li> </ul>	<ul style="list-style-type: none"> <li>Income limit based on family size and usage. Monthly income \$3,991/mo. Individual or \$5,219/mo. Couple (2024-25 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.

2025	PRESCRIPTION PROGRAMS		MEDICARE, UTILITY, & HEARING AID ASSISTANCE PROGRAMS			
	PAAD	Senior Gold	MSPs: QMB, SLMB, QI	Lifeline	HAAAD/NJHAP	USF/LIHEAP
Program Title	Pharmaceutical Assistance to the Aged and Disabled	Senior Gold Prescription Discount Program	Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualifying Individual	Lifeline Utility Assistance/Tenants Lifeline Assistance	Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project	Universal Service Fund/Low Income Home Energy Assistance Program
Other Eligibility	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
Funding	State Funds	State Funds	QMB and SLMB-State/ Federal Match; QI-1- State Funds	State Funds	State Funds	USF-State Funds; LIHEAP- Federal Funds
Billing Agent	Gainwell	Gainwell	Medicaid	Treasury	Treasury	DCA
Governing Code	NJAC 10:167	NJAC 10:167B	NJAC 10:71 & 10:72	NJAC 10:167D	NJAC 10:167E	NJAC 5:49
Patient Pay Liability (Cost Share)	\$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
Service Limitations	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