	NJ DEPARTMENT OF HUMAN SERVICES (DHS)						
2025	Division of Aging Services (DoAS)						
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	
Medicaid State Plan Services Covered	■ All*	■ None	■ None	■ None	■ None	■ None	
Services Offered*	 Assisted Living Residence (ALR) 2. Comprehensive Personal Care Home (CPCH) 3. Assisted Living Program (ALP) Behavioral Management (TBI) Caregiver/Participant Training Chore Services Cognitive Therapy Community Residential Services Community Transition Services Home Based Supportive Care Home Delivered Meals Medication Dispensing Device (Set Up & Monthly Monitoring) Personal Care Assistant (PCA) Non-Medical Transportation Nursing Facility and Special Care Nursing Facility Services (Custodial)** Nutritional Services & Housing Supports Occupational Therapy (Group & Individual) Personal Emergency Response System (PERS) (Set Up & Monthly Monitoring) Physical Therapy (Group & Individual) Private Duty Nursing Residential Modifications Respite (Daily & Hourly) Social Adult Day Care Speech, Language & Hearing Therapy Structured Day Program Supported Day Services Vehicle Modifications 	 Care Management Respite Env. Accessibility Adaptation Spec. Medical Equipment & Supplies Chore PERS Attendant Care Home Delivered Meals Social Adult Day Care Home-Based Supportive Care Adult Day Health Transportation 	Respite from direct unpaid caregiving provided using the following types of services: Companion Homemaker – Home Health Aide Private Duty Nursing Adult Day Health Services Social Adult Day Care Inpatient Care in a licensed facility, e.g., Assisted Living Facility, Nursing Home, or Residential Health Care Facilities Campership Caregiver Directed Option	 Social Adult Day Care Adult Day Health Services 	 Congregate Meal(s) Housekeeping Personal Assistance, i.e., Laundry Shopping Assistance with bathing, grooming, dressing, etc. Other supportive services 	Service Categories & Examples: Access Information & Assistance Screen for Community Services (Access Point) Options Counseling Medicaid Navigation — Service Coordination Care Management Transportation & Assisted Transportation Assistive Technology Home Support Visiting Nurse Certified Home Health Aide Housekeeping Residential Maintenance Telephone Reassurance Hospice Care Community Support Legal Assistance Adult Protective Services Physical/Oral/Mental Health Education Socialization/Recreation Adult Day: Social & Medical Housing Assistance: Homesharing & Matching Nutrition Support Congregate Nutrition Home Delivered Nutrition Nutrition Education & Counseling	

^{*} 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					
2025	MLTSS/PACE	JACC	SRCP	AADSP	CHSP	OAA
Program Title	Managed Long Term Service and Supports/	Jersey Assistance for	Statewide Respite	Alzheimer's Adult Day	Congregate Housing	Older Americans Act (OAA)
_	Program of All-Inclusive Care for the Elderly	Community Caregiving	Care Program	Services Program	Services Program	Funded Programs
Financial Eligibility	Supplemental Security Income (SSI):	Not participating in		Care recipient(s): Gross	Financially eligible for	None. OAA programs have no
	Income ≤\$998.25/mo. Individual or	a Medicaid	participating in	Income** \leq \$50,256/yr.	residence in low- or	means test; however, services
	≤\$1,475.35/mo. Couple; Resources ≤\$2,000	program	MLTSS	Individual or	moderate-income	target those most in need of
	Individual or \$3,000 Couple (2025)			≤\$58,632/yr. Couple;	subsidized housing for	assistance.
	• Medicaid Only: (Institutional Level): Income	Countable Income**	Care recipient(s):	Resources <u><</u> \$40,000	the elderly and disabled	
	≤\$2,901/mo. Individual; Resources ≤\$2,000	≤\$4,760/mo. Individual	Income <\$2,901/mo.	Individual or \$60,000	as determined by HUD	Service priority is to individuals
	Individual (2025)	or ≤\$6,433/mo. Couple	Individual or	Couple (2025)	or other governing	age 60 or older with the greatest
	 New Jersey Care Special Medicaid 	(which is 365% of FPL);	≤\$5,802/mo. Couple;		agency guidelines	economic and social need, with
	Program : Income ≤\$1,305/mo. Individual or	Resources <u><</u> \$40,000	Resources <u><</u> \$40,000			particular attention to low-
	≤\$1,763/mo. Couple; Resources ≤\$4,000	Individual or \$60,000	Individual or \$60,000			income, minority, limited English
	Individual or \$6,000 Couple (2025)	Couple (2025)	Couple (2025)			proficient, or rural-residing older
						adults and those at risk of
0.1 50 0.00	G			D 11 1	D 11	institutional placement.
Other Eligibility	Categorical Eligibility for Aged Blind or Disabled	Age 60 or older	Age 18 or older and	Reside in community	Residence must be	Age 60 and older. Some services
	Disabled		participant must have an	with an unpaid caregiver	CHSP grantee.	available to caregivers of any age
			unpaid caregiver in need of respite	in need of respite	Resident must request services.	and to grandparents age 55 or older.
Clinical Eligibility	NF Level of Care	NF Level of Care	Chronic disability	Alzheimer's disease or	Assessed as in need of	None
Chinical Engionity	INF Level of Care	INF Level of Care	Chronic disability	related dementia	supportive services	None
Funding	State/Federal Match	State Funds	State Funds	State Funds	State Funds	Federal/State/Local Funds &
runung	State/1 ederal iviatell	State I ulius	State I ulius	State 1 unus	State I ulius	Participant Donations
Billing Agent	Managed Care Organizations (MCOs) and	State Billing Agent	SRCP Sponsor Agency	DHS Fiscal	DHS Fiscal	None
	Programs of All-Inclusive Care for the Elderly	State Bining rigent	Siter sponsorrigency	B115 1 ISCAI	B115 1 ISCAI	Tione
	(PACEs) contracted with NJ FamilyCare (also					
	known as Medicaid)					
Governing Code	MLTSS – 42 U.S.C. §1315, Section 1115		NJAC 10:164B	NJAC 10:164A		45 C.F.R. 1321.53 – Older
8	PACE – 42 U.S.C. §1396u-4					Americans Act, Title III
Licensed	YES – NJAC 8:36, 8:39 & 8:43A-33	NO	NO	YES – NJAC 8:43	NO	NO
Patient Pay	NO *	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	NO. Participants are notified on
Liability (Cost					_	the opportunity to voluntarily
Share)						contribute to the cost of services
						(except for APS).
Service Limitations	Based on limitations as specified in the MLTSS	Up to \$1,090/mo.	Varies according to	Up to 5 days per week	Varies according to	Full array of services not
	Dictionary and subject to medical necessity		caregiver's assessed		participant needs and	available/funded in every county.
	determinations per the MCO.		needs and budget		constraints of site's	Services limited to budget.
	PACE services per individual's Plan of Care.		availability		CHSP budget	
	Cost Shara) may apply for participants in ALD CI					

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

** Service package remains the same.

		NJ DEPAR'	TMENT OF HUMA	N SERVICES (DHS)				
	Division of Aging Services (DoAS)							
2025	PRESCRIPTION PROGRAMS*		T N	MEDICARE, UTILITY, & HE	ARING AID ASSISTANC	CE 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	 Generic prescriptions for \$5 copay; \$7 for name brands Payment of Medicare Part D premium, including late-enrollment penalty, if applicable Motor vehicle discount Pet spay/neuter program Property Tax Freeze 	 Prescription drugs for \$15 plus 50% of the remaining cost for the drug 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 	QMB: - Payment of Medicare Part A and B premiums,	\$225 annual benefit applied directly to utility bill for utility customers or by check to tenants	 HAAAD – \$500 reimbursement toward recent purchase of hearing aid or up to \$1,000 for two devices, if eligible NJHAP – free refurbished hearing aid, if eligible 	 Utility programs for low-income residents USF is a monthly credit on utility bill with a maximum annual benefit of \$1,800, based on income and usage LIHEAP is an annual benefit during the heating season 		
Financial Eligibility	Annual income <\$53,446 Individual or <\$60,690 Couple; No resource limit (2025)	Annual income between \$53,446 and \$63,446 Individual or between \$60,690 and \$70,690 Couple; No resource limit (2025)	QMB: Annual income ■ ≤\$15,660 Individual; ≤\$21,156 Couple SLMB and QI: Annual income ■ ≤\$21,132 Individual; ≤\$28,560 Couple All three MSPs: Resources ■ \$9,660 Individual; \$14,470 Couple	Annual income <\$53,446 Individual or <\$60,690 Couple; No resource limit (2025)	Annual income <\$53,446 Individual or <\$60,690 Couple; No resource limit (2025)	■ Income limit based on family size and usage. Monthly income \$3,991/mo. Individual or \$5,219/mo. Couple (2024-25 heating season)		

^{*} These programs can be accessed through the NJSave online application at www.aging.nj.gov or by calling 1-800-792-9745.

	PRESCRIPTION PROGRAMS		MEDICARE, UTILITY, & HEARING AID ASSISTANCE PROGRAMS				
2025	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	