| | NJ DEPARTMENT OF HUMAN SERVICES (DHS) | | | | | | |
|--|--|---|---|--|--|--|--|
| 2024 | 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 American Act (OAA) Funded Programs | |
| Medicaid State Plan Services Covered | ■ All* | ■ None | ■ None | ■ None | ■ None | ■ None | |
| Services Offered* | Adult Family Care** Assisted Living Services** Assisted Living Residence (ALR) Comprehensive Personal Care Home (CPCH) 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)** 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.

| 2024 | MEDICAID WAIVER PROGRAM | NON-MEDICAID WAIVER PROGRAMS | | | | |
|----------------------------|---|--|---|--|-------------------------------------|--|
| 2024 | 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 | | | | None. OAA program have no |
| | Income ≤\$974.25/mo. Individual; | a Medicaid | participating in | | | means test, however, services |
| | ≤\$1,440.35/mo. Couple; Resources ≤\$2,000 | program | MLTSS | | | target those most in need of |
| | for Individual or \$3,000 for Couple (2024). | | | Care recipient(s): Gross | Financially eligible for | assistance. |
| | Medicaid Only: (Institutional Level): Income | Countable Income** | Care recipient(s): | Income** ≤\$50,256/yr. | residence in low or | |
| | ≤\$2,829/mo. Individual; Resources ≤\$2,000 | ≤\$4,581/mo. Individual; | Income <\$2,829/mo. | Individual; \leq \$58,632/yr. | moderate-income | Service priority is to individuals |
| | Individual (2024). | ≤\$6,217/mo. Couple, | Individual; ≤\$5,658/mo. | Couple; Resources | subsidized housing for | age 60 or older with the greatest |
| | New Jersey Care Special Medicaid | (which is 365% of FPL); | Couple; Resources | ≤\$40,000 for Individual | the elderly and disabled | economic and social need with |
| | Program : Income ≤\$1,255/mo. Individual; | Resources ≤\$40,000 | ≤\$40,000 Individual or | or \$60,000 for Couple | as determined by HUD | particular attention to low- |
| | \leq \$1,704/mo. Couple; Resources \leq \$4,000 for | Individual or \$60,000 | \$60,000 Couple (2024). | (2024). | or other governing | income, minority, limited English |
| | Individual or \$6,000 for Couple (2024). | Couple (2024). | | | agency guidelines. | proficient, and/or rural-residing |
| | | | | | | older adults, and those at risk of |
| 0.1 511 11 111 | | 4 60 11 | 4 10 11 1 | D 11 1 | D 11 | institutional placement. |
| Other Eligibility | Categorical Eligibility for Aged Blind or | 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 unpaid caregiver in need | with an unpaid caregiver in need of respite. | CHSP grantee. Resident must request | available to caregivers of any age and to grandparents age 55 or |
| | | | of respite. | in need of respite. | services. | older |
| Clinical Eligibility | NF Level of Care | NF Level of Care | Chronic disability | Alzheimer's disease or | Assessed as in need of | None |
| Chinical Eligibility | INF Level of Care | INF Level of Care | Chronic disability | related dementia | supportive services | Notie |
| Funding | State/Federal Match | State Funds | State Funds | State Funds | State Funds | Federal/State/Local Funds & |
| runung | State/rederal Watch | State Fullus | State Fullus | State Funds | State Fullus | Participant Donations |
| Billing Agent | Managed Care Organizations (MCOs) and | State Billing Agent | SRCP Sponsor Agency | DHS Fiscal | DHS Fiscal | None |
| Dining Agent | Programs of All-inclusive Care for the Elderly | State Billing Agent | biter sponsor rigency | Distriscar | Dib i iscai | Trone |
| | (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 |
| | PACE – 42 U.S.C. §1396u-4 | | | | | American 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. | |
| | | | | | | |
| | | | | | | |
| | | PCH AEC NE or SCNE | | | | |

^{*} 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 HUMAN | N SERVICES (DHS) | | | |
|-----------------------|---|--|---|--|---|---|--|
| | Division of Aging Services (DoAS) | | | | | | |
| 2024 | PRESCRIPTION PROGRAMS* | | N | 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 | Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualified 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 | |
| Services Offered | Generic prescriptions for \$5.00 co-pay; \$7.00 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 co- pay set at \$15 per drug | QMB: Payment of Medicare Part A and B premiums, deductibles, coinsurance, and copays for Medicare- covered services and items | \$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 <\$52,142 Individual; <\$59,209 Couple. No resource limit (2024). | Annual income between \$52,142 and \$62,142 Individual; between \$59,209 and \$69,209 Couple. No resource limit (2024). | QMB: Annual income ■ ≤\$15,060 Individual; ≤\$20,448 Couple SLMB and QI: Annual income ■ ≤\$20,340 Individual; ≤\$27,600 Couple All three MSPs: Resources ■ \$9,430 Individual; \$14,130 Couple | Annual income <\$52,142 Individual; <\$59,209 Couple. No resource limit (2024). | Annual income <\$52,142 Individual; <\$59,209 Couple. No resource limit (2024). | ■ Income limit based on family size and usage. Monthly income \$3,676/mo. Individual; \$4,807/mo. Couple (2023-24 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 ASSISTANCE PROGRAMS | | | | |
|--|---|---|--|--|--|---|--|
| 2024 | 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 | Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualified 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 | |
| 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 and/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 co-pay for generic and \$7 co-pay for name brand covered drugs. | \$15 co-pay + 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 | |