

**NJ DEPARTMENT OF HUMAN SERVICES (DHS)**

| 2022                                       | 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/<br>Program of All-inclusive Care for the Elderly   | Jersey Assistance for<br>Community Caregiving   | Statewide Respite<br>Care Program  | Alzheimer’s Adult Day<br>Services Program  | Congregate Housing<br>Services Program   | Older American Act (OAA)<br>Funded Programs  |
| Medicaid State<br>Plan Services<br>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<br>Offered*                       | <ul style="list-style-type: none"> <li>▪ Adult Family Care**</li> <li>▪ Assisted Living Services**                             <ol 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> </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> </ul> </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> | <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> | <p>Service Categories &amp; Examples:<br/><u>Access</u></p> <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> <p><u>Home Support</u></p> <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> <p><u>Community Support</u></p> <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> <p><u>Nutrition Support</u></p> <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.

| 2022                                      | MEDICAID WAIVER PROGRAM   | NON-MEDICAID WAIVER PROGRAMS   |  |   |  |   |
|---|---|--|--|---|--|---|
|   | MLTSS/PACE  | JACC   | SRCP   | AADSP   | CHSP   | OAA   |
| Program Title                             | Managed Long Term Service and Supports/<br>Program of All-inclusive Care for the Elderly  | Jersey Assistance for<br>Community Caregiving  | Statewide Respite<br>Care Program  | Alzheimer's Adult Day<br>Services Program   | Congregate Housing<br>Services Program   | Older Americans Act (OAA)<br>Funded Programs  |
| <b>Financial Eligibility</b>              | <ul style="list-style-type: none"> <li>▪ <b>Supplemental Security Income (SSI):</b> Income ≤\$872.25/mo. Individual; ≤\$1,286.35/mo. Couple; Resources ≤\$2,000 for Individual or \$3,000 for Couple.</li> <li>▪ <b>Medicaid Only:</b> (Institutional Level): Income ≤\$2,523/mo. Individual; Resources ≤\$2,000 Individual.</li> <li>▪ <b>New Jersey Care ... Special Medicaid Program:</b> Income ≤\$1,133/mo. Individual; ≤\$1,526/mo. Couple; Resources ≤\$4,000 for Individual or \$6,000 for Couple.</li> </ul> | <ul style="list-style-type: none"> <li>▪ <b>Non-Medicaid eligible</b></li> </ul> Countable Income**<br>≤\$4,134/mo. Individual;<br>≤\$5,569/mo. Couple,<br>(which is 365% of FPL);<br>Resources ≤\$40,000<br>Individual or \$60,000<br>Couple. | <ul style="list-style-type: none"> <li>▪ <b>Non-Medicaid eligible</b></li> </ul> Care recipient(s):<br>Income <\$2,523/mo.<br>Individual; ≤\$5,046/mo.<br>Couple; Resources<br>≤\$40,000 Individual or<br>\$60,000 Couple. | Care recipient(s): Gross<br>Income** ≤\$50,256/yr.<br>Individual; ≤\$58,632/yr.<br>Couple; Resources<br>≤\$40,000 for Individual<br>or \$60,000 for Couple. | Financially eligible for<br>residence in low or<br>moderate-income<br>subsidized housing for<br>the elderly and disabled<br>as determined by HUD<br>or other governing<br>agency guidelines. | None. OAA program have no<br>means test, however, services<br>target those most in need of<br>assistance.<br><br>Service priority is to individuals<br>age 60 or older with the greatest<br>economic and social need with<br>particular attention to low-<br>income, minority, limited English<br>proficient, and/or rural-residing<br>older adults, and those at risk of<br>institutional placement. |
| <b>Other Eligibility</b>                  | 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  |
| <b>Clinical Eligibility</b>               | NF Level of Care  | NF Level of Care   | Chronic disability   | Alzheimer's disease or related dementia   | Assessed as in need of supportive services   | None  |
| <b>Funding</b>                            | State/Federal Match   | State Funds  | State Funds  | State Funds   | State Funds  | Federal/State/Local Funds & Participant Donations   |
| <b>Billing Agent</b>                      | 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  |
| <b>Governing Code</b>                     | MLTSS – 42 U.S.C. §1315, Section 1115<br>PACE – 42 U.S.C. §1396u-4  |  | NJAC 10:164B   | NJAC 10:164A  |  | 45 C.F.R. 1321.53 – Older American Act , Title III  |
| <b>Licensed</b>                           | YES – NJAC 8:36, 8:39 & 8:43A-33  | NO   | NO   | YES – NJAC 8:43   | NO   | NO  |
| <b>Patient Pay Liability (Cost Share)</b> | 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).  |
| <b>Service Limitations</b>                | 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 \$761/mo.  | Up to \$6,559.63/yr.   | Up to 3 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)**

**Division of Aging Services (DoAS)**

**2022**

**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**

**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
- SLMB and QI-1:
- Payment of Medicare Part B premium, currently \$170.10 per month, or \$2,041.20 per year
- All three MSPs:
- Payment of any late enrollment penalty

- \$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 \$2,000, based on income and usage
- LIHEAP is an annual benefit during the heating season

**Financial Eligibility**

- Annual income <\$38,769 Individual; <\$45,270 Couple. No resource limit.

- Annual income between \$38,769 and \$48,769 Individual; between \$45,270 and \$55,270 Couple. No resource limit.

- QMB: Annual income
- ≤\$13,596 Individual;
  - ≤\$18,312 Couple
- SLMB and QI: Annual income
- ≤\$18,348 Individual;
  - ≤\$24,720 Couple
- All three MSPs:  
Resources
- \$8,400 Individual;
  - \$12,600 Couple

- Annual income <\$38,769 Individual; <\$45,270 Couple. No resource limit.

- Annual income <\$38,769 Individual; <\$45,270 Couple. No resource limit.

- Income limit based on family size and usage. USF income limit \$4,293/mo. Individual; \$5,807/mo. Couple. LIHEAP income limit \$3,348/mo. Individual; \$4,379/mo. Couple.

\* 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.

| 2022                                      | PRESCRIPTION PROGRAMS   |   | MEDICARE, UTILITY & HEARING ASSISTANCE PROGRAMS  |  |  |   |
|---|---|---|--|--|--|---|
|   | PAAD  | Senior Gold   | MSPs:<br>QMB, SLMB, QI   | Lifeline   | HAAAD/NJHAP  | USF/LIHEAP  |
| <b>Program Title</b>                      | 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  |
| <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 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. |
| <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 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  |
| <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  |