New Jersey Department of Human Services
Division of Aging Services

JACC
SINGLE-CASE CONTRACT FOR HOME HEALTH AIDE REQUEST

1. Name of Participant	2. Date	3. JACC #
4. Name of Care Management Agency		5. County
6. Three Rate Quotes Required (attached): 1. 2. 3.	7. Name of Chosen Provider:	

8. Justification for Single-Case Contract for Home Health Aide Request – The narrative detailing the reasons for this request must address the following areas:

A. What are the reasons for making this request? Be specific and thorough.

B. How does the service requested meet the particular needs of the participant involved? Include any relevant information (if specific hours are needed, special tasks or capabilities of the aide, issues with location, etc.).

C. What is the expected duration of the conditions prompting this request?

D. Why is PEP not an option in this specific case?

***Note*: Since the higher rate will reduce the number of HHA hours possible within the participant's capped monthly budget, Care Managers shall negotiate the best rate for the participant.**

Upon Approval, the Care Manager creates the Individual Service Agreement (ISA) in the HCBS system.

9. Calculate the monthly budget:

per month	$	$	$
(Number of HHA Hours	**x Negotiated Hourly Rate)**	**+ Other JACC Services**	**= Monthly Budget**

Name of Care Manager (CM)	Signature	Date
Name of Care Coordinator (CC)	Signature	Date

Please note that request submissions must include three quotes.

To submit: Email completed form to doas.dmu@dhs.nj.gov

DoAS approval: _____ Date: _____