

6. HOME AND COMMUNITY-BASED SERVICE

6. Home & Community-Based Services

The goal of home and community-based services is to allow individuals in need of long-term care and supportive services to remain at home and in their communities without jeopardizing their safety.

Your local Area Agency on Aging (AAA) or Aging and Disability Resource Connection (ADRC), and County Office of Disability Services, is a first point of contact. Depending upon your situation, your local ADRC may be able to offer an in-home assessment free of charge.

Home Care Services

Home care services fall into five general categories:

- ❑ **Homemaker Services** – Provides for home management assistance, such as grocery shopping, light housekeeping, laundry, and changing beds. These services are sometimes referred to as Instrumental Activities of Daily Living, or IADLs.
- ❑ **Personal Care Services** – Provides assistance with daily routines, such as bathing, dressing, grooming, eating, transferring, using the bathroom, and mobility. These services are sometimes referred to as Activities of Daily Living, or ADLs.
- ❑ **Meal Services** – Provides meals to individuals in their own homes or in senior centers, churches, synagogues, schools, and other community locations (these are known as congregate meal programs).
- ❑ **Home Health Care Services** – Assists individuals with health and medical conditions that are being treated at home. In addition to assisting with personal care, home health aides will assist with basic health care such as taking vital signs, changing bandages and dressings, and assisting with medications.
- ❑ **Skilled Health Care Services** – Provides registered nurses, licensed practical nurses, and physical, occupational, and speech therapists who give skilled nursing care and rehabilitative therapies at home. Medicare will pay for short-term home care when skilled services are needed, usually following surgery or an acute care stay in the hospital.

Home Care Providers

There are different types of home care providers. Each provider offers a different level and/or kind of care and may vary in price.

- ❑ **Licensed Home Care Agencies** – Regulated and monitored by the State of New Jersey, these agencies provide both medical and non-medical services and have met strict federal requirements for patient care and management. In some cases they can provide home health services

covered by Medicare and Medicaid. These agencies conduct rigorous background checks of Certified Home Health Aides as well as take care of all benefits and tax requirements for their employees.

- ❑ **Non-Certified Agencies** – These agencies also provide medical and non-medical home services but are *not* licensed by the State of New Jersey.
- ❑ **Independent Providers** – Employees are hired directly by the individual or family caregiver, who is then legally responsible to pay state payroll taxes and worker’s compensation. Some NJ Medicaid consumers as well as participants enrolled in the Medicaid waivers may be eligible for this option.

Obtaining Home Care Services

There are several ways to obtain home health care services.

- ❑ County AAA offices maintain local listings of home health care providers; or Counties currently operating as ADRCs may ask a series of questions to identify the appropriateness for in-home supportive services. If indicated and desired, a full in-depth clinical assessment will assist in determining the specific unmet needs of that individual; or
- ❑ Directly contact a private home health care agency. Check your local telephone directories for providers in your area; or
- ❑ Ask your primary care physician to recommend agencies. They may have first-hand experience in dealing with specific providers; or
- ❑ Speak with family members and friends who have used home care services in the past.

Additional resources to locate a home health care agency include:

- ❑ Visit the **Home Care Association of New Jersey** at **www.homecarenj.org** or call **732-877-1100** or **609-275-6100**.
- ❑ **The U.S. Centers for Medicare and Medicaid Services (CMS)** operates a website that allows searches of Medicare-certified home health agencies at **www.medicare.gov/HHCompare**. Note that newly certified agencies may not appear in the database for several months.
- ❑ **The New Jersey Board of Nursing** provides *A Consumer’s Guide to Homemaker-Home Health Aides* at **www.state.nj.us/lps/ca/hhh/hhhaguide.pdf**, or call **973-504-6430**.
- ❑ Refer to **Appendix V** for a checklist of questions to consider when shopping for home care services.

Paying for Home Care

One of the most challenging long-term care issues facing individuals and families today is paying for in-home services. Some health and long-term care insurance plans provide coverage for home health care, so be sure to check your policy and/or benefits’ statements carefully.

Some or all of the cost for home health care services may be covered in these situations:

- Continued care for individuals who are homebound due to medical reasons.
- Low-income individuals who are covered by Medicaid have access to home-based services as an alternative to nursing facility placement.
- Registered veterans and their families may be eligible for home care services. (See **Veterans Benefits** section for more information.)

Home Care Rates

For families who are paying out-of-pocket for home care services, it is wise to get information on cost from several different agencies. You will probably be faced with some difficult choices between quality and affordability, but you should not be paying less than the average hourly rate in your area.

According to the American Association of Home and Services for the Aging, the national average hourly rate for a certified home health aide in 2008 was \$32 compared to \$19 for a non-certified worker.

- Hourly rates will vary depending upon the geographical location. To get information on the range of hourly wages in your area, go to the **Bureau of Labor Statistics'** website at www.bls.gov/bls/blswage.htm and click on "State Wage Data."

Medicaid Home Care Services

New Jersey Medicaid provides access to a broad range of home and community services and supports for people of all ages and disabilities, which in turn promotes consumer satisfaction and control. These services enable individuals enrolled in various Medicaid programs to minimize reliance on institutions and allow for continued community living. (See the **Insurance Section** of this handbook for information regarding NJ's Medicaid Programs)

Community Medicaid State Plan Services

Following is a list of state plan services that an individual with New Jersey Medicaid or enrolled in a Medicaid Waiver can access:

- Adult Day Health Services*
- Advanced Practice Nurse
- Chiropractic
- Clinic
- Dental
- Hearing Aid
- Home Health
- Nursing Facility
- Optometric
- Optical Appliances
- Personal Care Assistant*
- Pharmaceutical
- Physician
- Podiatric

- Hospital
- Hospital Outpatient
- Laboratory
- Medical Supplies & Equipment*
- Prosthetic & Orthotic Devices
- Radiological
- Rehabilitation Therapies
- Transportation*

**Require prior authorization*

Home Care Services for Adults with Physical Disabilities

- **The Personal Care Assistance (PCA) Program** is an optional benefit offered to New Jersey Medicaid beneficiaries who are experiencing some functional impairment and need a PCA to assist them with their activities of daily living, such as bathing and dressing. Recipients do not have to be permanently disabled to receive this service but must have a doctor's order and prior authorization from the NJ Division of Disability Services.

The Personal Preference Program (PPP) is an option under the PCA program that allows individuals to direct and manage their services. It uses what is called a cash and counseling approach. Operating within a monthly cash allowance, participants in the program work with a consultant to develop a cash management plan by which they decide the services they need and the individuals and/or agencies they wish to hire to provide the services.

- For additional information about PCA and PPP, contact the **NJ Division of Disability Services** at **1-888-285-3036**.

Medicaid Waivers

Under Section 1915(c) of the Social Security Act, Medicaid law authorizes the Secretary of the U.S. Department of Health and Human Services to waive certain Medicaid statutory requirements. These waivers enable states to cover a broad array of home and community-based services (HCBS) for targeted populations as an alternative to institutionalization.

New Jersey has several Medicaid waivers designed to meet the needs of certain groups of people who would only be able to qualify for Medicaid in an institutional setting. These Medicaid waivers have higher income and/or asset limits than for traditional Medicaid. Individuals are encouraged to contact their local ADRC/AAA and/or County Welfare Agency for current clinical and financial eligibility criteria. The Medicaid waivers vary in the services they provide, the populations they serve and the administering agency.

Eligibility

To be a waiver participant, an individual must meet specific criteria, including:

- ❑ certified for the waiver's institutional level of care (clinical eligibility) after an in-depth care needs assessment;
- ❑ choose to enroll in the waiver as an alternative to institutionalization; and
- ❑ be determined to meet financial eligibility based on their income and assets.

New Jersey Medicaid Waivers

- ❑ **Global Options (GO) for Long-Term Care** is for individuals age 65 or older, or between the ages of 21 and 64 who are determined physically disabled by the Social Security Administration (SSA) or the Division of Medical Assistance and Health Services, Disability Review Section. Additionally, eligibility depends on whether there is an indication that the participant will need the level of care provided in a nursing facility unless he or she receives home and community-based services. GO participants have access to all Medicaid State Plan Services except nursing facility.

GO Waiver Services

Waiver services may include services not traditionally offered through the Medicaid program. The GO waiver services include:

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| ❑ Assisted Living Program in Assisted Living | ❑ Personal Emergency Response System (PERS) |
| ❑ Adult Family Care | ❑ Respite Care |
| ❑ Attendant Care | ❑ Specialized Medical Equipment and Supplies |
| ❑ Caregiver/Participant Training | ❑ Social Adult Day Care |
| ❑ Care Management | ❑ Community Transition Services |
| ❑ Chore Service | ❑ Transitional Care Management |
| ❑ Environmental Accessibility Adaptations | ❑ Transportation (non-medical) |
| ❑ Home-Based Supportive Care | |
| ❑ Home-Delivered Meals | |

- ❑ For additional information on Global Options (GO) for Long Term Care, contact your local **ADRC/AAA** at **1-877-222-3737**.

- ❑ **The AIDS Community Care Alternatives Program (ACCAP)** is for individuals age 13 and older diagnosed as having AIDS and for children under age 13 who are HIV+. It provides all Medicaid State Plan Services except nursing facility care. ACCAP waiver services include case

management, private duty nursing, hospice and personal care assistance (over 40 hours).

□ For additional information on the ACCAP waiver, contact the **NJ Division of Disability Services** at **1-888-285-3036**.

□ **Community Resources for People with Disabilities (CRPD)** is for blind or disabled children and adults at risk of institutional placement and provides all Medicaid State Plan services, except nursing facility care. CRPD's waiver services are case management, environmental/vehicular modifications, personal emergency response systems (PERS) and community transition services. Individuals meeting specific clinical criteria may be eligible for Private Duty Nursing (CRPD-PDN) of up to 16 hours per day.

□ For additional information on the CRPD/CRPD-PDN waiver, contact the **NJ Division of Disability Services** at **1-888-285-3036**.

□ **The Traumatic Brain Injury (TBI)** waiver is for individuals with a diagnosis of acquired brain injury after their 21st birthday but prior to turning 65 years of age; whom exhibit medical, emotional, behavioral and cognitive deficits; and have a rating of at least 4 on the Rancho Los Amigos Level of Cognitive Functioning Scale. TBI provides all Medicaid State Plan services, except nursing facility care and personal care assistance. The TBI waiver services are Case Management, Counseling (behavioral, individual/family and drug/alcohol), Community Residential Services (CRS), Therapies (speech, physical, occupational or cognitive provided by CRS providers), Behavioral Program, Environmental/Vehicular Modifications, Structured Day Program, Supported Day Program, Respite Care (in-home or at a CRS) and Adult Companion.

□ For additional information on the TBI waiver, contact the **NJ Division of Disability Services** at **1-888-285-3036**.

□ **The Community Care Waiver (CCW)** is for children or adults with developmental disabilities. The CCW services are Case Management, Support Coordination for individuals who self-direct their services, Day Habilitation, Supported Employment, Individual Supports, Community Transition Services, Environmental/Vehicular Accessibility Adaptation, Assistive Technology Devices, Personal Emergency Response System, Respite Care and Non-Medical Transportation. The CCW also allows access to all Medicaid State Plan services, except ICF/MR and Personal Care Assistant. To be eligible for the CCW, an individual must first be determined eligible by the Division of Developmental Disabilities to receive its services (See page 18 for DDD's eligibility criteria). There is a waiting list for this waiver.

- For additional information on the CCW, contact the **NJ Division of Developmental Disabilities** at **1-800-832-9173**.

Non-Medicaid Waiver Home Care Programs

For those individuals who are above the financial eligibility for Medicaid or Medicaid waiver services, other options may be appropriate, including:

- **The Jersey Assistance for Community Caregiving (JACC)** is a program that provides in-home services to seniors at risk of nursing facility placement who are ineligible for Medicaid or Medicaid waiver services and who have resources at or below a specified amount. The JACC services are based on an assessment of the individual's needs and include care management, homemaker, respite care, home modification, special medical equipment and supplies, chore service, personal emergency response system, home delivered meals, social/medical adult day care, attendant care, home-based supportive care, and transportation.

- For additional information, contact your local **ADRC/AAA**, or call **1-877-222-3737**.

- **The Personal Assistance Services Program (PASP)** gives adults age 18-65 with physical disabilities opportunities, to work, attend school or vocational training and to live independently in the community. Personal assistants help individuals with tasks such as light housekeeping, bathing, dressing, meal preparation, shopping, and assistance with correspondence, driving and/or using public transportation. Services are available to individuals who are employed, preparing for employment or attending an educational or training program. Persons active in community-based activities such as volunteerism or parenting are also supported in this program. Cost of services depends on family income: some pay no fee while others pay a portion on a sliding fee scale.

- For additional information on PASP, contact the **NJ Division of Disability Services** at **1-888-285-3036**.

- **The NJ Statewide Respite Care Program** provides services for the elderly and functionally impaired persons age 18 or older to relieve their unpaid caregivers of physical and emotional stress arising from the responsibility of providing daily care. For more detailed information see the Caregiver Section of this handbook.

Additional Home Care Programs

- ❑ **The Program of All-inclusive Care for the Elderly (PACE)** is a long-term care benefit authorized by Medicare with an optional Medicaid benefit for adults age 55 and older with chronic health conditions. PACE provides all the care and services covered by Medicare and Medicaid as well as all additional necessary care and services not normally covered. To be eligible for PACE, an individual must reside in the service area of the PACE organization, meet the NJ nursing facility level of care, and be able to live safely in the community at the time of enrollment into PACE. An individual is also required to be eligible for Medicare and/or Medicaid, or be willing to pay privately.

❑ To find out if PACE is available in your area, call your **Area Agency on Aging/Aging and Disability Resource Connection** at **1-877-222-3737**.

- ❑ **The Community Living Program (CLP)** focuses on adults, who are not eligible for Medicaid, yet are at risk of nursing home placement and Medicaid spend-down. The grant supports consumers to direct and control their care planning process. Through a cash and counseling option, CLP offers a monthly budget that allows consumers to purchase services to meet their care needs. The CLP grant is only available to Camden, Morris and Somerset County residents who meet the eligibility criteria.

❑ For additional information and eligibility criteria, call the **Camden, Morris or Somerset County Aging and Disability Resource Connection** at the following numbers: **Camden, 1-800-955-2446; Morris, 1-800-564-4656; and Somerset, 1-888-747-1122**.

- ❑ **The Veteran's Directed Home and Community Based Services (VD-HCBS) Program** is a program similar to the CLP focused solely on veterans of all ages who are not eligible for Medicaid, yet are at risk of nursing home placement. Veterans must be registered and enrolled in the VA NJ Health Care System. Eligibility in the program is determined by the VA. This program is initially offered to veterans in Bergen, Morris and Somerset Counties specifically.

❑ If you reside in Bergen, Morris or Somerset County please call the following numbers: **Bergen Co. AAA/ADRC, 1-877-222-3737; Morris Co. AAA/ADRC, 1-800-564-4656; and Somerset Co. AAA/ADRC 1-888-747-1122**.

- ❑ **Veteran's Home Health Care** services may be available to eligible veterans based on certain qualification criteria. Contact your county

Veterans Service Office (See **Appendix R**) for information and eligibility requirements.

Day Care Programs

An adult day care program is a supervised group setting where individuals receive social, recreational and/or healthcare support during the day. There are two types of adult day care programs available: Social and Medical.

Day Care Programs – Social

Social day programs are group settings offering a social environment, meals, exercise, planned activities, support staff and resources. A social program does not provide personal care or health care and is designed for older adults or adults with disabilities who enjoy interactive activities and do not require much assistance. Transportation and meal options in social day programs vary by program, and may involve an additional fee. Senior centers are a common example of this type of program.

Day Care Programs – Medical

Medical day care centers offer a program of medically supervised, health-related services provided in an ambulatory care setting to persons who are non-residents of the facility, who do not require 24-hour inpatient institutional care and yet, due to their physical, and/or mental impairment, need health maintenance and/or restorative services. In New Jersey, these programs are referred to as Adult Day Health Services (ADHS).

Eligibility Requirements

This program is available to private pay and both traditional and Medicaid waiver recipients. Individuals who request ADHS paid through Medicaid must meet financial and medical requirements.

Services Offered

ADHS Centers are required to provide:

- Medical, nursing, social, personal care and rehabilitative services
- A nutritious mid-day meal
- Social Activities
- Transportation to and from the center.

Services are provided five days a week, a minimum of five hours a day. Staff-participant ratio is required at a minimum to be one staff member to every nine participants.

Cost of Services

The cost of ADHS varies by program and ranges from \$60 - \$100 per day. A private-pay option is available to those who do not qualify for publicly funded programs. Community Medicaid is accepted at most ADHS and

will pay for participants to attend up to five days a week. Various grant programs administered by local governments and agencies may also provide services for older adults, or supplement the cost to families.

Alzheimer's Adult Day Health Services

The Alzheimer's Adult Day Health Services Program partially subsidizes the purchase of adult day health services for persons with Alzheimer's disease or a related dementia. There are currently 48 adult day care centers in 19 counties participating in this program.

Eligibility Requirements

To be eligible for the program, an older adult must meet the following criteria:

- ❑ Have an Alzheimer's diagnosis (or related dementia) documented by a licensed physician;
- ❑ Be routinely supervised by an informal caregiver;
- ❑ Reside in the community;
- ❑ Have documented evidence of eligibility according to income guidelines; and
- ❑ Be a resident of the state of New Jersey.

- ❑ For additional information on social or medical day care programs, contact your **ADRC/AAA** toll-free at **1-877-222-3737**.
- ❑ You may also wish to visit the website of the **National Adult Day Services Association** at **www.nadsa.org**, and see our consumer checklist in **Appendix U**.

Care Management

While family caregivers possess a great deal of knowledge about what their loved ones' need, sometimes making decisions about services and coordinating them over time can be overwhelming. Care managers, sometimes referred to as case managers, are nurses, social workers, counselors, or gerontologists, experienced in working with families, evaluating needs, and dealing with complicated family dynamics. Case management services can be acquired through private pay funding or as a service contained within a publicly subsidized program.

Services Offered

Care managers generally perform some or most of the following activities:

- ❑ For consumers who are paying privately, a care manager will conduct an in-depth care needs assessment to determine the need for home care services.
- ❑ Develop a care plan about the specific services needed, including who will provide the service, how often and for how long.

- ❑ Coordinate home and medical care as well as hire home care workers, either through contracts with designated service providers or through workers of their own agency.
- ❑ Monitor home care services, reassess them periodically and make needed adjustments.
- ❑ Secure respite care for family caregivers, adult day programs, long-term care and senior housing.
- ❑ Provide assistance to families in addressing legal and financial issues.
- ❑ Assist in dealing with complicated government benefits.
- ❑ Assist with medical service and equipment providers.

Cost of Care Management

If you are enrolled in a publicly subsidized program, such as a Medicaid Waiver, care management services will be free of charge. Other state funded programs may provide care management services reimbursed on a sliding scale. If you are paying privately for these services, the average hourly rate varies by location and experience.

- ❑ To find a care manager, contact your **ADRC/AAA toll-free at 1-877-222-3737**, or a multi-service home care agency. In addition, the **National Association of Geriatric Care Managers** provides names and background information about its members on its website **www.caremanager.org**.

Consumer Direction

A growing trend in community-based long-term services is to provide a system that gives consumers not only the ability to choose and manage the services they receive but also the ability to hire individuals, family, friends, or neighbors to provide some of the services, such as meal preparation or personal care. This self-directed care is often referred to as Consumer Direction and may include managing the authorized service budget for your care and/or become an employer to the providers of those services rendered in your home. Caregivers and participants may direct their care by:

- ❑ Determining how participant's needs will be met;
- ❑ Determining who will provide services;
- ❑ Defining the job description/tasks of the worker;
- ❑ Deeming the competency of the worker; and
- ❑ Monitoring the quality of service.

Different programs, such as Global Options, JACC, SRCP, CLP and PPP each provide different opportunities for individuals who are willing and able to self-direct, to hire and direct their own workers or to self direct how their budget allowance is spent on authorized goods and services.

Advantages and Responsibilities

There are a number of advantages of consumer-directed care including better control, cost effectiveness and flexibility. However, consumer-directed services may not be for everyone as it comes with responsibilities. In a consumer-directed model, if you are the employer you take full responsibility to hire, direct and terminate employees.