**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

**Services Offered**
- Adult Family Care**
- Assisted Living Services**
  - 1. Assisted Living Residence (ALR)
  - 2. Comprehensive Personal Care Home (CPCH)
- 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

**Medicaid State Plan Services Covered**
- All
- None
- None
- None
- None
- None

**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.**

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**Service Categories & Examples:**
- Access
- Information & Assistance
- Screen for Community Services (Access Point)
- Options Counseling
- Medicaid Navigation – Service Coordination
- Care Management
- Transportation & Assisted Transportation
- 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 Services: Social & Medical
- Housing Assistance: Homesharing & Matching

**Nutrition Support:**
- Congregate Nutrition
- Home Delivered Nutrition
- Nutrition Education & Counseling

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* 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.
<table>
<thead>
<tr>
<th>Program Title</th>
<th>Managed Long Term Service and Supports/Program of All-inclusive Care for the Elderly</th>
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<th>Older Americans Act (OAA) Funded Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Eligibility</strong></td>
<td>• Supplemental Security Income (SSI): Income &lt;$814.25/mo. Individual; &lt;$1,200.36/mo. Couple; Resources &lt;$2,000 for Individual or $3,000 for Couple.</td>
<td>• Non-Medicaid eligible Countable Income** &lt;$3,881/mo. Individual; &lt;$5,244/mo. Couple, (which is 365% of FPL); Resources &lt;$40,000 Individual or $60,000 Couple.</td>
<td>• Non-Medicaid eligible Care recipient(s): Gross Income** &lt;$50,256/yr. Individual; &lt;$58,632/yr. Couple; Resources &lt;$40,000 Individual or $60,000 for Couple.</td>
<td>Care recipient(s): Gross Income** &lt;$50,256/yr. Individual; &lt;$58,632/yr. Couple; Resources &lt;$40,000 Individual or $60,000 for Couple.</td>
<td>Financially eligible for residence in low or moderate-income subsidized housing for the elderly and disabled as determined by HUD or other governing agency guidelines.</td>
<td>None. OAA program have no means test, however, services target those most in need of assistance.</td>
</tr>
<tr>
<td><strong>Other Eligibility</strong></td>
<td>Categorical Eligibility for Aged Blind or Disabled.</td>
<td>Age 60 or older</td>
<td>Age 18 or older and participant must have an unpaid caregiver in need of respite.</td>
<td>Reside in community with an unpaid caregiver in need of respite.</td>
<td>Residence must be CHSP granted. Resident must request services.</td>
<td>Age 60 and older. Some services available to caregivers of any age and to grandparents age 55 or older</td>
</tr>
<tr>
<td><strong>Clinical Eligibility</strong></td>
<td>NF Level of Care</td>
<td>NF Level of Care</td>
<td>Chronic disability</td>
<td>Alzheimer’s disease or related dementia</td>
<td>Assessed as in need of supportive services</td>
<td>None</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>State/Federal Match</td>
<td>State Funds</td>
<td>State Funds</td>
<td>State Funds</td>
<td>State Funds</td>
<td>Federal/State/Local Funds &amp; Participant Donations</td>
</tr>
<tr>
<td><strong>Billing Agent</strong></td>
<td>Managed Care Organizations (MCOs) and Programs of All-inclusive Care for the Elderly (PACEs) contracted with NJ FamilyCare (also known as Medicaid)</td>
<td>State Billing Agent</td>
<td>SRCP Sponsor Agency</td>
<td>DHS Fiscal</td>
<td>DHS Fiscal</td>
<td>None</td>
</tr>
<tr>
<td><strong>Licensed</strong></td>
<td>YES − NIAC 8:36, 8:39 &amp; 8:43A-33</td>
<td>NO</td>
<td>NO</td>
<td>YES − NIAC 8:43</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Patient Pay Liability (Cost Share)</strong></td>
<td>NO *</td>
<td>YES − Sliding Scale</td>
<td>YES − Sliding Scale</td>
<td>YES − Sliding Scale</td>
<td>YES − Sliding Scale</td>
<td>NO. Participants are notified on the opportunity to voluntarily contribute to the cost of services (except for APS).</td>
</tr>
<tr>
<td><strong>Service Limitations</strong></td>
<td>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.</td>
<td>Up to $600/mo.</td>
<td>Up to $4,500/yr. Up to $3,000/yr. Caregiver directed option.</td>
<td>Up to 3 days per week.</td>
<td>Varies according to participant needs and constraints of site’s CHSP budget.</td>
<td>Full array of services not available/funded in every county. Services limited to budget.</td>
</tr>
</tbody>
</table>

* Patient Pay Liability (Cost Share) may apply for participants in ALR, CPCH, AFC, NF or SCNF. ** Service package remains the same.
<table>
<thead>
<tr>
<th>Program Title</th>
<th>Services Offered</th>
<th>Financial Eligibility</th>
</tr>
</thead>
</table>
| Pharmaceutical Assistance to the Aged and Disabled | - 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  
| Senior Gold Prescription Discount | - 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 | |
| Medicare Savings Programs Specified Low-Income Medicare Beneficiary/Qualified Individual | - Payment of Medicare Part B premium, currently $144.60 per month, or $1,735.20 per year  
- Pays any late enrollment penalty | - Annual income $17,232 Individual; <$23,280 Couple; Resources $7,860 Individual; $11,800 Couple. |
| SLMB/SLMB QI | - $225 annual benefit applied directly to utility bill for utility customers or by check to tenants | - Annual income <$28,399 Individual; <$34,817 Couple. No resource limit. |
| Lifeline | - HAAAD – $100 reimbursement toward recent purchase of hearing aid, if eligible  
<p>| HAAAD/NJHAP | | |</p>
<table>
<thead>
<tr>
<th>Program Title</th>
<th>PAAD</th>
<th>Senior Gold</th>
<th>MSPs SLMB/SLMB QI-1</th>
<th>Lifeline Utility Assistance/Tenants Lifeline Assistance</th>
<th>HAAAD/NJHAP</th>
<th>USF/LIHEAP</th>
</tr>
</thead>
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<tr>
<td><strong>PRESCRIPTION PROGRAMS</strong></td>
<td>PAAD</td>
<td>Senior Gold</td>
<td>MSPs SLMB/SLMB QI-1</td>
<td>Lifeline Utility Assistance/Tenants Lifeline Assistance</td>
<td>HAAAD/NJHAP</td>
<td>USF/LIHEAP</td>
</tr>
<tr>
<td><strong>Other Eligibility</strong></td>
<td>Resident of New Jersey age 65 or older, or age 18 to 64 and receiving Social Security Disability benefits.</td>
<td>Resident of New Jersey age 65 or older, or age 18 to 64 and receiving Social Security Disability benefits.</td>
<td>Resident of New Jersey eligible for and/or enrolled in Medicare Part B.</td>
<td>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.</td>
<td>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.</td>
<td>Resident of New Jersey who is the customer of record for utility/heating costs or has utility/heating burden.</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>State Funds</td>
<td>State Funds</td>
<td>SLMB-State/ Federal Match, QI-1- State Funds</td>
<td>State Funds</td>
<td>State Funds</td>
<td>USF-State Funds; LIHEAP-Federal Funds</td>
</tr>
<tr>
<td><strong>Billing Agent</strong></td>
<td>Molina</td>
<td>Molina</td>
<td>Medicaid</td>
<td>Treasury</td>
<td>Treasury</td>
<td>DCA</td>
</tr>
<tr>
<td><strong>Patient Pay Liability (Cost Share)</strong></td>
<td>$5 co-pay for generic and $7 co-pay for name brand covered drugs.</td>
<td>$15 co-pay + 50% of remaining cost of covered drugs.</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Service Limitations</strong></td>
<td>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.</td>
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<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
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