

2009

Office of Global Options for LTC and Quality Management

| Program Title                               | MEDICAID WAIVER PROGRAM  | NON-MEDICAID WAIVER PROGRAMS  |   |  |  |
|---|--|---|---|--|--|
|   | GO   | JACC  | SRCP  | AADSP  | CHSP   |
|   | Global Options for Long Term Care (GO)   | Jersey Assistance for Community Caregiving (JACC)   | Statewide Respite Care Program  | Alzheimer's Adult Day Services Program   | Congregate Housing Services Program (CHSP)   |
| <b>Medicaid State Plan Services Covered</b> | <ul style="list-style-type: none"> <li>All except Nursing Home</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>   |
| <b>Other Services Offered</b>               | <ul style="list-style-type: none"> <li>Care Management</li> <li>Respite</li> <li>Env. Accessibility Adaptations</li> <li>SME &amp; Supplies</li> <li>Chore</li> <li>PERS</li> <li>Attendant Care</li> <li>Home Dvld Meals</li> <li>Caregiver/Participant Training</li> <li>Social Adult Day Care</li> <li>Home-Based Supportive Care</li> <li>Transportation</li> <li>Transitional Care Management</li> <li>Community Transition Services</li> <li>AL, ALP, and AFC**</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>Caregiver/Participant Training</li> <li>Social Adult Day Care</li> <li>Home-based Supportive Care</li> <li>Adult Day Health</li> <li>Transportation</li> </ul> | <p>Respite care provided using the following types of service:</p> <ul style="list-style-type: none"> <li>Companion</li> <li>Homemaker - Home Health Aide</li> <li>Private Duty Nursing</li> <li>Adult Day Health Services</li> <li>Social Adult Day Care</li> <li>Adult Family Care</li> <li>In-patient Care in a licensed facility, e.g., Assisted Living Facility, Nursing Home, or Class C Boarding Home</li> <li>Campership</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> |
| <b>Financial Eligibility</b>                | <ul style="list-style-type: none"> <li>Supplemental Security Income (SSI): ≤\$705.25/mo.; resources ≤\$2,000</li> <li>Medicaid Only (Institutional Level) Income≤\$2,022/mo.; resources &lt; \$2,000 Individual; resources ≤ \$3,000 couple</li> <li>NJ Care ≤\$857/mo. (2008 amt.) Resources &lt; \$4,000 Individual</li> </ul>   | <ul style="list-style-type: none"> <li>Non-Medicaid eligible</li> <li>Countable Income**- \$3,165/mo. Indv., (2008 amt.) \$4,260/mo. Couple, which is 365% of FPL. (2008 amt.) Resources below \$40,000 Individual or \$60,000 Couple</li> </ul>  | <ul style="list-style-type: none"> <li>Non-Medicaid eligible</li> <li>Care recipient(s): Income: \$2,022/mo. Individual or \$3,822 Couple. (2009 amt.) Resources below at or below \$40,000 Individual or \$60,000 Couple</li> </ul>  | <p>Care recipient(s):</p> <p>Countable Income**- Individual - \$48,114/yr. Couple - \$56,113/yr. Resources at or below \$40,000 for Individual or \$60,000 for Couple (All 2009 amts.)</p> | <p>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.</p>   |
| <b>Other Eligibility</b>                    | Age 65 or older; age 21-64 physically disabled ***   | Age 60 or older   | Age 18 or older and participant must have a caregiver   | Reside in community with caregiver   | Residence must be CHSP grantee; Resident must request services   |
| <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   |
| <b>Funding</b>                              | State/Federal Match  | State Funds   | State Funds   | State Funds  | State Funds  |
| <b>Billing Agent</b>                        | UNISYS/Fiscal Intermediary   | State Billing Agent   | SRCP Sponsor Agency   | DHSS Fiscal  | DHSS - Fiscal  |
| <b>Governing Code</b>                       |  |   | NJAC 8:32   | NJAC 8:92  | NJAC 3:70  |
| <b>Licensed</b>                             | YES NJAC 8:36/8:43B  | NO  | NO  | NJAC 8:43  | NO   |
| <b>Cost Share</b>                           | NO *   | YES - Sliding Scale   | YES - Sliding Scale   | YES - Sliding Scale  | YES - Sliding Scale  |
| <b>Service Limitations</b>                  | Based on assessed Level of Care needs; outcomes of needs based cost allocation and two monthly waiver services.  | Up to \$600/mo. (2008 amt.)   | Up to \$4,500/yr. Up to \$3,000/yr. Caregiver directed option   | Up to 3 days per week  | Varies according to participant needs and constraints of site's CHSP budget  |

\*Cost Share will apply for participants in AL or AFC \*\*Service package remains the same. \*\*\* 21-64 & chronically MR/DDMI are ineligible