State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

MICHELE K. GUHL
Commissioner

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MEDICAID COMMUNICATION NO. 00-10 **DATE:** May 22, 2000

TO: County Welfare Agency Directors

SUBJECT: Enhanced Community Options (ECO) Medicaid Waiver and Jersey Assistance for Community Caregiving (JACC) Program

The purpose of this communication is to advise you of various initiatives within the Department of Health and Senior Services (DHSS) to expand the alternatives to traditional long-term care services delivered in nursing facilities.

As you may recall, in her State-of-the-State address in January 1999, Governor Whitman introduced a number of senior initiatives to make it easier for New Jersey's senior population to receive long-term care services in their own homes. After considerable planning and program development, the Department of Health and Senior Services is ready to begin implementation of the following programs:

Caregiver Assistance Program/NJ EASE HomeCare Program (CAP/NJEH)

Jersey Assistance for Community Caregiving (JACC).

Implementation for CAP/NJEH will be phased in beginning later this year. JACC is now being implemented in the counties of Atlantic, Morris, Ocean, Union, Burlington, Camden, Cumberland, Essex, Somerset, Sussex, Monmouth, Warren, and Salem Counties. Statewide phase-in of the programs is expected by State fiscal year 2002.

Benefits under JACC will be funded with 100 percent State funds. CAP/NJEH, together with Assisted Living/Alternate Family Care, are now under the umbrella of one federal waiver, specifically the Enhanced Community Options (ECO) waiver. Benefits under this waiver are federally matched.

Note: Case management services for both CAP/NJEH and JACC will be accessed through the NJ EASE site.

Because CAP/NJEH is a Medicaid program, eligibility will be determined by either the Social Security Administration (for SSI), or the county welfare agency (for Medicaid Only or New Jersey Care). As is the case in Assisted Living/Alternate Family Care, the case manager will determine client's contribution toward the cost of care.

For the JACC Program, application for benefits will be made at the local NJEASE office and eligibility for the program will be determined by staff of the Department of Health and Senior Services.

For CAP/NJEH and JACC, the traditional "slot" allocations do not apply. Rather, each NJEASE office will receive a specific "spending authorization" for services. It will be the responsibility of the NJEASE office to ensure that service expenditures stay within the authorization.

Attached is material providing additional information about these initiatives.

As you may also be aware, the Department of Health and Senior Services has implemented another initiative called Community Choice. There are two components to this initiative. One is to offer alternative care settings to individuals who are already residents in nursing facilities. The other component is to offer alternative care settings to individuals who are hospitalized and who would otherwise require nursing facility care.

In order that individuals leaving nursing facilities are assured of adequate medical services in the community, the Department of Health and Senior Services is going to provide interim CAP/NJEASE services, with the Long-Term Care Field Office providing case management services. When CAP/NJEH is formally implemented in a county, case management responsibility will shift to the local NJEASE office. In both cases, the county board of social services will be advised via Form CP-5 to assign a Special Program Code of "22" until such time as system modifications are made to allow a CAP/NJEH Special Program Code.

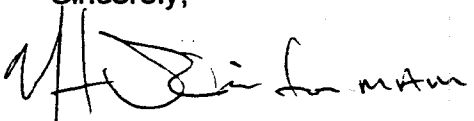
The attachment lists the services that will be available through CAP/NJEH once the Department of Health and Senior Services has a billing agent. Until that time, only the following services will be available (in addition to Medicaid State Plan services, excluding personal care assistance and nursing facility services):

Case Management
Social Day Care
Homemaker Services
Non-emergency transportation
Respite Care.

In order for these long-term care alternative programs to achieve success in providing the least restrictive care environment, thereby contributing greatly to the dignity and independence of senior citizens and the disabled, it is important that everyone be familiar with the full range of options. County boards of social services staff should advise applicants and their families of these alternative care programs when applications for Medicaid coverage for long-term care services are made. Applicants and families should be referred to the county's NJEASE office for more specific information on these alternatives and what type of care might be tailored for their circumstances. The Statewide NJEASE toll-free number is 1-877-222-3737.

This information is to be brought to the attention of appropriate staff. Please refer questions concerning this communication or the attachment to the Department of Health and Senior Services, Office of Waiver and Program Administration. The telephone number is (609) 588-7631.

Sincerely,



Margaret A. Murray
Director

MAM:
Attachments (2)
C: Christine Grant, Commissioner
William Conroy, Deputy Commissioner
Department of Health and Senior Services

David C. Heins, Director
Division of Family Development

Charles Venti, Director
Division of Youth and Family Services

Enhanced Community Options Waiver (ECO)

The Enhanced Community Options waiver, known as the ECO waiver, is a Medicaid Waiver, which offers several care alternatives to individuals who would otherwise be at risk of placement in a nursing facility and to those who presently reside in nursing facilities desiring community placement. Designed to increase the type and amount of options for community care available to those individuals who are determined to require a nursing facility level of care, the ECO waiver increases opportunities for individuals to receive services in the community setting of their choice.

ECO includes both residential components, Assisted Living and Alternate Family Care, as well as an In-Home Service component known as the Caregiver Assistance Program/NJEASE Home-Care (CAP/NJEH).

The integration of residential and in-home components in one waiver enables ECO to support individuals across a variety of living settings. This breadth of support allows fluidity between settings, enabling individuals to adjust their residences and services as needs change, without navigating burdensome system enrollment and disenrollment requirements. This fluidity promotes stability by reducing breaks in service, in turn, reinforcing continuity of care and providing the best opportunity for successful, cost-effective service delivery.

ECO's In-Home Component

ECO's in-home services are provided in the CAP/NJEH component. CAP/NJEH is designed to supplement the assistance an individual receives from his/her natural support network of family, friends, and neighbors as well as from community agencies and volunteer groups. CAP/NJEH recognizes that, however difficult or limited this assistance may appear, natural support networks in fact accomplish the bulk of daily caregiving to vulnerable individuals. By applying select services in a uniquely designed care package that builds on this caregiving capacity, CAP/NJEH not only provides services but also strengthens this vital foundation of natural support.

CAP/NJEH has increased the array of services offered under the waiver and has also expanded the range of provider types that may qualify for reimbursement.

Services may be provided by traditional Waiver service providers, new qualified entities, or qualified Client-Employed Providers. All providers of care must demonstrate competence in the service to be provided, pursuant to the qualification requirements of the ECO waiver approved by the Federal government.

Using a consumer-directed approach to service management, a self-directing participant may work collaboratively with his/her case manager to employ his/her own provider and direct his/her own care. The ability to direct one's own care will be confirmed prior to participation as the employer of one's providers.

What services are available?

A Plan of Care will be developed collaboratively by the participant and his/her case manager. When CAP/NJEH is in full operation, the following services will be available:

- Case Management
- Respite Care
- Homemaker Services
- Environmental Accessibility Adaptations
- Personal Emergency Response Systems
- Home-Delivered Meal Service
- Caregiver/Recipient Training
- Social Adult Day Care
- Special Medical Equipment and Supplies
- Chore Service
- Transportation
- Attendant Care
- Home-Based Supportive Care

Who can receive services under CAP/NJEH?

An eligible individual is:

- At least 65 years old, or 21-64 and determined disabled by the Social Security Administration or by the Division of Medical Assistance and Health Services
- Resides in a home (not licensed) which he/she owns, rents, or is the home of a relative
- Has received a PreAdmission Screen and been determined to require Nursing Facility level of care
- Meets financial eligibility by
    1. Qualifying for SSI in the community, or
    2. Qualifying for Medicaid Only
        - Income at or below $1536 per month
        - Resources at or below $2000; or
    3. Qualifies for New Jersey Care
        - Income at or below 100%FPL
        - Resources at or below $4000.00

Except for place of residence, this is identical to AL/AFC eligibility.

Cost Share

CAP/NJEH participants will share in the cost of their services. The cost share obligation is the amount of income reduced by the Personal Needs Allowance (equal to the communitY SSI standard for an individual living alone) and other allowed expenses. Allowed expenses include excess housing costs, premiums for medical insurance, and prescribed medical expenses not reimbursable through the individual's insurance or other responsible party. The case manger will calculate this cost share.

Cost Caps

Cost caps are applied to specific services under CAP/NJEH as well as to the cost per person per month. The population in need of long-term care services is growing considerably. It is, therefore, important that beneficiaries and their case managers collectively seek to develop service plans that maximize benefits and optimize resources.

Program Implementation

CAP/NJEH will be phased in throughout New Jersey following the sequence in which the counties initiated the NJEASE system. Counties experienced in the NJEASE system have had an opportunity to develop a case management capacity, which is necessary for program implementation. Implementation will begin with Atlantic, Morris, Ocean, and Union counties in FY2000. This waiver component will be expanded to the next nine identified counties; Burlington, Camden, Cumberland, Essex, Monmouth, Salem, Somerset, Sussex, and Warren in FY2001. It is expected to be available statewide by FY2002.

JACC: Jersey Assistance for Community Caregiving (A State-Funded Program)

Jersey Assistance for Community Caregiving provides a broad array of in-home services and supports that enable an individual at risk of placement in a nursing facility to remain in his/her community home. By providing a uniquely designed package of supports for the individual, JACC is intended to supplement and strengthen the capacity of caregivers, as well as to delay or prevent placement in a nursing facility.

Because JACC is totally supported by State funding, JACC serves only individuals who are not eligible for Medicaid or Medicaid waiver services.

JACC Services

Based on results of pertinent assessments, a Plan of Care (POC) is developed collaboratively by the participant and his/her case manager. This POC specifies the services to be delivered. Once there is a billing agent for the program, the entire range of services will be available:

- Case management,
- Respite care,
- Homemaker services,
- Environmental accessibility modifications,
- Personal emergency response systems,
- Home delivered meal service,
- Caregiver/recipient training,
- Social adult day care,
- Adult day health,
- Special medical equipment and supplies,
- Transportation,

- Home-based supportive care,
- Attendant care
- Chore Services

JACC services are limited to $600.00 per month, $7,200.00 annually per person.

Who can receive these services?

A JACC eligible individual is a New Jersey resident who:

- is 60 years of age or older
- Resides in a home (not licensed) which he/she owns, rents, or is the home of a relative
- Is financially ineligible for Medicaid or Medicaid waiver services
- Has countable resources at or below $26,000 for an individual, or $52,000 for a couple
- Has no alternate means available to secure needed services and/or supports
- Has been determined to be clinically eligible for nursing facility level of care
- Is a United States citizen or a Qualified Alien
- Has countable income that results in a cost sharing of less than 100% of service costs

Cost Share

JACC participants will share in the cost of their services. The cost share obligation is based on countable income applied to a sliding scale. Disenrollment from JACC occurs when a participant has countable income at 365% of the Federal Poverty Level (FPL) and bears 100% of the service cost. Cost share is payable directly to the provider of services.

Application

Application for services under JACC is made at the local NJEASE site.

New Jersey Department of Health & Senior Services
Division of Consumer Support – Office of Waiver & Program Administration
Programs and Services

WAIVER	CCPED	ENHANCED COMMUNITY OPTIONS			
PROGRAM	CCPED	AL	AFC	CAP/NJEH	JACC
Medicaid State plan Services	▪ Medical Day Care ▪ Transportation ▪ Home Health* ▪ Prescribed Drugs	▪ All except Nursing Facility and Personal Care Assistance and Adult Day Health	▪ All except Nursing Facility and Personal Care Assistance	▪ All except Nursing Facility and Personal Care Assistance	▪ None
Waiver Services	▪ Case Management ▪ Homemaker ▪ Respite ▪ Social ADC	▪ Case Management ▪ Assisted Living ▪ Social Adult Day Care (ALP only)	▪ Case Management ▪ Alternate Family Care ▪ Environmental Accessibility Adaptation ▪ Social Adult Day Care ▪ Transportation ▪ Respite	▪ Case Mgmt. ▪ Homemaker ▪ Respite ▪ Env Acc Adapt ▪ SME & Supplies ▪ Chore ▪ PERS ▪ Attendant Care ▪ Home delivered meal service ▪ Caregiver/Recipient training ▪ Social Adult Day Care ▪ Home-Based Supportive Care ▪ Transportation	▪ Case Mgmt. ▪ Homemaker ▪ Respite ▪ Env Acc Adapt ▪ SME & Supplies ▪ Chore ▪ PERS ▪ Attendant Care ▪ Home delivered meal service ▪ Caregiver/Recipient training ▪ Social Adult Day Care ▪ Home Based Supportive Care ▪ Adult Day Health (Med. Day Care) ▪ Transportation
Eligibility – Financial	▪ Medicaid Only	▪ SSI ▪ Medicaid Only ▪ NJ Care	▪ SSI ▪ Medicaid Only ▪ NJ Care	▪ SSI ▪ Medicaid Only ▪ NJ Care	▪ Non-Medicaid eligible Assets below: $26,000 Individual or $52,000 Couple
Other Eligibility	3rd party insurance				
Clinical Eligibility	NF Level of Care	NF Level of Care	NF Level of Care	NF Level of Care	NF Level of Care
Funding	State/Federal Match	State/Federal Match	State/Federal Match	State/Federal Match	State Funds
Consumer –Directed Approach	NO	NO	NO	YES	YES
Billing Agent	NO	NO	NO	YES	YES
Governing Code	NJAC 10:60				
Licensed	NO	YES NJAC 8:36	YES NJAC 8:43B	NO	NO
Cost Share	NO	YES	YES	YES	YES

*Fee for service reimbursed at established rates