



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

NEWSLETTER

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TO: All Providers

SUBJECT: Assisted Living and Alternate Family Care (AL/AFC) Waiver

EFFECTIVE: Immediately

BACKGROUND: The New Jersey Medicaid program announces the home and community-based services waiver for the elderly and disabled to provide alternate family care and assisted living in a variety of settings. This new waiver will be known as the Assisted Living and Alternate Family Care (AL/AFC) Waiver. This is a three-year renewable federal waiver program.

The waiver was prepared by the Division of Medical Assistance and Health Services in response to the Omnibus Budget Reconciliation Act of 1981 (PL 97-35) and the Omnibus Budget Reconciliation Act of 1986 (PL 99-509) which encourage the development of community-based services. The purpose of the programs is to help eligible individuals remain in or return to the community rather than be cared for in a nursing facility.

SCOPE: A 1500-slot waiver has been approved. These slots will be phased in, with 500 added each year in 1996, 1997 and 1998. Of the initial slots, 400 have been allocated for the Assisted Living component of this waiver and 100 for Alternate Family Care.

ADMINISTRATION: The Division of Medical Assistance and Health Services will administer the overall program. Distribution, allocation and reallocation of slots will be managed by the Division. The actual sites of the AL/AFC service provision is dictated by the locations of those providers of AL/AFC licensed by the Department of Health and the availability of openings in the waiver.

ELIGIBILITY: Individuals eligible for AL/AFC must be -

- . 65 years of age or over, **OR**
- . between 21 and 64 years of age and be determined disabled by the Social Security Administration or

Medicaid's Disability Review Section, **AND**

assessed by the State Medicaid Office as in need of nursing facility (NF) services.

receiving Supplemental Security Income (SSI) or be eligible for the Medicaid Only (institutional services) program. Under this program, a spouse's income is not considered in the determination of eligibility. However, the spouse's resources are considered in the determination of eligibility, although one-half of the total resources are protected for the use of the non-applicant spouse.

As in the NF setting, individuals may have a cost-share liability.

All individuals determined eligible for the AL/AFC waiver will receive a Medicaid Eligibility Identification card. The provider must verify eligibility before providing services to ensure that the individual can receive services within the AL/AFC waiver.

SERVICES: AL/AFC offers all New Jersey Title XIX Medicaid services including unit-dose packaged medications, except nursing facility and personal care assistant coverage, plus the following waiver services:

Case Management - A process in which a professional nurse and/or social worker is responsible for planning, locating, coordinating and monitoring a group of services designed to meet the individual needs of the client being served. In the Alternate Family Care setting, the sponsor agency will assign a nurse or social worker to perform this function. For individuals in an Assisted Living setting, appropriate staff from the Medicaid field offices will be assigned.

The case manager is responsible for the development of the care plan with input from the client/family and involved service agencies. Monitoring the cost of services and determining the amount (if any) of a monthly cost-share the beneficiary must pay are examples of other case management responsibilities.

Assisted Living (AL) - A coordinated array of supportive and personal health services available 24 hours a day to residents living in one of the three settings listed below who have been assessed to need those services through a uniform Pre-Admission Screening process. Assisted living promotes a resident's self-direction and participation in decisions that emphasize individuality, privacy, dignity and homelike surroundings. The three AL-settings are:

1. Comprehensive Personal Care Home (CPCH) - A residential facility which is licensed by DOH to provide room and board and to assure that assisted living services are available when needed to four or more adults, unrelated to the proprietor. Residential units in CPCHs are typically shared occupancy but have no more than two residents and have a lockable door on the unit entrance. Bathrooms are usually shared and congregate dining is provided.
2. Assisted Living Residence (ALR) - A residential facility which is licensed by DOH to provide apartment-style living and congregate dining and to assure that assisted living services are available to four or more adults. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette and a lockable door on the unit entrance. Units are single or double occupancy.
3. Assisted Living Program (ALP) - A package of assisted living services, including nursing and personal care, to be provided by a sponsor agency licensed by DOH, such as a home health agency, a neighboring ALR or CPCH, a local hospital, an area office on aging or the housing sponsor. This program will be provided only to individuals residing in publicly subsidized housing.

Alternate Family Care (AFC) - A service provided under contractual arrangement whereby no more than two persons receive room and board, personal care and other health services in the home of an unrelated individual who has been approved by a sponsor agency and trained to provide the necessary caregiving. This service is individualized to meet the beneficiary's physical and psycho-social needs and to encourage their right to independence, choice and decision-making within a safe, family-like home environment. Families providing this service have been screened and received training from an AFC sponsor agency, which has been licensed by DOH.

The sponsor agency shall adhere to applicable federal, State and local rules, regulations and requirements, and shall be one of the following: a home care agency, accredited by the Commission on Accreditation for Home Care, Inc., or by the Community Health Accreditation Program (CHAP); a DOH-licensed, Medicare-certified home health agency; a DOH-licensed, Medicaid-approved nursing facility; a community agency which has been under contract, licensed or funded by the Division on Aging of the Department of Community Affairs, DOH or the Department of Human Services (DHS). All sponsor

agencies shall have a history of at least two years of home and community-based services to the aged and/or disabled population in New Jersey.

Respite Care - A service provided on a short-term basis to individuals unable to care for themselves due to the absence or need for relief of those persons in the AFC setting normally providing the care. The case manager can arrange for this service to be provided in the beneficiary's place of residence, another AFC home, or a Medicaid-contracted nursing facility (NF). Agencies providing this service must meet existing licensure, certification, or accreditation standards established by DOH and Medicaid.

State Plan services such as medical day care, intermittent skilled nursing services and non-emergency medical transportation specified in the plan of care are available to beneficiaries enrolled in AL/AFC. However, they must be arranged by the case manager within the cost cap limitations of the waiver.

FINANCIAL CONTROLS: Total program costs are restricted by limits on the number of AL/AFC slots, rates paid to providers of AL/AFC services and on per-person costs for Medicaid services in the care plan monitored by the case manager. The program is funded by federal Title XIX (Medicaid) dollars and State revenues. There is no retroactive reimbursement of waiver services prior to program enrollment.

The rates to providers enrolled with the Medicaid program are paid per diem only for individuals enrolled in AL/AFC, as follows:

PROVIDER TYPE	MAXIMUM FEE ALLOWANCE
Alternate Family Care	\$40.00 per diem
Assisted Living Program	\$40.00 per diem
Assisted Living Comprehensive Personal Care Home	\$50.00 per diem
Assisted Living Residence	\$60.00 per diem

APPLICATION PROCESS: Individuals receiving SSI benefits apply at the Medicaid field office that serves their county of residence. Persons applying through the Medicaid Only program should contact their county Board of Social Services. A medical determination through the Pre-Admission Screening (PAS) process must be done by the Medicaid staff. Those who meet the financial and medical eligibility requirements shall then be enrolled in AL/AFC and assigned to a case management site.

PROVIDER ENROLLMENT: Current fee-for-service Medicaid providers may participate in the AL/AFC Waiver providing Medicaid State Plan services, except for Personal Care Assistant and Nursing Facility services which are not reimbursable.

Providers of waiver services such as Alternate Family Care, Assisted Living Program, Comprehensive Personal Care Home, Assisted Living Residence, Respite and Case Management must enroll with Medicaid. A licensed agency should contact the Provider Enrollment Unit at (609) 588-2905.

BILLING: Services shall be billed directly by the provider to Unisys utilizing procedure codes for waiver services which are specific to this program.

INFORMATION: Staff are available to provide technical assistance in the application process and additional information on the Assisted Living and Alternate Family Care Waiver. Inquiries can be directed to the Bureau of Home and Community Services in the Division of Medical Assistance and Health Services' Central Office in Trenton, telephone number (609) 588-2906.

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