



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

# NEWSLETTER

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**TO:** Nursing and Assisted Living Facility Providers

**SUBJECT:** Cost Share Collection for PACE (Program for All-inclusive Care for the Elderly) Members residing in Nursing and Assisted Living Facilities

**EFFECTIVE:** September 1, 2017

**PURPOSE:** Notification of Administrative Change in Cost Share Collection

**BACKGROUND:** PACE (Program for All-inclusive Care for the Elderly) is a federally funded program that is administered by the New Jersey Department of Human Services, Division of Aging Services. This program may be selected by Medicaid eligible individuals who qualify for long-term services and supports (LTSS) and live at home. Once enrolled in PACE, an individual may continue to receive their services even if they must move to another living arrangement such as a nursing facility or an assisted living facility. This Medicaid Communication is to announce an administrative change in how cost share is determined and collected for PACE participants. This process has been in place for all other nursing facility, adult family care and assisted living facility Medicaid beneficiaries. These changes are in compliance with the NJ State Plan and federal regulations at 42 CFR 435.725 and 435.726. These are the regulations that outline the Post-eligibility Treatment of Income which is a requirement to offset the cost of care incurred by the state and federal governments for all individuals receiving LTSS.

**OPERATIONS:** Beginning September 1, 2017, all County Welfare Agencies (CWAs), will complete a Personal Responsibility (PR) form, when appropriate, for individuals enrolled in a PACE organization. When an individual first enters the PACE program, they must be living in their own home and will not require a PR form unless their income is over the institutional limit. When a PACE member permanently moves from their home to a facility, the PACE organization shall inform the appropriate CWA immediately so that the case may be re-determined due to a change in circumstance and the appropriate PR form can be issued. The PR form designates allowable expenses and determines the cost share the individual must pay each month. Once the PACE member's PR form is completed, the CWA shall forward copies to the PACE organization, the facility and the PACE member or authorized representative.

PACE members residing in a facility will pay their monthly cost share to the facility and the facility will receive payment for their services from the PACE organization less the amount of the member's cost share. The PACE organization shall then submit a check for the collective cost share amounts, along with the DMAHS PACE Beneficiary Template, to the DMAHS Office of Legal and Regulatory Affairs (OLRA). The DMAHS PACE Beneficiary Template shall be distributed to all PACE organizations prior to September 1, 2017.

This process mirrors the process in place for all other Medicaid beneficiaries receiving Managed Long Term Services and Supports (MLTSS).

**Questions regarding this Newsletter should be directed to the Medicaid Member/Provider Hotline at 1-800-356-1561.**

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