CARE MANAGEMENT

PROCESS

- Referrals come from many different places, including other agencies, hospitals, visiting nurses, various departments in our building, worried family, friends, etc.
- When an individual or consumer calls our office, they speak with the ADRC (Aging Disabilities Resource Connection) intake worker. This worker provides information to the caller, refers them to other departments/agencies, or refers them to care manager.
- The consumer's information gets sent to a supervisor and then sent to a screener to perform a Screen for Community Services (SCS). Once completed, the case gets assigned to a care manager to discuss services and resources that may benefit the consumer.

SERVICES MOST FREQUENTLY REQUESTED

- Home health aide services
- Low-Income/Subsidized Housing Options
- Home Delivered Meals
- Volunteer Shopper
- Minor Home Repairs
- Transportation
- Housekeeping
- In-Home Mental Health Counseling

SERVICES MOST FREQUENTLY REQUESTED

- Lists for Visiting Physicians and Podiatrists
- Applications for JACC, Medicaid, PAAD, Heating Assistance, MAPS, SNAP, etc.
- Resources for Vision and Hearing Loss
- Legal Services
- Etc.

CARE MANAGEMENT

- Our care managers go out to the home to provide all of these resources and offer these services to seniors as needed.
- Care managers can also act as Authorized Representatives on Medicaid applications. This service is provided to seniors who are homebound and have no family or friends to assist them.
- Once the consumer's needs have been met and no other services can be offered/provided, the case may be closed, but can be opened in the future at any time.

CARE MANAGEMENT

- Care managers are NOT emergency contacts nor do they offer emergency services. We do have emergency fund monies, but those cases are looked at on a case-by-case basis and the service needed must be perceived as an emergency. There must also be no other options to pay for the services or to receive the service from another agency/program.
- Care managers have a limited capacity in assisting individuals who are homeless, as many services require an address. Motels/Hotels are serviceable depending on the service needed.
- Care managers also have a limited capacity in finding housing for seniors. They can assist with applications or mailing out housing booklets, but cannot assist much further.
- Individuals under 60 are referred to DAWN Center for Independent Living only if they have a disability.

CAREGIVER COORDINATION

- Within our department, we have a Caregiver Coordinator, who manages all cases for caregivers who manage their elderly and/or disabled care recipients. This includes providing them information and resources, making referrals for services like in-home counseling, HHA services, respite care, etc.
- These services are often provided to caregivers who are overwhelmed, do not have anyone to turn to for help, those who are looking for guidance, and/ or those who just need someone for emotional support.
- This worker often works alongside our care managers, as they manage the care for the caregiver and the care manager manages the care/services for their care recipient.

PERSONAL ASSISTANCE SERVICE PROGRAM (PASP)

- PASP is a State-funded program for individuals who have a permanent disability, are over 18 years of age, can self-direct their care, and can work, go to school, or volunteers for a minimum of 20 hours per month. Individuals applying for this program cannot have DDD or Long-Term Medicaid. There is no income limitation to the program, but there may be a cost share that is based off of their income.
- This program is a personal care assistance program that provides up to 40 hours per week of routine, non-medical personal care assistance.
- The consumer is able to hire a family member, friend or hire from an agency to assist with their daily living activities. The assistants are paid by the State. Their benefit is determined by an assessment by an agency contracted by the State. Their hours are then determined by a formula used by the State.

PASP

- Consumers or family members call this office and a one-page screen is completed. If it is determined that the person is eligible, the screen is sent to the Department on Disabilities for final approval.
- If approved and all paperwork is obtained completed, and signed, the consumer is then ready to start receiving services.
- Assistants can transport consumers to their volunteer commitments or job, assist them with morning routines, housekeeping, preparing meals, bathing, dressing, etc.

JERSEY ASSISTANCE FOR COMMUNITY CAREGIVING (JACC)

- This program is a State-funded program that provides a broad array of in-home services to a consumer over 60 and may be at-risk of placement into an assisted living or nursing home.
- To be eligible for the program, the consumer must meet income and resource requirements, as well as be considered "nursing-home-level-of-care). This is determined by a nurse from the State.
- Income requirements include $4,760 for an individual and $6,433 for a couple. Both income limits are **per month**. This includes Social Security, pension, death benefit, etc. Resource requirements include $40,000 for an individual and $60,000 for a couple. This includes money in the bank, IRAs, stocks, bonds, cash values of life insurance policies, etc.

JACC

- Services provided through this program include:
- Home Health Care
- Having a Family Member, Friend, etc. as a Paid Caregiver
- Home Modifications
- Emergency Response Services (like LifeAlert)
- Social or Medical Day Care
- Medical Supplies
- In-Home or At-Facility Respite Care
- Etc.

JACC

- Each consumer on the program is allotted monies by the State that will pay for these services
- Once on the program, the JACC Coordinator either manages the case or refers it to other case workers from NewBridge Services. This agency assists the County with case management with both regular care management consumers and JACC consumers.
- The JACC care manager assigned to the case will then contact the consumer and/or family member to set-up ongoing services.

TO MAKE REFERRALS FOR CARE MANAGEMENT

- Please call our ADRC line at (973) 285-6848

- To connect clients with our Disabilities Coordinator, please call (973) 326-7285
- To connect clients with our Caregiver Coordinator, please call (973) 326-7863
- To make a referral to Adult Protective Services (APS), please call (973) 326-7282

QUESTIONS