

NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DISABILITY SERVICES

ANNUAL REPORT  
2012



**NJ Division of  
Disability Services**

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# **DIVISION OF DISABILITY SERVICES 2012 ANNUAL REPORT**

## **I INTRODUCTION**

### **PURPOSE OF THIS REPORT**

This report is being submitted in fulfillment of the legislative requirements of C.30: 6E-6 “Commissioner shall report annually to the Governor and the Legislature. The report, at a minimum, shall: summarize the activities of the office for the preceding fiscal year; document significant problems affecting persons with disabilities when accessing public services; indicate and analyze trends in the systems of care and services for persons with disabilities; and present any recommendations to further the State's capacity to provide services to, and advocate for the rights of, persons with disabilities, including such recommendations for legislative or administrative action as the commissioner desires to present.”

### **MISSION OF THE DIVISION OF DISABILITY SERVICES**

The New Jersey Department of Human Services’ Division of Disability Services promotes and facilitates the maximum independence and participation of people with disabilities in all aspects of community. This is done through active information exchange and cooperation among all government agencies.

### **HISTORY OF THE DIVISION OF DISABILITY SERVICES**

The State Office on Disability Services (SODS) was created by Public Law 1999, c 91 within the Department of Human Services, to be the “single point of entry” within state government for people with disabilities who seek assistance in obtaining support and services. DDS works as a resource for individuals of all ages and various types of disabilities. DDS is legislatively designated to serve individuals with adult onset disabilities or those with disabilities that do not meet the eligibility criteria for other divisions within the New Jersey Department of Human Services or other state agencies. The Division also serves as the coordinating body among state agencies providing services to people with disabilities.

In 2001, the State Office of Disability Services was elevated to division status. The Division was given the additional responsibility for the administration of several Medicaid Home and Community Based Waiver Programs and the Personal Care Assistant (PCA) program. These programs were previously located within the Division of Medical Assistance and Health Services.

The Division of Disability Services (DDS) continues to be responsible for all SODS activities including, responding to more than 15,000 calls each year requesting Information or Referral (I and R) services for residents with disabilities. Most requests come through the I and R’s toll free number: 1-888-285-3036. The public also may access the I and R service via the web, email, fax and TTD.

DDS oversees many programs that serve people with permanent or temporary disabilities living in the community. These programs are outlined in detail in the following sections of this report.

The DDS budget for fiscal year 2012 was \$347,370,718

## NJ DIVISION OF DISABILITY SERVICES 2012 BUDGET

\$196,205,000	State Appropriation
\$147,565,146	Federal Appropriation
\$3,585,572	TBI Fund
\$15,000	Grants

## II OFFICE OF INFORMATION AND ASSISTANCE SERVICES

The Office of Information and Assistance Services is made up of two smaller program units. Each is detailed below:

### INFORMATION AND REFERRAL SERVICE

**Authority: 91:C.30-6E-1**

#### PURPOSE

The Information and Referral Service, also known as “I and R”, operates as the “single point of entry” into the disability services system. Individuals with disabilities, their families and professionals working with in the social services field can call the DDS toll free number, **1-888-285-3036**. The I and R service is available to everyone regardless of age, disability or participation in any other state program. However, focus is placed on individuals with adult onset disabilities (Traumatic Brain Injury, Spinal Cord Injury and Multiple Sclerosis, etc.) and individuals who are not eligible for services within the department.

- The I and R Service receives an average of 1,700 calls per month. One-third of the callers are professionals seeking information to assist their clients.
- Calls to the I and R line are answered by a staff of knowledgeable specialists. They are familiar with a variety of disability topics, programs and services which meet the needs of individuals with disabilities
- A screener refers the caller to an information specialist who provides information and referral services
- Callers are invited to call back when more assistance is needed.

Specialists use conversational and active listening skills to determine what assistance and services the caller is requesting. The caller’s information is stored in a customized database that allows for easy retrieval should the caller need to get more information in the future. If the caller reaches another I and R specialist in a subsequent call, there is no need to repeat the entire content of the original call. Given the personal nature of some of the inquiries, callers are always given the option to remain anonymous.

**AN INFORMATION AND REFERRAL SPECIALIST CAN HELP A CALLER BY:**

- Answering questions about available services at all levels of government and in the non-profit community
- Identifying available resources, services and provide contact information
- Troubleshooting obstacles and barriers to obtaining services
- Helping individuals and families “navigate” the system

**TOP 10 INFORMATION AND REFERRAL TOPICS**

1. Housing Assistance	6. Pharmaceutical Assistance
2. Health Care	7. Veteran’s Services
3. Financial Assistance	8. Accessibility
4. Respite Services	9. Recreation

**RESOURCES FOR 2012**

The I and R Service published the 2012 edition of **Resources**, a comprehensive guide to disability related programs and services available to individuals in New Jersey. The English version is available in printed form and the Spanish version can be downloaded from the DDS website.

**THE “CONNECTION’S” PROJECT**

Effective January 2, 2010, Division of Disability Services remains the primary contact for approximately 3,000 adults receiving services from DDD.

## ACCESS AND FUNCTIONAL NEEDS (AFN)

DDS was designated by the commissioner to the act as the lead agency supporting the access and functional needs of people with disabilities who were affected by Super Storm Sandy. As part of that effort, DDS made several pre storm wellness calls to assure that their constituents with disabilities were prepared for the storm. During the storm, staff remained available to triage and report care needs to the appropriate agencies including FEMA. Immediately after the storm, DDS staff worked in shelters as disability integration advisors to assist shelter staff in working with individuals with disabilities. This effort included coordination of personal care assistants in the shelters.

Staff are also integrating long-term recovery and rebuilding efforts and working on developing a better infrastructure of support for individuals with disabilities as we prepare for other future “Sandy” like events.

## ISSUES AND TRENDS FOR 2012

Information and Referral Specialists saw an increase in callers with questions about enrollment in community programs related to the projected changes to Division of Developmental Disabilities (DDD) services system. Callers also inquired about how services would be administered under the new Medicaid Managed Care System.

## LOOKING AHEAD TO 2013

All I and R Specialists are certified by the Alliance of Information and Referral Service (AIRS). In 2013, the I and R unit will continue the process of preparing to qualify for AIRS agency accreditation, a unique distinction held by only a few I and R agencies in the country. Accreditation is recognition of the agency’s “best practice” in all areas of call center operation. Once completed, DDS will be the first disability-specific I and R Service Unit to receive national accreditation.

## TRAUMATIC BRAIN INJURY FUND

**APPROPRIATION: \$3.4M**

**Authority: N.J.S.A 30:6F-6B. N.J.A.C. 10:141 2011**

## PURPOSE

The purpose of the Traumatic Brain Injury (TBI) Fund is to assist New Jersey residents who have survived a Traumatic Brain Injury to obtain the post-acute and rehabilitative services, supports needed to live in the community to maintain their independence and maximize their quality of life. The Fund does this in two ways:

1. Awards funds to applicants so they may purchase support and services on their own.
2. Sponsorship of activities that promote education, awareness and prevention of Traumatic Brain Injury in association with the [Brain Injury Alliance of New Jersey](#).

Funding revenue comes from a \$0.50 surcharge from each MVC vehicle registration.

## ELIGIBILITY

To be eligible for service and supports sponsored under the TBI Fund an individual applicant must:

- Present medical documentation that confirms the presence of a Traumatic Brain Injury as defined by the [Centers for Disease Control and Prevention](#). The Fund serves individuals with mild, moderate or severe TBI.
- Be a resident of the State of New Jersey at least 90 days prior to the date of application.
- Have liquid assets that do not exceed \$100,000. For purposes of eligibility, liquid assets are defined as resources that are convertible to cash within 30 days. These assets exclude the participant's primary home, vehicle and retirement accounts recognized by the Internal Revenue Service (IRS).

## SUPPORTS AND SERVICES

The TBI Fund has 1,200 eligible clients that are receiving services based on the approval of their individualized support plan. Each plan is designed with the assistance of a contracted case manager and approved by the Fund Review Committee. For 2012, the maximum annual award was \$6,000<sup>1</sup> with a lifetime cap of \$100,000. The average annual award is \$2,340.

## APPLICATION PROCESS

Individuals seeking service from the TBI Fund are required to complete an application and provide medical documentation that confirms the presence of a TBI. Individuals who cannot successfully complete this process independently can receive assistance from Fund staff.

The Fund Manager receives and reviews all applications. Applicants who are determined eligible for services will be assigned a case management agency.

The Case Manager meets with the applicant and/or their family to discuss the needed support and services. The Case Manager contacts vendors, gets price quotes and creates a Support Plan.

## SUPPORT PLAN

The Support Plan is returned to the Fund office and abstracted to remove any identifying information about the applicant and vendors to avoid the potential for bias.

Abstracts are received by the Fund Review Committee. The Committee may decide to approve, deny, modify or hold the Support Plan. The option to hold allows the Committee to obtain additional documentation prior to making their decision. The applicants who are denied may request an appeal and submit additional documentation for further review. If denied, the applicant may request a Fair Hearing through the Office of Administrative Law.

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<sup>1</sup>The language of the Fund's legislation sets the annual award as up to \$15,000. In 2010 the Fund's Regulations were amended to lower the annual cap to the current level. This allows the Fund to deal with the volume of applications and remain within its money appropriation.

Award letters are issued to beneficiaries with a Guarantee of Payment sent to the vendor of service. The Case Manager assists in coordinating services as needed. In 2012, the Review Committee approved 90% of cases

**TBI FUND REVIEW COMMITTEE**

The Review Committee hears abstracts of support requests written by case managers to determine if the applicant can receive the funds. Membership on the committee consists of the Director of the Division of Disability Services, the Director of the Brain Injury Alliance of New Jersey, a family member of a brain injury survivor, a brain injury survivor, a professional working in the brain injury field, and two members of the New Jersey Advisory Council on Traumatic Brain Injury. Each case is reviewed on an individual basis. Committee members consider each case against the standards and measures below:

- The request has a clear link to the care and/or rehabilitation of the applicant’s Traumatic Brain Injury
- The request is clinically needed and has an attainable goal or outcome
- The request has longevity of benefit that will continue after Fund-sponsorship has ended
- The request is a good use of Fund resources with reasonable and customary pricing
- The request is for more than just financial relief and has a rehabilitative goal

**TOP 10 REQUESTED SERVICES FROM THE TBI FUND**

1. Cognitive Therapy	6. Vision Services
2. Assistive Technology	7. Transportation Services
3. Service Coordination	8. Household Modifications
4. Home Health Aides	9. Pharmaceuticals
5. Neuropsychology and Counseling Services	10. Respite Care



## **EDUCATION, AWARENESS AND PREVENTION ACTIVITIES**

The TBI Fund's enabling legislation requires that the Brain Injury Alliance of New Jersey (BIANJ) receive a portion of the Fund's revenue to provide education, awareness and prevention activities. The 2012 contract award for these projects was \$837,472. The BIANJ has created 4 goals for 2012, and has developed activities in support of each goal. Highlights are below:

### **GOAL 1: PROMOTION OF THE TBI FUND**

BIANJ Staff actively refers clients to the Fund

### **GOAL 2: PROVIDE SUPPORT TO INDIVIDUALS WHO HAVE SURVIVED A BRAIN INJURY AND THEIR FAMILIES**

BIANJ maintains a schedule of trainings entitled "Brain Injury Basis" and "Brain Injury 101."

BIANJ maintains a reference/lending library on topics related to brain injury.

BIANJ Family Support Staff visit individuals and their families to provide support and guidance.

### **GOAL 3: PROMOTE PUBLIC AWARENESS OF THE INCIDENCE AND PREVALENCE OF BRAIN INJURY**

BIANJ has developed fact sheets and materials that identify the symptoms and causes of brain injury.

### **GOAL 4: PROMOTE AWARENESS AND PREVENTION IN SPECIAL POPULATIONS**

BIANJ has initiated several targeted campaigns for special populations including preventing falls among senior citizens and reducing the number of sports concussions among athletes."

## **2012 ISSUES AND TRENDS**

The Fund looks forward to concluding services to the remaining individuals with an Acquired Brain Injury (ABI)

## **LOOKING AHEAD TO 2013**

The Fund hopes to adjust the annual cap per individual to 6,000, an increase of 3,000 in July, 2013.

### III OFFICE OF HOME AND COMMUNITY SERVICES

The Office of Home and Community Services is responsible for the Medicaid Personal Care Assistant (PCA) program and the administration of three home and community based waiver programs. In 2012, the Office will also assume responsibility for facilitating community discharge from institutional settings.

#### PERSONAL CARE ASSISTANCE PROGRAM

BUDGET \$316,760

Authority: N.J.A.C. 10:60

The Personal Care Assistant (PCA) Program is an optional statewide service offered to New Jersey Medicaid recipients who are experiencing functional impairment and need a personal care assistant to help them with Activities of Daily Living (ADL's) such as dressing and bathing.

#### PURPOSE

The purpose of the PCA program is to accommodate long-term chronic or maintenance health care verses short-term skilled care as provided under Medicaid's Home Health Program. PCA services are non-emergency health-related tasks performed by qualified staff in a medically eligible beneficiary's home. An estimated 29,000 people receive this service at any given time. Individuals receive no more than 40 hours of personal care per week.

#### QUALIFICATIONS

In order to qualify for PCA Services, recipients must (be):

- Participating on Medicaid Plan A or G of New Jersey Family Care Program
- Have a doctor's certification of need
- Live in a community based residence (private home, apartment house or boarding home) or group home, skill development home, supervised apartment or other congregate living program were personal care **is not** provided as a part of the service package included in the living arrangement.

#### SERVICES

Services include assistance with activities of daily living and household duties essential to the recipient's health and comfort. Services are performed by a personal care assistant employed by a Medicaid provider.

Services may be provided by community-based home care agencies who have contracts with Medicaid.

## 2012 ISSUES AND TRENDS

The Personal Care Assistance Program (PCA) serves 2,500 clients. Many clients have chosen, through their HMO's, to receive their services through traditional PCA services agencies. Clients are using the Cash Model system of the Personal Preference Program.

## LOOKING AHEAD TO 2013

DDS will continue to assist the managed care companies, the PCA Program and it's recipients with issues related to the transition.

## HOME AND COMMUNITY WAIVER PROGRAMS

**BUDGET \$22M**

**Authority: N.J.A.C. 10:60**

The DDS Waivers are extended Medicaid services using an alternative standard for both level of care and financial eligibility.

## PURPOSE

The general purpose of the waiver program is to provide specialized disability specific services and/or to divert an individual from needing institutional placement. Waiver services also can be used to ease the client's adaption into community life.

There are a set number of individuals who can be served by a waiver program at any time. In situations where short term/acute care may be needed, i.e. a period of hospitalization, transitions on and off the program is permitted. Monthly waiver budgets must not be greater than the cost of equal care in a nursing facility.

## LEVEL OF CARE

Level of care is the term used to access an applicant's level of need based on the person's diagnosis, ability to function physically in normal, everyday activities and supports required to maintain the person's health and safety. Physical, emotional, and behavioral factors are also considered in the determination of care.

To be eligible for DDS waivers, an individual must meet the nursing facility level of care as verified by the Office of Community Choice Options and have an income no higher than \$2,002/month as verified by the Board of Social Services in the county in which the individual lives.

## IV COMMUNITY RESOURCES FOR PEOPLE WITH DISABILITIES WAIVER (CRPD)

- Serves adults and children
- Provides private duty nursing; home and vehicle modifications

- Priority is given to individuals who are ventilator dependent
- 350 slots statewide

### **TRAUMATIC BRAIN INJURY WAIVER (TBI)**

- Diagnosis of Brain Injury sustained between the ages of 21 and 65
- Provides Cognitive Therapy, Neuropsychiatric Services and TBI Residential Rehabilitation
- 350 slots statewide

### **AIDS COMMUNITY CARE ALTERNATIVES PROGRAM (ACCAP)**

- Diagnosis of AIDS
- Provides PCA services above 40 hours
- 290 slots statewide

### **2012 ISSUES AND TRENDS**

Due to the improved standards of care, fewer waivers were given to ACCAP. Consumers that remained were allotted to the CRPD program to eliminate the waiting list within the program.

The continued transition of the Waiver Programs to Managed Long Term Service and Support (MLTSS) was slowed. MLTSS will provide a more centralized system and standard of care for its consumers. This transfer allows for a more consumer-based program. The current managed care organization (MCO) contracts require management of all long-term care (LTC) services. These include Home and Community Based Services and Nursing Facilities for seniors and individuals with disabilities. This move to managed care is necessary to contain costs and improve services in the LTC system.

### **LOOKING AHEAD TO 2013**

The transition to MLTSS will be completed in July, 2013. The Managed Long Term Services and Supports Steering Committee will also continue bi-monthly meetings to discuss the effectiveness and efficiency of the MLTSS transfer. This committee is composed of personnel involved in the transfer including consumers, members of the Medicaid Long-Term Care Funding Advisory Council, care providers and representatives from the MCOs and the Program of All Inclusive Care for the Elderly (PACE.) The continuation of the committee will enable increased dialogue between managed care systems, consumers and the State.

## V OFFICE OF SPECIAL PROJECTS

The Office of Special Projects contains programs that are unique to New Jersey, some of which began as demonstration or pilot projects. Each is explained in detail in the following sections.

### **PERSONAL ASSISTANCE SERVICES PROGRAM (PASP)**

**Authority: N.J.S.A.30:4G-2**

**BUDGET: 11.1M**

**N.J.A.C. 10:140**

#### **PURPOSE**

The Personal Assistance Services Program (PASP) provides routine, non-medical personal care assistance to individuals with a physical disability who are employed, volunteering in the community or attending school. The program differs from the PCA Services under Medicaid as PASP Program's consumers are required to direct their own services. The number of hours of assistance a person receives depends on his/her needs and Plan of Service based upon a clinical assessment. The County PASP Assessment personnel meet with the consumer. The consumer's needs are discussed and a Plan of Service is developed. Consumers cannot exceed 40 hours of personal care/week. In many cases, the PASP Program is the only source of personal care consumers can receive because their income makes them ineligible for Medicaid.

The PASP Program is funded through state appropriation (\$7.4 M) and casino revenue funding (\$3.7 M) totaling \$11.1 million dollars. In 2012, the program served 551 individuals and 75 people on the waiting list. Approximately 10% of the program's consumers pay cost share toward their services. The Division of Disability Services, through contracts awarded each county.

The program has a Consumer Advisory Council as mandated by the enabling legislation and regulations. Its purpose is to advise the Commissioner of any current issues, effectiveness, or updates to the Program. The Advisory Council consists of 19 members appointed by the Commissioner, at least 75% of who are consumers of PASP Services. Members serve a 3 year term. By regulation, there must be at least five members from North, Central, and South Jersey.

#### **ELIGIBILITY**

To be eligible for PASP Services, an applicant must be:

- A New Jersey resident
- Between the ages of 18-70
- Able to self-direct one's own services
- Have a permanent disability
- Participating in one or more of the following qualifying program activities:

- Working or preparing for employment
- Attending school or training program
- Parenting minor children
- Actively volunteering in their community
- 

## CASH MODEL

The Cash Model allows consumers to determine how monies given to them by the State can be used more effectively. The Cash Model operates by administering a predetermined amount of money into an account of an individual consumer. This budget is set after a meeting with the County Consultant. The final plan must be developed by the consumer. Program participants are expected to hire their own personal assistants and manage their budgets. It will operate under cost neutrality and within the program’s current appropriation. The PASP Program seeks to eliminate its waiting list.

## 2012 ISSUES AND TRENDS

In 2012 the Division of Disability Services published new regulations, which have led to major changes in the PASP program. Along with the implementation of the Cash Model, other changes include: changes in the Cost Share Obligations Table and changes in the age criteria. These adjustments allow for persons to have more control over their services. The age criteria were increased to 70 in order to compensate for the trend that Americans are working and living in the community longer. The changes in the Cost Share Obligations Table were made to allow more consumers to come off the waiting list.

## PERSONAL PREFERENCE PROGRAM (PPP)

**Authority: Section 1915(j) of the Social Security Act**

### PURPOSE

PPP provides an alternative delivery system to traditional Medicaid PCA provided by a home care agency. This model gives the consumers greater control of the services they receive. Using the “Cash and Counseling” model and the philosophy of “consumer direction,” this program allows recipients to direct and manage their services. This program permits non-professional caregivers to provide care to consumers. The caregivers are, in many instances, family and friends of consumers with disabilities where agency services are not available.

In 1999, New Jersey became one of four states to implement a “cash model counseling demonstration project through a grant from the Robert Wood Johnson Foundation in association with the Center for Participant Directed Care at Boston College. At the conclusion of the demonstration period, the program was determined a success and remained part of the Medicaid State Plan.

## PROGRAM OVERVIEW

Individuals who want to self-hire caregivers are assessed for PCA Services. The Cash Management Plan (CMP) is used to convert the “cost” of services an agency would routinely pay personal care assistant into monthly “cash” for the consumer to “purchase” PCA Services. The consumer works with the Cash Model Program Consultant to determine how this “monthly cash” will be spent most effectively. The cash management plan must be approved by the program manager. The Personal Preference Program makes an agreement with a Fiscal Intermediary (FI) who acts as the consumer’s business agent and assumes responsibility for issuing paychecks, tax withholding and other employer functions. The FI is paid based upon the number of active enrollees and the size of each cash grant. The FI bills the Medicaid billing agent, Molina Health Care Solutions, for the cost of their services. DDS covers the cost of staff salaries with its appropriation and operates this program without a dedicated budget.

PPP enrollment for 2012 was 2,289 individuals with an average grant of \$1,298.39 per person.

## ELIGIBILITY

- Must be Medicaid eligible
- Must qualify for Personal Care Assistance Services (PCA)
- Must be able to self-direct services or choose a representative who can act on one’s behalf.

## 2012 ISSUES AND TRENDS

In 2012, inquiries into the Preferred Preference Program increased due to managed health care. Managed Care Organizations (MCO’s) are required to inform Medicaid consumers of the option to self-direct Medicare Personal Care Assistant (PCA) benefits whenever a member requests home care services. As a result of learning about this option, enrollment in PCA Services increased 30%.

## LOOKING AHEAD TO 2013

By the end of 2013, PPP will be in the process of rebidding the Vendor Fiscal Employer-Agency-Counseling Entity contract.

## VI PROJECTS

### NJ WORKABILITY PROGRAM

**Authority N.J.S.A. 30:4D-1**

NJ WorkAbility offers people with disabilities who are working and whose income would make them ineligible for Medicaid, the opportunity to receive full Medicaid coverage. People with disabilities who are employed and between the ages of 16-64 can qualify for the program with an annual gross earned income of up to approximately \$58,000. NJ WorkAbility was created by the federal Ticket to Work/Work Incentives Improvement Act and subsequently established by

PL 2000 Chapter 161.NJ WorkAbility enrollment is 9,240 with 640 individuals enrolling in 2012. NJ WorkAbility is a Medicaid program; however, outreach, employment and project management are performed by the Division of Disability Services.

## **ELGIBILITY AND REQUIREMENTS**

- NJ Resident between the ages of 16 and 64
- Work part time, full time or be self-employed and have proof of employment
- Have a permanent physical or mental disability as determined by the Social Security Administration (SSA) or the Disability Review Team at the Division of Medical Assistance and Health Services (DMAHS)
- Social Security Disability Benefits and/or Railroad Retirement System Benefits received by and individual.
- Retirement accounts (IRA or 401K) and the value to the home in which the applicant lives and one car.

## **DISABILITY BENEFITS 101**

Disability Benefits 101 (DB101) is a web portal to assist individuals who are working or looking for work. The portal projects the impact that earnings could have on their public benefits. The site is customized to operate using the logic and program requirements of New Jersey's public programs. The site is available in English and Spanish.

## **ADD US IN-EVERY TALENT, EVERY SKILL (NATIONAL ORGANIZATION OF DISABILITY**

The Every Talent Every Skill Project serves New Jersey's lesbian, gay, bisexual, transgendered and intersex – (LGBTI), minority and women-owned businesses. These businesses seek to build a more inclusive workplace by hiring, retaining, and promoting career seekers with disabilities from minority and impoverished backgrounds.

## **I CHOOSE HOME NJ MONEY FOLLOWS THE PERSON (MFP)**

The MFP Demonstration Project is an ongoing effort to move people living in nursing facilities and state institutions into more home-like, community based settings. This program is funded by the Federal Centers for Medicaid and Medicare Services (CMS.) Money Follows the Person is a collaborative effort with the Division of Disability Services, The Division of Developmental Disabilities, The Office on Aging and the Office of the Ombudsman. We have a group of consumers on our advisory council.



## 2012 TRENDS AND PROJECTIONS

The Division has had ten years of success using the Medicaid Infrastructure Grant funding. This infrastructure supports individuals with disabilities who are looking for work. We are excited to be collaborative partners in both the sustainability plan for NJ DiscoverAbility and the new use of Medicaid Infrastructure Grant projects to assist individuals being discharged from institutions and nursing facilities through the I Choose Home NJ demonstration project. The Program has also seen an increase in this mentorship effort. A mentor is a disabled individual partnered with another disabled person who previously received services in the MFP Project. If the client is looking for employment, the mentor will meet with the client to discuss the person's interests. The mentor may discuss the possible hurdles and challenges that may come when the client enters the new job setting. This year the Division completed many case studies where the mentorship program was used. The program was very successful in transitioning clients into community-based housing. These results led to the decision to use the mentoring program to assist disabled clients in finding a job. New Jersey's Money Follows the Person's continued use presents unique opportunities for inter-agency collaboration and successful handling of public funds.

## LOOKING AHEAD TO 2013

NJ Workability will remain a part of the Medicaid program with DDS continuing to do outreach and enrollment. At the suggestion of CMS, DDS has chosen to incorporate the successful infrastructure into several of its initiatives supporting employment for individuals with disabilities. Included in this effort is NJ Money follows the Person project

## VII NEW JERSEY DISABILITY HEALTH AND WELLNESS INITIATIVES

### PURPOSE

The New Jersey Disability Health and Wellness Initiatives Program partners with professionals in the healthcare and secondary fields to start and improve on projects that promote wellness, independence for those with disabilities. These initiatives also focus on preventing people with disabilities from acquiring secondary conditions. The partnerships that Health and Wellness staff develops with policymakers, health educators, public and private agencies allow the Division to develop and implement plans to integrate health and wellness options for people with disabilities into current state health promotion activities. These programs are funded through grants given by public and private entities. The division works to identify gaps in the state healthcare system, increase overview of activities, and facilitate partnerships between state agencies, community organizations, vendors and individuals with disabilities. The division also seeks funding for initiatives that will help meet these goals.

Two statewide conferences to address domestic violence and addiction in the disability community, "The Unheard Voice: Addressing Violence against Women with Disabilities" and "Thriving with a Disability: Disability and Addiction". As a direct result of "The Unheard Voice" conference, the Division was awarded two consecutive grants from The Robert Wood Johnson Foundation (RWJF) to continue addressing violence and abuse against women with disabilities (2005, 2007). Two training programs were developed and administered, targeting women with

disabilities and healthcare professionals. Each of the trainings was designed to promote awareness and surveillance of domestic violence and available resources and interventions.

## GOALS AND OBJECTIVES

- To enhance program infrastructure and capacity surrounding health and wellness of people with disabilities
- To improve state level surveillance of health-related activities and monitor activities of health and wellness programs
- To increase health promotion opportunities for people with disabilities to maximize health
- To improve access to health care for people with disabilities
- To facilitate and lead policy and environmental change that will have an impact on people with disabilities

## 2012 ISSUES AND TRENDS

In 2011, the DH&WI was awarded a grant from The Kessler Foundation to maximize accessibility to organizations that provide food assistance. The division made funds available to a select number of food pantries for the purpose of making structural improvements, enabling those with physical disabilities to access services. Three pantries were selected. They were structural modified to accommodate those with physical disabilities. The three pantries were: Trinity United Methodist Church; Community Church Fixer of Hearts; and Christ Care Unit Missionary Baptist Church. The pantries represented the northern, central and southern parts of the state respectively. Each pantry was awarded approximately \$5,000, which was close to the amount that each requested. Trinity and Christ Care pantries installed wooden ramps. Community Church installed railings, a double door and wheelchair accommodations in the bathroom.

## LOOKING AHEAD TO 2013

The Division of Disability Services has partnered with the NJ Commission for the Blind and Visually Impaired to provide the Senior Community Independent Living Services (SCILS) program, which enables seniors (55 and up) with significant vision impairment to “hire” someone of their choosing to provide support, assistance and companionship for a few hours per week. Participants can expect their companion to spend an average of four (4) hours a week (maximum of 208 hours per year) assisting them with various tasks, including transportation, light housekeeping and sorting through the mail. Participants are responsible for finding their own companions. Companions must be at least 18 years old, satisfactorily complete a state and federal background check, must have a valid driver’s license and be legally allowed to work in this country. The Division will compensate companions directly, with an established, non-negotiable hourly rate.

## **VIII STATUTORY BOARDS AND COUNCILS**

### **NJ ADVISORY COUNCIL ON TRAUMATIC BRAIN INJURY**

The Division of Disability Services, as the state's designated lead agency for brain injury services, serves as staff to the NJ Advisory Council on Traumatic Brain Injury. The Council, mandated under PL 2001, Chapter 332, is comprised of 26 members and holds quarterly public meetings, advising the Department of Human Services on matters related to brain injury services.

### **PERSONAL ASSISTANCE SERVICES PROGRAM ADVISORY COUNCIL**

The Personal Assistance Services Program (PASP) under the supervision of the New Jersey Department Human Services' Division of Disability Services is required by law to have a statewide PASP Advisory Council. The PASP Advisory Council provides a means for consumers to express opinions and views that will affect the quality of personal assistance in New Jersey. The PASP Advisory Council reviews and evaluates the effectiveness of the program and makes recommendations to improve the program as needed.