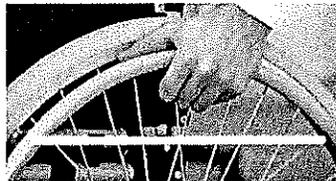




New Jersey Department of Human Services
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Managed Long-Term Services and Supports (MLTSS)



What is MLTSS?

Managed Long Term Services and Supports (MLTSS) expands home and community-based services, promotes community inclusion and ensures quality and efficiency through the delivery of physical and behavioral health care along with activities of daily living to eligible individuals in their home, in an assisted living facility, in community residential services or in a nursing home, through managed care organizations (MCOs) participating in the state's Medicaid program, NJ FamilyCare.





What does MLTSS cover?

Depending on an individual's assessed need, the MLTSS care plan may include:

- Respite;
- Care Management;
- Home and Vehicle Modifications;
- Home-Delivered Meals;
- Personal Emergency Response Systems;
- Mental Health and Addiction Services;
- Assisted Living;
- Community Residential Services; and/or
- Nursing Home Care.

Services also may include one or more of the NJ FamilyCare Medicaid State Plan services, such as:

- A Personal Care Assistant (PCA),
- A Home Health Aide, and/or
- Adult Day Health Services.

Who qualifies for MLTSS?

A New Jersey resident who

- Is age 65 or older, or under age 65 and determined blind or disabled by the Social Security Administration or the State of New Jersey; and
- Is a U.S. citizen or a qualified alien; and
- Requires (or will require within 30 days) the level of care typically provided in a nursing home, such as help with activities of daily living, such as bathing, toileting and mobility; and
- Meets the program financial requirements for NJ FamilyCare, New Jersey's Medicaid program, with regards to monthly income and total liquid assets; and a five-year look-back to insure the guidelines for institutional Medicaid are also met.

(For children applying for MLTSS and who meet the nursing home level of care, parental income and resources are not counted in determining financial eligibility.)

How to apply for MLTSS?

- Applying for MLTSS is a two-part process. Financial eligibility and personal care needs must be determined appropriate for program services.
- There is a standardized process. To apply, contact the county-based Area Agency on Aging/Aging and Disability Resource Connection (ADRC) for general information, assistance and screening. Prospective applicants also need to contact the County Welfare Agency or Board of Social Services to apply for NJ FamilyCare eligibility.

What is PACE?

The Program of All-Inclusive Care for the Elderly (PACE) is another long-term services and supports option. To be eligible, applicants must live in a PACE provider service area. There currently are four PACE organizations serving parts of seven counties.

For help with choosing a PACE program, call Medicare at 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048), or the New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820.

Note: To apply on behalf of a child or an individual under 21 years of age, contact the local County Welfare Agency (Board of Social Services) or the Division of Disabilities Services at 1-888-285-3036 to speak with an Information and Referral Specialist.

Please visit the website of the NJ Department of Human Services at <http://tinyurl.com/mltss> or call 1-866-472-5338 (TTY: 1-800-701-0720).

