

**NEW JERSEY**  
**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF DISABILITY SERVICES**

**Annual Report**  
**2011**

**Chris Christie, Governor**  
**Kim Guadagno, Lieutenant Governor**  
**Jennifer Velez, Commissioner**  
**Joseph M. Amoroso, Division Director**  
**Liza R. McCollum, Editorial Assistant**



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

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TRENTON, NJ 08625-0700

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

JENNIFER VELEZ  
Commissioner

June 22, 2012

Honorable Chris Christie  
Governor  
State of New Jersey  
P. O. Box 001  
Trenton, NJ 08625

Dear Governor Christie:

As Commissioner of the Department of Human Services, I am pleased to submit to you *A Report to the Governor and the Legislature of the State of New Jersey on the State Division of Disability Services*.

New Jersey has provided its residents with disabilities an important and valuable resource in the Division of Disability Services. The Division has been instrumental in building a strong relationship with other disability-related organizations statewide, providing information and referral services to citizens with disabilities in the state of New Jersey, and acting as a single point of entry to access all available services for individuals and families who need disability services. The Division continues to be proud and honored to serve citizens with disabilities and will continue to meet its legislative mandate to provide an equal playing field for New Jersey's citizens with disabilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Velez".

Jennifer Velez  
Commissioner

JV: 10  
Enclosure

# Division of Disability Services

## Annual Report 2011

### Introduction

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#### **Purpose of the Report**

This report is being submitted in fulfillment of the legislative requirements of C.30:6E-6 Annual Report to the Governor and Legislature:

*“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 life through active information exchange and the provision of community services. DDS supports and fosters coordination 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, charged with acting as the “single point of entry” within State government for people with disabilities who seek assistance in obtaining supports and services. DDS serves individuals with disabilities regardless of age or diagnosis, as a government resource for individuals with adult onset disabilities or with disabilities who do not meet the requirements for the disability-specific programs located in DHS or other agencies of State government. The Division also is charged with acting as the coordinating body among state agencies providing services to people with disabilities.

In 2001, the state Office on Disability Services was elevated to Division status with an added charge of administrative responsibility for several Home and Community Based Waiver Programs and the Personal Care Assistant program formerly located within the Division of Medical Assistance and Health Services (Medicaid).

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) service for disability related information. Most of these requests come through the Information and Referral phone line's toll free number: 1-888-285-3036, but the public also may access the I and R service via the web, email fax and TTD.

DDS administers many programs that serve people living in the community with permanent or temporary disabilities, each of which are outlined in detail in subsequent sections of this report.

The DDS budget for Fiscal Year 2011 was \$368 million dollars.

### DDS Budget

\$52,080,000.00	STATE APPROPRIATION
\$97,941,000.00	CASINO REVENUE
\$150,021,000.00	<b>TOTAL STATE</b>
\$214,256,000.00	<b>TOTAL FEDERAL</b>
\$3,368,000.00	<b>GRANTS</b>
\$367,645,000.00	<b>GRAND TOTAL</b>

### Leadership Changes

In 2011, Joseph Amoroso was appointed Division Director of Disability Services after the inaugural director, William A. B. Ditto, retired. Prior to his appointment, Mr. Amoroso spent twelve years as the Supervisor for Information and Assistance Services at DDS.

## Staffing and Organizational Structure

The Division is staffed by 33 full-time employers (FTEs) positions when at capacity.

Permanent staff is supplemented by contracted and temporary staff, as needed.

The Division has three administrative service units that report to the Division Director. They are:

- The Office of Information and Assistance Services;
- The Office of Home and Community Services; and
- The Office of Special Projects.

## 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 Services

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

#### Purpose

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The Information and Referral Service, alternatively 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 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.) or who are not eligible for services under other disability divisions within the department.

The I and R Service receives an average of 1,700 calls per month with about one third of them coming from professionals who are seeking expertise to assist a client.

Calls to the I and R Service are taken by a staff of specialists who are knowledgeable about a variety of disability specific topics, programs and services to assist in meeting needs of individuals with disabilities. Depending on the nature of the call, the specialist may refer the caller to a place where the appropriate services can be obtained. Interactions with the public are generally short term, usually lasting for no more than a couple of days as the caller’s issue is being resolved, but callers always are invited to call back, as needed. Statistics indicate that approximately 45% of callers are

consumers who previously used the I and R Service and opt to call back for assistance with other issues.

Specialists use conversational and active listening techniques with callers to identify strategies that offer assistance and interventions. Very often, the caller has been given misinformation from a non-governmental source. Specialists then provide them with accurate information to better direct their efforts. Call information is stored in a customized database that allows it to be accessed readily and prevents a caller from having to re-explain their situation. This process makes subsequent calls more efficient. Given the personal nature of some of the inquires, callers always have the option of remaining anonymous and providing only details that are necessary for the specialist to process the information or referral.

By virtue of their disability, many callers may need limited case management to effectively connect them with the appropriate resource. Specialist-initiated follow-up calls are made, as necessary, to ascertain outcomes.

The DDS I and R Service is unique in New Jersey because all staff are nationally certified by the [Alliance of Information and Referral Systems \(AIRS\)](#), after serving a one year apprenticeship and passing the certification exam.

#### An Information and Referral Specialist can help by:

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

#### Top 10 Information and Referral Topics

1. Housing Assistance	6. Pharmaceutical Assistance
2. Health Care	7. Veterans' Services
3. Financial Assistance	8. Accessibility
4. Respite Services	9. Recreation
5. Attendant Services	10. Accessible Parking

## Resources 2011

The I and R Service published the 2011 edition of Resources, a comprehensive guide to disability related programs and services available to individuals in New Jersey. In addition to the printed version, English and Spanish editions are available for download from the [DDS website](#).

## The “Connections” Project

In 2011, DDS continued the transfer of selected cases from DHS’ Division of Developmental Disabilities, for which the I and R Service functions as the primary point of contact for program related questions. As of the date of the publication, approximately 18,000 of a targeted 20,000 cases have been transferred.

## 2011 Issues and Trends

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As part of Medicaid’s transition to a managed care delivery system for certain services, I and R Services saw an increase in the number of calls received from the public with questions about enrollment into managed care and changes in how services are delivered. Also, there was a 600% increase from past years in the number of calls from military veterans seeking support, and services.

## Looking Ahead to 2012

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In 2012, the I and R Service will begin the process of qualifying for agency accreditation by AIRS. This is a unique distinction held by only a handful of 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 to become nationally accredited.

## Traumatic Brain Injury Fund

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

2011 Appropriation: \$3.4M

### Purpose

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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 and supports they need to live in the community, to foster their independence, and maximize their quality of life. The Fund does this in two ways:

1. Awards to applicants by purchasing supports and services on their behalf; and
2. Sponsorship of activities that promote education, awareness and prevention of Traumatic Brain Injury in association with the [Brain Injury Alliance of New Jersey](#).

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

### Awards to Applicants

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#### Eligibility

To be eligible for services 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, excluding the applicant's primary home, vehicle, and retirement accounts recognized by the Internal Revenue Service (IRS).

## **Supports and Services**

The TBI Fund has 1,200 eligible recipients who are receiving active services based on the approval of an individualized support plan designed with the assistance of a contracted case manager and approved by the Fund Review Committee. For 2011, the maximum annual award was \$3,000<sup>1</sup> with a lifetime cap of \$100,000. The average annual award is \$2,100.

## **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 can receive assistance from Fund staff.

Completed applications are reviewed by the Fund Manager who confirms eligibility. The case then is assigned to a case management agency.

The Case Manager meets with the applicant and/or their family to discuss needed supports and services. The case manager contacts vendors, gets pricing, and creates a Support Plan with appropriate justifications and supporting documentation.

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

Abstracts are considered by the Fund Review Committee. The Committee may decide to approve, deny, modify, or hold the Support Plan. The decision to hold a plan allows the Committee to obtain additional documentation prior to rendering a decision. Plans that are denied may request reconsideration and submit additional justification for the Committee to review. Applicants who have been denied may request a Fair Hearing through the Office of Administrative Law.

Award letters are issued to approved beneficiaries with a Guarantee of Payment Letter issued to the vendor of service. The case manager assists in coordinating services, as necessary. In 2011, the Review Committee approved 90% of presented cases.

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<sup>1</sup> The Fund's enabling legislation sets the annual cap as up to \$15,000. In 2010, the Fund's regulations were amended to lower the annual cap to its current level to allow the Fund to address the volume of applications and remain within its' appropriation.

## TBI Fund Review Committee

The review committee hears abstracts of support requests (care plans) written by case managers to determine the outcome based upon the guidelines and regulations of the Fund. 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 in brain injury field, and two members of the New Jersey Advisory Council on Traumatic Brain Injury. Each case is reviewed on an individual basis, but each Committee member considers cases 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; and
- 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. Home and Vehicle Modification	8. Household Management
4. Service Coordination	9. Neuropsychology/Counseling Services
5. Pharmaceuticals	10. Companion Services

## Education, Awareness, and Prevention Activities

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The TBI Fund's enabling legislation requires that the Brain Injury Alliance of New Jersey receive a portion of the Fund's revenue to provide education, awareness and prevention activities. The 2011 contract award for these projects was \$837,472. The Brain Injury Alliance of New Jersey has created 4 goals for 2011, 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 brain injury and their families**

BIANJ maintains a schedule of trainings entitled “Brain Injury Basics” and “Brain Injury 101”.

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

BIANJ Family Support Staff visit individuals and 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 in the elderly population and reducing the incidence of sports concussion.

[2011 Issues and Trends](#)

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The TBI Fund’s 2011 activities were centered around the transition of operations based on the recent amendment to the regulations which made individuals who have sustained Acquired Brain injuries (ABI) ineligible for continued and or future services under the Fund. The Fund is no longer accepting the applications from individuals with ABI, but continued to support existing ABI clients until the end of their approved funding.

The Fund also saw an increase in applicants who sustained their TBI as a result of military service, and accordingly has forged close collaborations with veterans’ services agencies in New Jersey.

## Looking Ahead to 2012

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The TBI Fund will re-examine the annual cap based on demand for Fund services and availability of revenue and complete the phase out of services to individuals with acquired brain injuries, per regulation.

## 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 also will assume responsibility for facilitating community discharge from institutional settings.

### Personal Care Assistant (PCA) Program

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

**2011 Budget: \$147M**

#### Purpose

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The Personal Care Assistant (PCA) Program is an optional statewide service offered to New Jersey Medicaid recipients who are experiencing some functional impairment and need a personal care assistant to help them with aspects of daily living, such as dressing or bathing.

The purpose of the program is to accommodate long-term chronic or maintenance health care, as opposed to 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

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In order to qualify for PCA services recipients must be:

- Participating on Medicaid Plan A or G of the New Jersey FamilyCare program;
- Have a doctor's certification of need;

- Live in a community-based residence (private home, apartment, rooming house, or boarding home) or group home, skill development home; supervised apartment or other congregate living program where personal care **is not** provided as a part of the service package included in the living arrangement.

## Services

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Services include assistance with activities of daily living (ADLs) and household duties essential to the patient's health and comfort. PCA services are performed under the supervision of a registered professional nurse employed by a Medicaid provider.

Services may be provided by community-based home care agencies under contract with Medicaid or by independent clinics under contract to the Division of Mental Health and Addiction Services. PCA services must be prior authorized by the Division of Disability Services. The average number of hours in 2011 was 21. Services are provided by 253 provider agencies, statewide.

## 2011 Issues and Trends

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The PCA program was included in the 2011 State's Medicaid Reform initiative and involved the carve in of the service into managed care. Four managed care companies assumed the responsibility for the care assessments and the award of service hours for 24,000 beneficiaries. Only 5,000 remained under fee for service with DDS, with the anticipated roll-in of this population to managed care at a later date. DDS staff provides consultative support to the managed care companies.

## Looking Ahead to 2012

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Plans for 2012 are centered around transferring the PCA program and its recipients into managed care. DDS will continue to assist the managed care companies with issues related to the transition.

## Home and Community Waiver Programs

Budget: \$22M

### Purpose

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The DDS Waivers are extensions of Medicaid services using an alternative standard for both level of care and financial eligibility. The general purpose of the waiver programs is to provide specialized disability specific services and/or to divert an individual from needing institutional placement. Waiver placement also can be used to facilitate reintegration into the community.

Waivers are slot limited, meaning that there is a finite number of individuals who can be served by a waiver program at any one time. Individuals also frequently transition on and off of a waiver in circumstances for which they require short term acute care, e.g., a period of hospitalization. Monthly waiver budgets must not exceed the cost of equal care in a nursing home

### Level of Care

Level of care is the term used to assess an applicant's level of need based on their diagnosis, level of function, and supports needed to maintain their health and safety. Physical, emotional, and behavioral factors all are considered to determine level of care.

To be eligible for the 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 \$2002/month as verified by the Board of Social Services in the county in which the individual resides.

### Waiver Specific Services and Criteria Highlights

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#### **Community Resources for People with Disabilities Waiver (CRPD)**

- Serves adults and children
- Provides private duty nursing and home and vehicle modifications
- Priority is given to individuals who are ventilator dependent
- 300 slots statewide

#### **Traumatic Brain Injury Waiver (TBI)**

- Diagnosis of Brain Injury sustained between the ages of 21 and 65 years of age
- 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
- 300 slots statewide

### 2011 Issues and Trends

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The ACCAP Waiver census continued to decline because fewer individuals with AIDS are in need of services due to an improved standard of care.

### Looking Ahead to 2012

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Staff will spend 2012 transitioning the waiver programs to Managed Long Term Care.

## 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 of this report.

## Personal Assistance Services Program (PASP)

**Authority: N.J.S.A 30:4G-21 N.J.A.C. 10:140**

**2011 Budget \$11.1M**

### Purpose

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PASP provides routine, non-medical personal care assistance to individuals with physical disabilities who are employed, involved in community volunteer work, or attending school. This program differs from PCA services under Medicaid as program participants are expected to direct their own services. The number of hours of help that a person receives depends on his/her needs and Plan of Service, not to exceed 40 hours per week based on a clinical assessment. In many cases PASP is the only source of personal care services because salary from work or other resources render participants ineligible for Medicaid.

PASP is funded through state appropriation (\$7.4 Million) and casino revenue funding (\$3.7 million), totaling \$11.1 million dollars. In 2011, the program served 600 individuals and had a 50 person waiting list for services. Approximately 42% of program clients pay some of cost share toward their services.

The program is administered by the Division of Disability Services through contracts awarded to each county. The program also maintains a Consumer Advisory Council as mandated by the enabling legislation and regulations.

## Eligibility

To be eligible for PASP, applicants must be:

- A New Jersey resident;
- Between the ages of 18-65;
- Able to self-direct one's own services;
- Have permanent physical disabilities; and
- Participating in one or more of the following qualifying program activities;
  - ❖ Working or preparing for employment;
  - ❖ Attending school or training program;
  - ❖ Parenting minor children; or
  - ❖ Actively volunteering in their community.

## 2011 Issues and Trends

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The Division spent much of 2011 working on the regulatory amendments to convert the program's delivery system into a "cash model" delivery system.

### Cash Model

The cash model is a program initiative that was created based on the success of the New Jersey's Personal Preference: Cash and Counseling Demonstration Program available to Medicaid recipients. The PASP Cash Model offers consumers more choice, flexibility, control and the opportunity to manage their personal care services through the receipt of a cash allowance. In November 2009, legislation was signed enabling the program to convert to a cash model delivery system.

Consumers, with the assistance of the PASP County Coordinator, will be required to develop and use a Cash Management plan (CMP) that is designed to meet their personal assistance needs. The consumer's current service hours under PASP will be cashed out and placed into an individual account that is maintained by the State-contracted Fiscal Intermediary Service Organization (FISO). The FISO agency issues paychecks and does the requisite tax withholding on the consumer's behalf, essentially functioning as a "business agent." A 5% deduction will be taken from each consumer's Cash Management Plan (or monthly budget) to pay for the services of the fiscal intermediary service organization. An individual's budget can be used to determine how and when personal care is received by the consumer and who will provide that care.

Program consumers are expected to hire their own personal assistant and manage their budgets.

The cash model only will be implemented once amended regulations have been published and each consumer has been trained. It will operate under cost neutrality and within the program's current appropriation.

## Looking Ahead to 2012

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In 2012, the Division will publish amended regulations to operate the program under cash model and roll out cash model statewide. The Division also will seek to return the program to its founding intent as a work, or preparation for work, support program. DDS also will seek to eliminate the program waiting list.

## Personal Preference Program (PPP)

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

### Purpose

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PPP provides an alternative delivery system to traditional Medicaid PCA provided by home care agency. This model gives the individual greater control of the services they receive. Using the "Cash & Counseling" models, and the philosophy of "consumer direction," this program allows recipients to direct and manage their services. This program makes use of non-professional caregivers who in many cases are routinely providing personal care to friends and family members with disabilities when agency services are not available.

In 1999 New Jersey became one of four states to implement a "cash and 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 so successful that it was retained as a part of the Medicaid State Plan.

## Program Overview

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Individuals who wish to self-hire caregivers are assessed for PCA services by traditional means then the value of the services that would have been paid to an agency is converted to a dollar amount and with the assistance of a program consultant, the consumer makes a Cash Management Plan (CMP). Together with the program

consultant, to decide how their budget will be spent to obtain the personal care that they require. CMPs are approved by the Program Manager, but designed by the consumer who exercises control over who to hire, the rates of pay and how and when services will be rendered. The program contracts 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 on the number of active enrollees and the size of each cash grant. The FI bills the Medicaid billing agent, Mollina 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 2011 was 1,200 individuals with an average grant of \$1400 per person.

### Eligible Applicants to PPP:

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

### 2011 Issues and Trends

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PPP underwent great changes in 2011 with the carve in of the PCA benefit into managed care. Much of the year was spent cultivating relationships with the Managed Care Organizations that began doing the assessment and clinical evaluations of PCA members. PPP also saw its most successful year thus far, averaging 75 new PCA participants per month.

### Looking Ahead to 2012

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In 2012, PPP will issue an RFP for Financial Intermediary Services, as well as roll out a consumer-directed software package to allow program participants to log in via a web portal and view their CMP and budget in real time. The Division also will propose regulations for governing PPP operations.

## Purpose

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Through a grant from the [Centers for Medicare and Medicaid Services \(CMS\)](#), this project conducts a variety of activities to promote employment for people with disabilities. NJ DiscoverAbility, is the umbrella entity for all the programs operated under Medicaid Infrastructure Grant (MIG). The MIG was awarded to NJ to address barriers to employment for people with disabilities. 2011 marks the second year that DDS has partnered with [John J.Heldrich Center for Workforce Development at Rutgers University](#). In recognition of its innovative and successful use of the funding, DDS has been awarded this grant for the last 11 consecutive years. Each project is detailed below.

## Projects

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### NJ Workability

NJ WorkAbility offers people with disabilities who are working and whose income would otherwise make them ineligible for Medicaid, the opportunity to receive full Medicaid coverage. People with disabilities who are employed and are between the ages of 16-64 can qualify for the program with an annual gross earned income of up to approximately \$56,000. NJ WorkAbility was created by the federal [Ticket to Work/Work Incentives Improvement Act](#) and subsequently established by NJ PL 2000 Chapter 161.

NJ WorkAbility enrollment is 8,400 with 889 individuals enrolling in 2011. NJ WorkAbility is a Medicaid program, but outreach, enrollment and project management are performed by DDS.

### Eligibility and Requirements

- NJ residents 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 & Health Services \(DMAHS\)](#)

- Earned income of no more than \$ 55,000 per year for eligible individuals, or no more than \$76,000 per year for eligible couples (both with permanent disabilities, both working)
- Unearned income (pensions, child support, interest, etc.) of up to \$931 per month for eligible individuals, or up to \$1,261 for eligible couples
- Less than \$20,000 in liquid assets as an individual, or less than \$30,000 as a couple

#### Disregarded Income and Assets

- **Disregarded income:** Social Security Disability Benefits and/or Railroad Retirement System Benefits received by an individual,
- **Disregarded assets:** Retirement accounts like an IRA or 401K, and the value of the home in which the applicant lives and one car.

#### Other Projects (partners and collaborators)

##### **Leadership Academy** ([School of Social Work at Rutgers University](#))

The Leadership Academy has a curriculum of three full-day, in-class workshops with seven online webinars; and one conference call designed to train the next generation of emerging professionals in the supported employment field.

##### **Bridges to Business** ([National Organization on Disability](#))

Bridges to Business is a national project designed to help companies recruit and retain qualified individuals with disabilities, with a special focus on providing opportunities to students transitioning from post-secondary education.

##### **Getting New Jerseyans with Disabilities to Work** ([Alan M. Voorhees Transportation Center at Rutgers University](#))

This study is designed to identify and manage transportation barriers that can hinder people with disabilities from getting to work. The project has developed a travel training program and an information module on transportation, as well as a sustainability plan for all project efforts.

##### **Disabilities at Work & Disability Supplier Diversity Program** ([NJ Chamber of Commerce and the Business Leadership Network](#))

Disabilities at Work is a radio show designed to promote awareness of issues regarding employment for people with disabilities. Disabilities at Work also has an active Facebook page and Twitter feed. The Disability Supplier Diversity Program is a program

to assist disability owned or managed companies to market their services to the community at large.

### **[Disability Benefits 101 Web Portal \(World Institute on Disability\)](#)**

Disability Benefits 101 or DB101 is a web portal to assist individuals who are working or seeking work to project the impact that earnings could have on 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 both English and Spanish.

### **[Student Internships \(Division of Disability Services and Rutgers University\)](#)**

The partners collaborated to provide internships at the Department of Human Services to Rutgers students and recent graduates with disabilities.

### **[Technical Reports \(TransCen Inc.\)](#)**

TransCen Inc. compiled two technical reports entitled "Attitudes and Beliefs of Job Development Professionals toward Employers" and "Strategies Used by Employment Service Providers in the Job Development Process: Are They Consistent with What Employers Want?"

## [2011 Issues and Trends](#)

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In 2011, the Heldrich Center hosted several webinars on employment related topics and made special efforts to promote awareness and outreach activities related to employment through social media. CMS also granted DDS a no-cost extension to operate the MIG through the end of 2012

## [Looking Ahead to 2012](#)

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2012 will be a transition year for the MIG as CMS will discontinue program funding, which lasted 12 years. NJ WorkAbility is established in public law and will remain part of the Medicaid program with DDS continuing to do outreach and enrollment. At the suggestion of CMS, DDS will submit a proposal to transition many of the MIG activities to Money Follows the Person, another program funded by CMS. DDS plans to retool some of the programs to facilitate employment supports for individuals transitioning out of institutions and returning to the community.

# Disability Health and Wellness Initiatives

## Purpose

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The New Jersey Disability Health and Wellness Initiatives consults and collaborates on projects that promote healthy living and prevention of secondary conditions for people with disabilities. As such, the Division works to identify gaps in the state health-care system improve state surveillance activities and facilitate partnerships between state agencies, community organizations, service providers and individuals with disabilities. The Division also seeks funding for initiatives that will help meet those goals.

The Health and Wellness Initiatives staff works with policy-makers, health educators, public and private agencies, and experts in the field of health and wellness to brainstorm and implement ways to integrate health and wellness options for people with disabilities into the general health promotion activities already active within the State.

DDS was awarded a capacity building grant from the [Center for Disease Control and Prevention](#) in 2002, which allowed for the formation of a core unit dedicated to health promotion and prevention of secondary conditions. The Division contracted with the [N.J. Center for State Health Policy](#) to survey people with disabilities and identify the barriers to health-related activities. The Division also funded two separate health promotion initiatives:

1. “Living Well with a Disability”, with [DAWN, Inc.](#), one of New Jersey’s Centers for Independent Living, to create a series of mini health workshops.
2. 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 training was designed to promote awareness and surveillance of domestic violence and available resources and interventions.

Project Staff also have consulted on other subsequent wellness promotion activities including [Healthy People 2000](#), and [Healthy People 2010](#).

## Goals and Objectives

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- To enhance program infrastructure and capacity surrounding health and wellness of people with disabilities
- To improve state level surveillance of health-related activities and monitoring 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

## 2011 Issues and Trends

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In 2011, the Disability Health and Wellness Initiative Program (DH&WI) program was awarded a grant from The Kessler Foundation to maximize accessibility to agencies that provide food assistance. The Division made funds available to a select number of food pantries for the purposes of making capital improvements, enabling people with physical disabilities to access services.

## Looking Ahead to 2012

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The Division is planning several collaborations with the Department of Health to apply for available Center for Disease Control (CDO) awards.

# Statutory Boards and Councils

## NJ Advisory Council on Traumatic Brain Injury

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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 Advisory Council

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The Personal Assistance Services Program (PASP) under the supervision of the New Jersey Department of 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.