Supports Program Policies & Procedures Manual

We are releasing this revised draft (Version 2.0) of the New Jersey Department of Human Services’ Division of Developmental Disabilities’ Supports Program Policies & Procedures Manual for additional stakeholder review and input.

This version of the Supports Program Policies & Procedures Manual is a second draft being released at this time in order to solicit additional feedback from individuals, families, providers, staff, and other Division stakeholders. The Division expects that the content of this version of the Supports Program Policies & Procedures Manual will change based on feedback we receive from the above mentioned stakeholders and as further development and implementation of the Supports Program occurs.

Comments related to this initial draft manual should be submitted to DDD.SuppProgHelpDesk@dhs.state.nj.us by Tuesday, May 26, 2015. Please note that this deadline is set in order to make revisions and release the final version within a timely manner.

Feedback on the Division’s policies and procedures is always welcome and comments related to this manual can continue to be provided to the help desk on an ongoing basis.

As always, thank you for taking the time to review this second draft manual and providing your valued feedback.

After close analysis of stakeholder feedback pertaining to Version 1.0 of the Supports Program Policies & Procedures Manual, the following three key themes emerged: (1) questions/concerns with regard to the NJ CAT assessment process, (2) questions/concerns with regard to mandatory training and continuing education requirements (in particular for Self Directed Employees, formerly referred to as “self-hires”, and (3) timetables for various parts of the service planning process.

The Division is working with stakeholders for recommendations related to the mandatory training and continuing education requirements. Revisions, which are not reflected in this current draft, will be made to these areas once recommendations are received and reviewed by the Division. Please note that revisions are expected in these areas.

A meeting with a previously assembled Self Directed Employee (SDE) stakeholder group has been scheduled in order to further discuss the SDE process and mandatory training / continuing education requirements specific to SDEs. Revisions to these areas will be reflected in the next version of this manual.

Once a more finalized working version of the draft Supports Program Policies and Procedures Manual is established, the Division will develop two shorter policy manual reference guides – one geared toward individuals with disabilities and one geared toward families – to ensure the information is readily accessible to all stakeholders. A small working committee of volunteers is being established to assist in developing these guides.

Finally, please remember that the need to balance sometimes vastly competing interests and opposing views is an inherent part of the decision-making process, and please be mindful that the Division’s fundamental obligation is to ensure the basic health and safety of the individuals enrolled on our waiver programs.

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<td>Section 9</td>
<td>Added link to the provider database, added need for SC to inform the Division of adequacy of network concerns</td>
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<td>Section 11</td>
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<td>Added procedural codes, rates, units, descriptors, and budget components to the table representing each service; revised to incorporate suggested changes; provided clarification related to examples; provided clarification related to the existing adult day and supported employment standards manuals; provided clarification regarding transportation within day habilitation services; added information to Goods &amp; Services and Respite; added need for prescriptions to access OT, PT, or Speech; added information regarding time limits to Prevocational Training services; added information regarding providing SE services to an employee of the agency that provides those services</td>
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INTRODUCTION

1.1 Supports Program Policy Manual
The purpose of the New Jersey Division of Developmental Disabilities (Division) Supports Program Policy Manual is to provide additional clarity on practices governing the Supports Program within the approved Comprehensive Medicaid Waiver (CMW).

This manual contains the current policies and practices governing all aspects of the Supports Program including but not limited to eligibility, care management, service delivery and standards, and quality assurance. These policies apply to all individuals enrolled in the Supports Program, and this manual has been developed to provide uniform direction and guidance to individuals, families, Division personnel, and service providers.

The Division adheres to all State and federal laws, regulations, and rules that relate to the operation of the Division and the programs it administers. The Division is required to develop policies and procedures for program operations that conform with State and federal requirements.

The Division will review/revise the Supports Program policies as needed.

Questions or requests for manual revisions should be directed to the Division’s Supports Program Help Desk at DDD.SuppProgHelpDesk@dhs.state.nj.us.

In addition to following the policies and procedures described in this manual, compliance with all applicable Division Circulars is required. Division Circulars are available at http://www.nj.gov/humanservices/ddd/news/publications/divisioncirculars.html.

It is important to note that the State is currently waiting for approval from the federal Centers for Medicare and Medicaid Services (CMS) on its State Transition Plan to come into compliance with CMS’s regulations governing Home and Community-Based Settings (HCBS). Revisions will be made based upon CMS guidance and stakeholder input in subsequent phases of implementation. Adjustments may need to be made to the policies set forth in this manual in order to ensure compliance with the State Transition Plan. Any necessary adjustments will be made at that time.

1.2 Overview of the Division of Developmental Disabilities

1.2.1 Mission and Goals
The Division of Developmental Disabilities assures the opportunity for individuals with developmental disabilities to receive quality services and supports, participate meaningfully in their communities and exercise their right to make choices.

This mission and Division goals are founded within these Core Principles:

- Ensure Health and Safety while Respecting the Rights of Individuals
- Promote and Expand Community-Based Supports and Services to Avoid Institutional, Segregated and Out-of-State Services
- Promote Individual Choice, Natural Relationships and Equity in the Provision of Supports and Services
- Ensure Access to Needed Services From Other State and Local Agencies
- Support Provider Agencies in Achieving Core Principles
- Ensure that Services are High in Quality and Culturally Competent
- Ensure Financial Accountability and Compliance with all Laws and Ethical Codes
- Ensure Clear, Consistent Communication and Responsiveness to Stakeholders
• Promote Collaboration and Partnerships with Individuals, Families, Providers and All Other Stakeholders

1.2.2 Key Themes
In addition to the Core Principles described in Section 1.2.1, all services and supports provided through Division funding are based on the following key themes which have emerged through the ongoing realization of the Division’s New Vision for Support Across the Life Course.

Individual Choice

The Division is committed to providing increased opportunities for individuals with developmental disabilities to make individualized, informed choices and self-direct their services. Choice is not unlimited, however, and individuals enrolled in Division-funded programs will be expected to meet all requirements and comply with all standards and policies. The Division respects individuals’ rights to make choices that may differ from those desired by the people around them, including family, friends, and professional staff. Individuals with developmental disabilities have the right to assume risk in their own lives.

Shift from Segregated Settings/Supports to Integrated Supports

Individuals with developmental disabilities in New Jersey should be afforded the opportunity – like everyone else – to fully participate in their local communities. The Division provides a variety of home and community-based supports and services to individuals with developmental disabilities to assist them in realizing full community participation and continues to reform the system to enhance community-based services, and minimize the need for segregated or institutional services.

Employment First

On April 19, 2012, Governor Christie announced New Jersey as the fourteenth state to adopt an Employment First initiative meaning that “competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability.” As a result of this initiative, Division personnel, Support Coordinators, planning team members, etc. must begin with the presumption that everyone receiving Division-funded supports and services will work in the general workforce. Outcomes related to an individual’s path to employment must be indicated in the Individualized Service Plan and a facilitated discussion to determine which path is appropriate for each individual will be assisted through use of the Person-Centered Planning Tool. If someone has indicated that employment is not currently being pursued, an explanation as to why employment is not an option at this time along with information regarding what needs to change in order for employment to be pursued must be provided. Additional policies, practices, and standards continue to be revised or developed as a result of this directive.

1.2.3 Division of Developmental Disabilities Responsibilities

- Determine individual eligibility
- Meet and comply with waiver assurances
- Ensure assessment is available and completed
- Identify individual budget “up to” amounts
- Assign the Support Coordination Agency
- Approve service providers in collaboration with Medicaid
- Monitor service providers to ensure standards, policies, etc. are being met
- Provide approval/denial for identified services that cannot be approved by the SC Supervisor
- Provide ongoing quality assurance of the service plan and provision of services
- Discharge individuals from the Division or disenroll individuals from the Supports Program, as applicable
- Disenroll service providers, as applicable
2 VISIONING A LIFE COURSE – TRANSITIONING TO ADULTHOOD

As a student moves from the school system into the adult service system, it is important to plan for his/her future by ascertaining his/her vision for life as an adult and assisting him/her in identifying services and supports that may be needed to reach that vision. The Division has made a commitment to support this planning on an ongoing basis by supplementing the efforts of the New Jersey Department of Education and local school districts in assisting students with the transition into adulthood. To that end, the Division’s Planning for Adult Life project assists students with intellectual and developmental disabilities between the ages of 16-21 and their families in charting a life course for adulthood. As such, informational sessions, webinars, and resource guides/materials on various topics - including but not limited to: employment, postsecondary education, housing, legal/financial planning, self-direction and advocacy, and accessing the adult service system - can be found at www.planningforadultlife.org. The Division also disseminates information targeted to “aging out” youth each year and begins the process of support coordination selection as early as April of the year where a young person is aging out of the school system to allow a seamless transition into adult services once he/she graduates. Finally, the Division works closely with the Department of Children & Families (DCF) to transition students aging out of DCF’s Children’s System of Care (CSOC) to ensure that there is no disruption in services.
3 DIVISION OF DEVELOPMENTAL DISABILITIES ELIGIBILITY
This section outlines the criteria for eligibility for the Division and the process used to apply for services and determine eligibility.

3.1 Requirements for Division Eligibility
The eligibility criteria to receive services, within available appropriations, from the Division are described in Division Circular #3 (N.J.A.C. 10:46) which establishes guidelines and criteria for determination of eligibility for services to individuals with developmental disabilities.

- An individual must be determined eligible for services before the Division can provide services.
- An individual must meet the functional criteria of having a developmental disability.
  - In general, individuals must document that they have a chronic physical and/or mental impairment that:
    - manifests in the developmental years, before age 22;
    - is lifelong; and
    - substantially limits them in at least three of these life activities: self-care; learning; mobility; communication; self-direction; economic self-sufficiency; the ability to live independently
- The determination of an applicant’s eligibility for Division services shall be completed as expeditiously as possible.
- In order to receive Division services, individuals are responsible to apply, become eligible for, and maintain Medicaid eligibility.
- An individual must establish that New Jersey is his or her primary residence at the time of application. When an individual is receiving services out-of-State the individual must be willing to return to New Jersey within six months.
- At 18 years of age individuals may apply for eligibility. At 21 years of age, eligible individuals may receive Division services.

3.2 Intake/Application Process
In order to receive services funded by the Division, an individual must apply to become eligible. This process can begin once the individual reaches 18 years of age; however, Division-funded services and supports will not be available until the individual reaches 21 years of age and has completed his/her educational entitlement\(^1\). Eligibility criteria are outlined in Section 3.1 of this manual.

The application process begins by contacting the Division Community Services Office representing the region in which the individual resides or downloading the application from the Division website at http://www.nj.gov/humanservices/ddd/services/apply/application.html. Upon request, the intake worker can provide assistance in completing the application.

3.2.1 Application
The following application forms must be completed and signed as part of a complete application package:
- **Application for Eligibility** - The person completing the application must sign this form;
- **ICD/10 Form** – Completed by medical professional;
- **Health Information and Portability and Accountability Act (HIPAA) information**;
  - **Notice of Privacy Practices and Acknowledgement Form** – Please read the Department of Human Services Notice of Privacy Practices and sign the Acknowledgement Form;

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\(^1\) The Division is working to amend the waiver to read that the individual needs to be “at least 21 years of age” in order to enroll individuals into the Supports Program prior to graduation.
o **Authorization for Disclosure of Health Information to Family and Involved Persons** – Gives DDD permission to talk with people the Applicant chooses about his or her health information. This form must be completed and signed;

o **Authorization for the Release of Health Information** – Gives DDD permission to send copies of the Applicant’s health records to people or organizations chosen by the Applicant. This form must be completed and signed;

- **Consent Form** – for use with any documentation related to the developmental disability and/or functional limitations.

### 3.2.2 Additional Documents
In addition to the application, the individual must include as many of the available documents below that relate to his/her disability. The more documentation that is provided, the easier it will be to process the application.

#### 3.2.2.1 Documentation of Developmental Disability
- Medical Documentation of Disability
- Physician’s Statement
- Most Recent Psychological Evaluation (+ IQ Scores)
- All Available Psychological Reports
- Most Recent Child Study Team or School Reports

#### 3.2.2.2 Legal Documentation of Age, US Citizenship, NJ Residency
- Photocopy of Birth Certificate
- Photocopy of Social Security Card or Proof of US Citizenship or Green Card
- Photocopy of one of the following:
  - Voter Registration form
  - Pay Stub
  - W2 form
  - Real Estate Tax Bill
  - Permanent Change of Station Orders to New Jersey (if the individual’s legal guardian is in the U.S. Military Service)

#### 3.2.2.3 Other Documents
- Photocopy of Guardianship Order (if applicable)
- Photocopy of Medicaid Card
- Division of Vocational Rehabilitation Services (DVRS) Records/Evaluations
- SSI annual award letter
- Letter certifying Medicaid eligibility

If there are questions about whether or not the individual may meet the criteria for Division eligibility, contact the Division **Community Services Office**, and a Division Intake Staff member there will discuss your situation and guide you through the process for applying for eligibility.

### 3.3 Eligibility Determination Process
More detailed information regarding the eligibility determination process can be found in Division Circular #3 (N.J.A.C. 10:46). Specifically, information regarding timeframes associated with the process can be found in N.J.A.C. 10:46 – 4.1 and 4.2.

When the application is complete, the intake worker will create a case file for the individual. The application, including all necessary documentation (listed in Section 3.2), will be reviewed to determine that the individual has met the initial requirement.
When the application has been determined to be complete, the intake worker will refer the individual and/or family/responsible person, or guardian, if applicable, to complete the New Jersey Comprehensive Assessment Tool (NJ CAT) to begin the process of determining whether or not the individual meets the functional criteria – functional limitations in at least three or more areas of the major activities of daily living – to be eligible for the Division.

The NJ CAT is comprised of the Functional Criteria Assessment (FCA) and the Developmental Disabilities Resource Tool (DDRT).

The FCA portion of the NJ CAT will be used to assess the seven areas of major activities of daily living (self-care; learning; mobility; communication; self-direction; economic self-sufficiency; the ability to live independently), and will be used to make a preliminary determination whether the individual has functional limitations in at least three of these areas.

Once the NJ CAT has been completed, the intake team will make a final decision concerning eligibility.

- If the applicant is found to have met the functional criteria, along with the other identified eligibility criteria listed in Section 3.2, the intake worker will verify Medicaid eligibility.
- If there is any question of functional eligibility, a face-to-face interview will be conducted and the intake worker may refer the case to a psychologist, if necessary. Following the interview of psychologist review, the matter will be reviewed by the Statewide Intake Coordinator and the Intake Review Team (IRT). If the IRT finds that the individual is functionally eligible, the intake worker will verify Medicaid coverage. If the IRT finds that individual is not functionally eligible, the intake worker will advise the individual by letter.
- If the individual is found ineligible, the intake worker will advise the individual by letter.

If the applicant has Medicaid at the time of their application to the Division and has been found to have met the functional criteria, a full eligibility letter will be sent to the individual.

If the applicant does not have Medicaid eligibility, a letter will be sent to the individual that will indicate that he/she does meet functional criteria but must be Medicaid eligible in order to receive DDD-funded services. Once the intake worker receives proof of Medicaid coverage, a full eligibility letter will be sent to the individual.

If found eligible, DDD-funded services and supports will be made available once the individual reaches the age of 21 and exhausts his/her educational entitlement.

3.4 Requesting NJ CAT Reassessment
An individual may experience changes in his/her level of care, behavior, or medical needs that result in the need for a NJ CAT reassessment. The process for submitting a request to be reassessed is as follows:

1. The individual/family contacts the Intake Director in the Division’s Community Services Office serving the region in which the individual resides.
2. The Intake Director will gather information about the change in situation that has led to the request and reach out to the designated “respondent” within 3 business days from the initial contact – the person/caregiver who will be providing information for the NJ CAT – to ensure that he/she is the best candidate to complete the reassessment on the individual’s behalf.
3. The Intake Director will submit the gathered information to the Division’s Statewide Intake Coordinator for review and a determination of whether a reassessment will be conducted.

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2 The Division is working to amend the waiver to read that the individual needs to be “at least 21 years of age” in order to enroll individuals into the Supports Program prior to graduation.
4. The Intake Director will be notified whether the request for reassessment has been approved and will inform the individual of the decision within 10 business days of when all information has been gathered/submitted.

5. If the reassessment request is approved, details to conduct the reassessment will be provided to the respondent.

### 3.5 Tiering & Acuity Factor

Results of the NJ CAT are calculated and summarized into a score based on the following main areas: self-care, behavior, and medical. This resulting score establishes the “tier” in which each individual has been assigned based on his/her support needs.

These tiers will be used to determine the individual’s budget amount as well as to determine the reimbursement rate a provider will receive for that individual for particular services. There are five base tiers: A, B, C, D, & E (as well as an exception tier – Tier F – to be utilized in very rare cases). In addition, an acuity differentiated factor will be added to the tier for individuals with high clinical support needs based on medical and/or behavioral concerns. The acuity-based tiers include: Aa, Ba, Ca, Da, Ea (and again, an exception Fa).

In order to ensure that changes in need are identified and individuals remain in the appropriate tier, individuals eligible for Division services will be reassessed via the NJ CAT every 5 years or sooner if warranted.

### 3.6 Individual Budgets

Individual budgets, based on tiering, for participants enrolled in the Supports Program include the following components: Employment/Day Supports, Individual/Family Supports, and Supported Employment (as needed). Some services included in an individual’s Service Plan can be funded through multiple budget components, while others can only be funded by one of the components. Individuals enrolled in the Supports Program will have access to the following budget amounts (with the addition of the Supported Employment component as needed) associated with the tier in which they are assessed:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Employment/Day</th>
<th>Individual/Family Supports</th>
<th>Supported Employment</th>
<th>Total Individual Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$14,000.00</td>
<td>$5,000.00</td>
<td>Available as needed</td>
<td>$19,000.00</td>
</tr>
<tr>
<td>Aa</td>
<td>$20,000.00</td>
<td>$5,000.00</td>
<td>Available as needed</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>B</td>
<td>$18,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$28,000.00</td>
</tr>
<tr>
<td>Ba</td>
<td>$26,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$36,000.00</td>
</tr>
<tr>
<td>C</td>
<td>$22,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$32,000.00</td>
</tr>
<tr>
<td>Ca</td>
<td>$32,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$42,000.00</td>
</tr>
<tr>
<td>D</td>
<td>$33,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$48,000.00</td>
</tr>
<tr>
<td>Da</td>
<td>$47,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$62,000.00</td>
</tr>
<tr>
<td>E</td>
<td>$43,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$58,000.00</td>
</tr>
<tr>
<td>Ea</td>
<td>$63,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$78,000.00</td>
</tr>
</tbody>
</table>

Information about which services can be purchased through which budget component is included for each service described in Section 17. Support Coordination services and Fiscal Management services are administrative costs that do not come out of the individual budget.

The individual budget covers the service plan year. For example, if an individual’s ISP is approved in May, the individual budget will provide funding for services until the next annual ISP is completed and approved in May of the following year. If the individual experiences changes in his/her level of care, behavior, or medical needs during the course of the plan year, a NJ CAT reassessment should be requested as described in Section 3.4.
3.6.1 Bump-Up
If the individual experiences changes in life circumstances that result in a need for additional temporary services (an injury that requires additional supports to provide assistance during the day or hospitalization of the individual’s caregiver, for example) that exceed his/her individual budget, a short-term increase in the budget, known as a “bump up,” may be available to improve the situation. This bump-up is capped at $5,000 per individual, will be effective for up to one year, and can only be provided once every three years.

The process for submitting a request for a bump-up is as follows:
1. The individual/family contacts the Division’s Statewide Intake Coordinator for review and a determination
2. The Statewide Intake Coordinator will review the information requested and provided and make a determination
3. The Statewide Intake Coordinator will provide the individual/family with the determination within 3 business days of the initial request

3.7 Redetermination of Eligibility
DDD may reevaluate an individual’s eligibility at any time.

Individuals must maintain Medicaid eligibility to remain eligible for DDD services.

3.8 Eligibility Appeal Rights
Individuals who have been determined ineligible for Division services may appeal the decision in accordance with the provisions of Division Circular #3 (N.J.A.C. 10:46-5.1) and Division Circular #37, “Appeals Procedure” (N.J.A.C. 10:48 et seq.).

An initial appeal shall be made in writing to:

Assistant Commissioner
Division of Developmental Disabilities,
P.O. Box 726,
Trenton, NJ 08625-0726

3.9 Discharge from the Division
An individual may be discharged from the Division due to any of the following:
- he/she no longer meets the functional criteria necessary to be eligible for the Division,
- he/she chooses to no longer receive services from the Division,
- he/she does not maintain Medicaid eligibility,
- he/she no longer resides in the State of New Jersey, or
- he/she does not comply with Division policies or waiver program requirements.

An individual who has been discharged from Division services must go back through the intake process to be reinstated.
4 OVERVIEW OF THE SUPPORTS PROGRAM

The Supports Program is the Division initiative included in the Comprehensive Medicaid Waiver (CMW) that was approved by the Centers for Medicare & Medicaid Services (CMS) on October 1, 2012. The CMW provides statewide reform for Medicaid services, shifts the focus of services and supports to community-based, and allows New Jersey to draw down increased federal funds.

The Supports Program provides needed supports and services for adult individuals, 21 and older, living with their families or in other unlicensed settings. It has been designed to help New Jersey better serve adults with developmental disabilities and significantly reduce the number of individuals waiting for supports and services.

The Supports Program will provide all enrolled participants with employment/day services and individual/family support services based on their assessed level of need. Individuals and their families will have the flexibility to choose the options and opportunities for support services that will best meet their needs with the assistance of Support Coordinators who will assist them in developing an Individualized Service Plan and link them to appropriate services.

With the exception of individuals enrolled in another Home & Community Based Setting (HCBS) or Managed Long Term Services & Supports (MLTSS) program (including the CCW), all adult individuals who are eligible for both Division services and Medicaid will be able to access the Supports Program.

3 The Division is working to amend the waiver to allow individuals who require private duty nursing to access that service from a MLTSS program and still remain on the Supports Program.
5 SUPPORTS PROGRAM ELIGIBILITY AND INDIVIDUAL ENROLLMENT

5.1 Eligibility for the Supports Program
In addition to meeting the requirements for Division eligibility (as described in Section 3.1), individuals eligible for the Supports Program must meet the following criteria:

- At least 21 years old and has completed educational entitlement\(^4\)
- Deemed eligible for Division services as described in Section 3.3
- Has and maintains Medicaid eligibility
- Lives in an unlicensed setting – own home or family home
- Is not currently enrolled in another HCBS or MLTSS program\(^5\) (including the CCW) – all other adult individuals who are eligible for both Division services and Medicaid will be able to access the Supports Program\(^6\).

5.2 Individual Enrollment into the Supports Program
The following steps will be taken to enroll an individual into the Supports Program:

- The individual will go through the intake and eligibility determination process (outlined in Sections 3.2 and 3.3) and be assigned a budget amount based on the assessed level of need found through completion of the NJ Comprehensive Assessment Tool (NJ CAT) – if the most recent completion of the NJ CAT was done more than 2 years prior to enrollment into the Supports Program, a reassessment will be conducted;
- The individual will submit the Support Coordination Agency Selection Form accessed on the Support Coordination page – [http://www.nj.gov/humanservices/ddd/services/support_coordination.html](http://www.nj.gov/humanservices/ddd/services/support_coordination.html) – the Division’s website; or through contacting the Division Regional Community Services Office;
- Upon receipt of the Support Coordination Agency Selection Form, the Division will confirm that the individual meets the eligibility criteria for the Supports Program;
- The individual will be assigned a Support Coordination Agency through the process described in Section 7.1 ;
- The Support Coordinator will ensure that the individual has access to or a copy of the Supports Program Policies & Procedures Manual and will explain the Participant Enrollment Agreement and obtain a signed copy from the individual/guardian;
- Once the Support Coordinator obtains the signed Participant Enrollment Agreement, the individual will be enrolled into the Supports Program and the Support Coordinator will follow procedures described in this manual to assist the individual in accessing services.

5.3 Individual Responsibilities
In addition to following the terms and conditions of the Supports Program as outlined in the Participant Enrollment Agreement, the individual is responsible for the following:

- Maintaining/keeping Medicaid coverage to continue services
- Meeting with the Support Coordinator and provide all information necessary to ensure that the Individualized Service Plan can be created within 30 days of Supports Program enrollment

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\(^4\) The Division is working to amend the waiver to read that the individual needs to be “at least 21 years of age” in order to enroll individuals into the Supports Program prior to graduation.

\(^5\) The Division is working to amend the waiver to allow individuals who require private duty nursing to access that service from a MLTSS program and still remain on the Supports Program.

\(^6\) Additional information is provided in the Comprehensive Medicaid Waiver Special Terms and Conditions for the Supports Program.
• Participating in the development of the ISP and share in any decision making associated with the plan
• Following the individual budget according to Waiver guidelines
• Providing/completing all required paperwork and follow the policies and procedures in this manual
• Contacting the Support Coordinator in the event that a change in service provider is wanted
• Contacting the Support Coordinator if there are changes in the individual’s life that may require a change to the ISP or services
• Participating in monthly phone contacts and quarterly visits with the SC and understand that these visits are mandatory and may occur in the home, day program, or place of employment as agreed upon with the SC and that, annually, at least one of these quarterly visits must take place in the home

5.4 Individual Disenrollment from the Supports Program

As outlined in the Participant Enrollment Agreement, the State may disenroll an individual from the program and/or discontinue all payment, as applicable, to a provider/self-directed employee, if one or more of the following circumstances occur:

(a) The participant has not provided all information and documents required;
(b) The program Support Coordinator or the State has reasonable cause to believe that the participant has been or is engaged in willful misrepresentation, exploitation, fraud or abuse related to the provision of services under the Participant Enrollment Agreement;
(c) The participant consistently seeks payment for unauthorized or inappropriate charges;
(d) The participant refuses to allow, or does not participate in, monthly, quarterly, and annual contacts/visits conducted by the Support Coordinator in accordance with guidelines provided in the Supports Program Policies & Procedures Manual;
(e) The participant fails to submit on a timely basis documents and records required in relation to the provision of services under the Participant Enrollment Agreement;
(f) The participant fails to report changes in care needs and financial circumstances that may affect eligibility;
(g) The participant is no longer Medicaid eligible;
(h) The participant has moved out of the State;
(i) The participant no longer meets the Level of Care for the Supports Program;
(j) The participant has enrolled in another HCBS or MLTSS program\(^7\) (including the CCW)\(^8\);
(k) The participant has failed to abide by any terms of the Participant Enrollment Agreement;
(l) The participant chooses to no longer receive services from the Division/Supports Program; or
(m) The participant is not accessing Supports Program services other than Support Coordination for greater than 90 days\(^9\).

5.4.1 Individual Disenrollment Process

In the event of disenrollment, the Division will provide written notification to the participant.

In the event that a participant chooses to voluntarily disenroll from Division services, he/she will provide signed documentation stating his/her intention to disenroll from all Division services, including waiver services, by submitting the “Move to Discharge” form.

The State shall provide 30 days notice to the participant in the event of disenrollment or discontinuation of payment due to (a), (d), or (e) above. During this 30 day time period, the Support Coordinator and Division will

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\(^7\) The Division is working to amend the waiver to allow individuals who require private duty nursing to access that service from a MLTSS program and still remain on the Supports Program.

\(^8\) Additional information is provided in the Comprehensive Medicaid Waiver Special Terms and Conditions for the Supports Program

\(^9\) Due to lack of need rather than difficulty in accessing services due to lack of capacity/availability
provide assistance and support as needed to help the individual in addressing the issue(s) for which he/she is being disenrolled. If the issue(s) has been addressed within those 30 days, his/her waiver status will be reinstated.

In the event that an individual is disenrolled from the Supports Program, the Support Coordination Agency (SCA) will receive alerts through iRecord, and the Support Coordinator (or someone designated by the SCA) shall notify all service providers supporting the individual within 24 hours of notification of disenrollment. In addition, after 30 days the providers will automatically be updated with an ISP that has been approved to “inactive” and services will be ended as of that date.

Individuals subject to removal from the Supports Program are entitled to the opportunity to request a Fair Hearing. The participant must request a Fair Hearing within 20 days of the date of notification of disenrollment.
6 CARE MANAGEMENT

Care management for Supports Program services is provided through Medicaid/Division approved Support Coordination Agencies. This section provides a summary of the Support Coordinator’s responsibilities. More detailed information about Support Coordination services is provided in Section 17.19.

6.1 Role of the Support Coordinator

The Support Coordinator manages Support Coordination services for each individual by performing the following 4 general functions: individual discovery, plan development, coordination of services, and monitoring. These functions are further described in Section 17.19.

6.2 Responsibilities of the Support Coordinator

The Support Coordinator is responsible for:

- Using and coordinating community resources and other programs/agencies in order to ensure that services funded by the Division will be considered only when the following conditions are met:
  - other resources and supports are insufficient or unavailable,
  - other services do not meet the needs of the individual, and
  - the services are attributable to the person’s disability.

- Accessing these community resources and other programs/agencies by
  - utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies;
  - developing a thorough understanding of programs and services operated by other local, State, and federal agencies;
  - ensuring these resources are used and making referrals as appropriate; and
  - coordinating services between and among the varied agencies so the services provided by the Division complement, but do not duplicate, services provided by the other agencies.

- Developing a thorough understanding of the services funded by the Division and ensuring these services are utilized in accordance with the parameters defined in Section 17 of this manual.

- Interviewing the individual and, if appropriate, the family; reviewing/compiling various assessments or evaluations to make sure this information is understandable and useful for the planning team to assist in identifying needed supports; and facilitating completion of discovery tools, if applicable.

- Scheduling and facilitating planning team meetings in collaboration with the individual; writing the PCPT and ISP; and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.

- Obtaining authorization from the SC Supervisor for Division-funded services.

- Monitoring and following up to ensure delivery of quality services, and ensuring that services are provided in a safe manner, in full consideration of the individual’s rights.

- Maintaining a confidential case record that includes but is not limited to the NJ Comprehensive Assessment Tool (NJ CAT), completed Support Coordinator Monitoring Tools, PCPTs, ISPs, notes/reports, annual satisfaction surveys, and other supporting documents uploaded to the iRecord for each individual served.

- Ensuring individuals served are free from abuse, neglect, and exploitation; reporting suspected abuse or neglect in accordance with specified procedures; and providing follow-up as necessary.

- Ensuring that incidents are reported in a timely manner in accordance with policy and follow-up responsibilities are identified and completed.

- Notifying the individual, planning team, and service provider and revising the ISP whenever services are changed, reduced, or services are terminated.

- Reporting any suspected violations of contract, certification or monitoring/licensing requirements to the Division.
• Entering required information into the iRecord in an accurate and timely manner.
• Ensuring that individuals/families are offered informed choice of service provider.
• Notifying the individual regarding any pertinent expenditure issues.
• Conducting contacts on a monthly basis, face-to-face visits on a quarterly basis, and home visit on an annual basis that includes review of the ISP and is documented on the Support Coordinator Monitoring Tool.

6.3 Support Coordinator Deliverables

• Monthly contact documented on the Support Coordinator Monitoring Tool
• Quarterly face-to-face contact documented on the Support Coordinator Monitoring Tool
• Annual home visit documented on the Support Coordinator Monitoring Tool
• Completed PCPT & ISP by 30 days from date the individual is enrolled into the Supports Program (and annually thereafter)
• Notes/reports as needed
• Reporting data to the Division upon request

If meeting the previously mentioned deliverables is delayed due to the individual (or family) failing to comply with attending meetings, participating in mandated contacts, allowing access to the home for visits, etc., the Support Coordinator should notify the individual that non-compliance regarding Division policy will be reported to the Division. If non-compliance continues, the SC Supervisor shall notify the designated Division personnel and he/she shall follow-up with the individual to determine the reasons why non-compliance has occurred. Ongoing non-compliance for circumstances beyond those that may be unavoidable (such as hospitalization) may result in termination from Division services. Information regarding these incidents of non-compliance, attempted or successful contacts with the individual (or family), reasons for non-compliance, etc. shall be documented through case notes entered into iRecord.

If meeting these deliverables is delayed due to system issues with the Division, the SC Supervisor shall notify the Support Coordination Help Desk at DDD.SCHelpdesk@dhs.state.nj.us.

6.4 Community Transitions & Support Coordination

6.4.1 Transitions from Institutional to Community Settings

When an individual moves from an institutional setting (nursing home, developmental center, ICF/ID, etc.) to a community placement, a transition from a Division Case Manager to a Support Coordinator in the community must take place. This transition will proceed as follows:

• Before discharge from the institution, the Division Case Manager will develop a service plan that remains in place for 90 days.
• The Division Case Manager will continue to work with the individual for a period of 90 days from the date of the community placement.
• Upon placement in the community, the individual will select a Support Coordination agency (or be auto-assigned based on preference) following Support Coordination selection procedures described in Section 7.1.
• 30 days following the date of the community placement, a Support Coordinator will be assigned to overlap with the Division Case Manager for the remaining 60 days to ensure continuity of care.
• The Division Case Manager will be the primary person responsible for the transition during the first 60 days, after which the Support Coordinator will become the primary person responsible for the individual’s transition and service planning process. The Case Manager will be responsible for ensuring the Support Coordinator is apprised of the individual’s background, important health indices, and any other pertinent information during a case review before the 60 day period ends utilizing Form XX. The Case Manager
will provide support and assistance to the Support Coordinator to ensure a smooth transition of care management services.

- The Support Coordinator will be responsible for developing a new service plan within the first 30 days of assignment and then monitoring every 30 days thereafter in accordance with established Support Coordinator Responsibilities and Deliverables as described in Section 13.
- At the conclusion of 90 days, the Division Case Manager will be removed from the case unless serious health and safety issues warrant a longer transition period. The Support Coordinator will then be solely assigned and responsible for the monitoring of the individual and the new service plan will commence.

<table>
<thead>
<tr>
<th>Days</th>
<th>Care Management Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 30 Days</td>
<td>Division Case Manager responsible, Support Coordination Agency selected</td>
</tr>
<tr>
<td>0 – 60 Days</td>
<td>Division Case Manager responsible, Support Coordinator assigned after 30 days</td>
</tr>
<tr>
<td>60 – 90 Days</td>
<td>Support Coordinator responsible, Division Case Manager providing assistance</td>
</tr>
<tr>
<td>90+ Days</td>
<td>Support Coordinator responsible, Division Case Manager removed</td>
</tr>
</tbody>
</table>

6.4.2 Transitions from Hospitalization to Community Settings

When an individual already utilizing Support Coordination services is hospitalized, the Support Coordinator continues to provide services for up to 30 days. When a hospitalization lasts more than 30 days, the Support Coordinator must transition the individual to a Division Case Manager for monitoring. This transition will proceed as follows:

- Prior to the 30th day of hospitalization, the Support Coordination Supervisor must notify the assigned Division staff of the potential need for Division Case Management assignment.
- Once the Division Case Manager is assigned, the Support Coordinator must ensure that the Case Manager is apprised of the individual’s background, important health indices, and any other pertinent information during a case review, and revise the service plan to stop any ongoing services.
- The Division Case Manager will then be responsible for the continued monitoring of the individual until such time that the person is discharged. During this time, the Support Coordination Agency cannot bill for Support Coordination services.
- Upon discharge from a hospital stay lasting beyond 30 days, the procedure for Transitions from Institutions to Community Placement will be followed to ensure continuity of care during the transition back to Support Coordination. The discharge date will begin the 90-day transition period and the Support Coordinator will revise the service plan as applicable as described in Section 8.8.
7 ACCESSING SERVICES

7.1 Selection and Assignment of a Support Coordination Agency
Each person eligible to receive services through the Supports Program must have a Support Coordinator.

7.1.1 Choosing a Support Coordination Agency
The individual has the opportunity to choose his/her preferred Support Coordination Agency from a list of approved agencies. Guides to assist individuals and families in choosing a Support Coordination Agency are available at http://rwjms.rutgers.edu/boggcenter/projects/infopeopleandfamilies.html. The individual will indicate his/her preferred Support Coordination Agency on the Support Coordination Agency Selection Form. As long as the selected agency provides support coordination services in the county in which the individual resides, has capacity to add the individual to its services, and meets the conflict free policy described in Section 17.19.4, the Division will assign the preferred Support Coordination Agency. If the individual does not indicate a preference or the preferred Support Coordination does not meet the previously mentioned criteria to serve the individual, the Division will auto assign the Support Coordination Agency based on location and available capacity.

The Support Coordination Agency Selection Form and list of currently approved Support Coordination Agencies can be accessed on the DDD website at http://www.nj.gov/humanservices/ddd/programs/supportsprgm.html.

Once assigned, the Support Coordination Agency will identify a Support Coordinator within its agency. The individual can inform the Support Coordination Agency of any preference they may have in Support Coordinator, but there is no guarantee that the Support Coordination Agency will be able to assign the preferred Support Coordinator to the individual.

7.1.2 Process for Assigning a Support Coordination Agency
Assignment of the Support Coordination Agency is conducted through the following process:

- The individual receives a copy of the Support Coordination Agency Selection Form from the Division’s website or by contacting the Division Regional Community Services Office;
- The individual/guardian/family completes and submits the Support Coordination Agency Selection Form as directed on the form. Please note that Support Coordination Agency Selection Forms will only be accepted when completed by the individual/guardian/family;
- A Support Coordination Agency is assigned by the Division after submission of the Support Coordination Agency Selection Form based on the indicated preference or through auto assignment if no preference is indicated or in cases where the preferred agency does not meet the criteria indicated in Section 17.19 to serve the individual;
- The Support Coordination Agency will identify a Support Coordinator within the agency;
- The assigned Support Coordinator will contact the individual to introduce him/herself and begin the planning process.

7.1.3 Changing Support Coordination Agencies
If the individual wishes to change Support Coordinators, he/she must follow the policies/procedures set forth by the Support Coordination Agency to request a change in Support Coordinator. The Support Coordination Agency should make every effort to accommodate the request and assign a new Support Coordinator to the individual but is not obligated to do so.

Because the rate for Support Coordination services is monthly, the individual must commit to 30 days of services from the assigned Support Coordination Agency before a change can be conducted. If the individual wishes to change Support Coordination Agencies, he/she must indicate that request on the Support Coordination Agency
Selection Form and submit it to the Division by following the directions indicated on the form. Once the form is received, the reassignment process will follow the assignment process indicated in Section 7.1. As soon as the new Support Coordination Agency is assigned, the previous Support Coordination Agency will no longer have access to the individual’s information or be able to upload associated documents for that individual on iRecord. In the event the Support Coordination Agency has not uploaded documentation to iRecord, a hard copy of all current documents must be distributed to the newly assigned Support Coordination Agency within 3 business days.

### 7.1.4 Identifying Service Needs and Linking to Service Providers

The Support Coordinator collaborates with the individual to identify services needed – as indicated through assessment tools and the person-centered planning process – to assist the individual in meeting his/her outcomes. These services, along with their provider(s), are identified through the ISP. The ISP is developed by the Support Coordinator and must be developed and approved within 30 days of Supports Program enrollment. The process for developing the ISP is explained in Section 8.4.

### 7.1.5 Prior Authorization of Services

In order to ensure that the service provider can receive payment for the services they are providing, a prior authorization must be obtained BEFORE the service is delivered. Medicaid must receive a prior authorization from the Division before they will remit payment for a claim. Prior authorizations are created upon approval (or modification) of the ISP and automatically generated for each week of service. The prior authorization includes the period of time in which the service may be delivered, the number of units to be delivered, and the procedure code for the service. Medicaid sends a letter to providers whenever a prior authorization is created, changed, or revoked. The most recent prior authorization supersedes any previous prior authorizations. Without a prior authorization, it is possible that a claim will not be paid. Another method to ensure that a service has been prior authorized is through the most recent service detail report. The service detail report will be distributed by secure email to the service provider’s contact email address whenever a plan is created or the service delivery information is updated.
8 SERVICE PLAN

It is a requirement that each person who has been determined eligible to receive services from the Division must have an Individualized Service Plan (ISP) written on the document specified in this policy manual. The plan will be developed by a planning team of appropriate persons to include, but not be limited to, the individual, the Support Coordinator, and the individual’s parent or guardian as appropriate. This plan, developed based on assessed needs identified through the NJ Comprehensive Assessment Tool (NJ CAT); the Person-Centered Planning Tool (PCPT); and additional documents as needed, identifies the individual’s outcomes and describes the services needed to assist the individual in attaining the outcomes identified in the plan. An approved ISP authorizes the provision of safe, secure, and dependable support and assistance in areas that are necessary for the individual to achieve full social inclusion, independence, and personal and economic well-being.

8.1 Operating Principles

The ISP must be in the best interests of the individual served and also must empower individuals. The plan must be centered upon the strengths, resources, and needs of the individual served.

The plan must be based upon evaluations and assessments, the preferences of the individual, and a written statement of the individual’s personally defined outcomes. Services identified in the plan must be designed to allow the individual to meet his/her personally defined outcomes and function as independently and successfully as possible.

The plan must also address utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies. Services funded by the Division will be considered only when other resources and supports are insufficient or unavailable, the services do not meet the needs of the individual, and the services are attributable to the person’s disability.

In designing the plan, the planning team should consider the unique characteristics and needs of the individual as expressed by the individual and others who know the person, such as family, friends, service providers, etc. Outcomes, services, and providers identified in the plan should:

- Recognize and respect rights
- Encourage independence
- Recognize and value competence and dignity
- Respect cultural/religious needs and preferences
- Promote employment and social inclusion
- Preserve integrity
- Support strengths
- Maintain the quality of life
- Enhance all domains/areas of development
- Promote safety and economic security

Division employees and approved service providers must include the individual in problem-solving and decision-making, and ensure that services are provided in a non-intrusive manner.

The planning team functions as an interdisciplinary team. An interdisciplinary team is one in which persons of various backgrounds interact and work together to develop one whole, integrated plan for the individual. An interdisciplinary process encourages mutual sharing of the strengths and insights of all team members, including the individual, rather than reliance on professionals who concentrate on a specific discipline. Planning team members are encouraged to participate in discussions related not only to their primary area of expertise but to all aspects of the individual’s life.
8.2 Planning Team Membership
The membership of the planning team will vary depending upon the needs and wishes of the individual.

The planning team will include at a minimum:

- Individual
- Support Coordinator, who shall serve as plan coordinator and provide support to the individual as meeting facilitator or serve as meeting facilitator when the individual will not be fulfilling that role
- Individual’s parent/family or legal guardian, as appropriate
- Any service provider and/or additional person(s), approved by the individual, whose participation is necessary to develop a complete and effective plan

The Division encourages the individual to include providers who are currently authorized to serve the individual on the planning team and encourages identified providers to attend the planning meeting(s) when invited to participate as planning team members.

Occasionally, there may be a need for non-participating persons, such as staff in training or observers from monitoring groups, to be present at team meetings. Since these persons are not planning team members, the Support Coordinator shall seek prior approval for their presence from the individual. The Division reserves the right to attend and participate in planning team meetings.

8.3 Responsibilities of Each Team Member

8.3.1 Responsibilities of the Plan Coordinator (Support Coordinator)
The Support Coordinator, as plan coordinator, is responsible for the following tasks:

- Identifying team members – based on the individual’s input – and scheduling meetings of the planning team
- Notifying team members, preferably in writing, of planning team meetings within 5 working days
- Ensuring that copies of all current evaluations and assessments are available to the team members prior to the team meetings, if possible
- Actively participating in team meetings
- Coordinating meetings of the planning team as outlined in Section 8.3.1, when the individual has decided not to facilitate the meeting him/herself
- Writing the ISP in clear and understandable language based upon consensus reached during the team meeting
- Distributing copies of the completed ISP (and upon consent from the individual/person responsible, the PCPT) to all team members and service providers within 3 working days from the date of SC Supervisor approval of the ISP, and ensuring that copies of the ISP are available in all settings where the individual receives services
- Ensuring that all data is entered into the iRecord
- Monitoring and reviewing the ISP
- Completing other assignments as determined by the planning team
- Ensuring the individual receives services to meet medical/functional needs (within the availability of funds for State-funded services)

8.3.2 Responsibilities of the Individual (and guardian, where applicable) as a Planning Team Member
Areas of responsibility include but are not limited to the following:

- Being available to meet for the required ISP planning meeting and reviews
- Providing documentation for eligibility determination/redetermination
8.3.3 Responsibilities of Other Planning Team Members

Other planning team members are responsible for the following tasks:

- Reviewing provided information related to the individual, including the PCPT, previous ISP(s), available assessments, and evaluation data, as appropriate/relevant
- Actively participating in the planning team meeting and working cooperatively to achieve consensus in the spirit of the ISP operating principles
- Recording data relative to assigned outcomes, as relevant
- Notifying the Support Coordinator and requesting a special team meeting to be scheduled whenever there is a significant change in the individual’s status
- Completing other assignments as determined by the planning team

8.4 Development of the Individualized Service Plan

The ISP must be developed and approved within 30 days of Supports Program enrollment. The content of an individual’s service plan stems from the person centered planning process and will vary depending on the unique characteristics and specific needs of the individual and the individual’s service settings. The ISP shall be based on the results of mandated assessments/evaluations and can incorporate additional information from optional discovery tools and evaluations/assessments of the individual.

8.4.1 Assessments/Evaluations

8.4.1.1 Mandated assessments/evaluations

These tools are required by the Division and are known as the NJ Comprehensive Assessment Tool (NJ CAT) and the Person-Centered Planning Tool (PCPT).

8.4.1.1.1 New Jersey Comprehensive Assessment Tool (NJ CAT)

The **NJ CAT** is comprised of the Functional Criteria Assessment (FCA) and the Developmental Disabilities Resource Tool (DDRT).

The FCA is the assessment tool utilized to assess whether newly entering individuals meet the functional criteria to be eligible for the Division or not. This tool assesses individual competencies in the following areas: sensory/motor, cognitive abilities, communication, social interaction and sociability, self-direction, self-care/independent living skills, special behaviors, health, school experience, and employment and determines relative need for services and supports.
The DDRT has a long history of use with individuals with intellectual or developmental disabilities in NJ for assessing individual support needs and determining relative need for services. The DDRT assesses individual competencies and assists in determining who needs more support and ensures that those with like needs receive a similar level of support.

The Support Coordinator will review the NJ CAT to ensure that outcomes and services included in the ISP are warranted by assessed need.

8.4.1.1.2 Person-Centered Planning Tool (PCPT)

The Person-Centered Planning Tool (PCPT) is a mandatory discovery tool used to guide the person-centered planning process and assist in the development of an individual’s Service Plan. The Support Coordinator will facilitate the development of the PCPT with input and guidance from the identified team members. The PCPT can be provided to the individual and/or his/her guardian, family, or other people as identified by the individual and/or guardian prior to the planning meeting in order to assist them in becoming familiar with the PCPT and begin thinking about information that will be provided to assist in completing the PCPT. Any information provided when an individual, family, etc. completes the PCPT prior to meeting with the Support Coordinator will be discussed during the person centered planning meeting(s) and used to inform the PCPT completed by the Support Coordinator.

Information gathered through the PCPT informs the outcomes written into the ISP, should align with results of the NJ CAT, and provides information related to service needs. While the PCPT is not written annually, the Support Coordinator must review it on an annual basis to identify changes and inform the annual ISP.

8.4.1.1.2.1 Components of the PCPT

8.4.1.1.2.1.1 Planning Process Participants

In addition to the name of the individual and date in which the PCPT was completed, a list of planning team members who participated in the person centered planning process and contributed to the development of the PCPT is included in this section. Contact information and the relationship of each person to the individual is also indicated here.

8.4.1.1.2.1.2 Like and Admire

The individual’s positive qualities, likes, goals, aspirations, and strengths as shared by the individual and his/her planning team are documented in this section of the PCPT. These items are usually documented in short, bulleted phrases but can be provided in narrative format if preferred.

8.4.1.1.2.1.3 Circle of Support (Relationships Map)

This circle provides the opportunity for the individual and planning team members to identify people that are loved, important, and/or relevant to the individual’s life. The center box represents the individual. Each section of the circle represents a type of relationship the individual may have – family, supporters at home and in the community, friends, and supporters at work, school, day services. People who are closest to the individual are indicated in the boxes closest to him/her while people who are not in contact as frequently or are acquaintances are indicated in the boxes further from the individual.
8.4.1.1.2.1.4 Important to You (the Individual)

Activities, places, relationships, routines, and other items that are of importance to the individual are provided in this section. Information provided here should include activities the individual enjoys doing with his/her free time, hobbies, and things the individual misses when not around or available.

8.4.1.1.2.1.5 Long-Term Hopes and Dreams

This section includes information about the ultimate destination for the individual. Information about how the individual sees him/herself having fun in the future, what he/she sees him/herself doing, where he/she wants to be living, etc. would be included here.

8.4.1.1.2.1.6 Support Needs

This section provides an explanation of what others – family, friends, staff, etc. – need to know in order to provide the ideal support to the individual in a variety of settings under a variety of circumstances.

8.4.1.1.2.1.7 Characteristics of People Who Support the Individual Best

This section includes the skills, personality characteristics, knowledge, etc. that someone providing supports for the individual would need or benefit from having. Information in this section can be utilized to inform a job description for a Self-Directed Employee.

8.4.1.1.2.1.8 Communication

Information about how the individual communicates is captured in this section of the PCPT. Details about how the individual will let someone know his/her feelings (happy, sad, excited, angry, etc.), health status (hungry, thirsty, sick, in pain, etc.), opinions (agree, disagree, understand, don’t understand, etc.), desires (to go somewhere, do something, eat something, etc.), choices, etc. are documented in this section. In addition, information about the methods the individual uses to communicate verbally, through reading/writing, facial expressions, hand gestures, various languages, etc. is included in this section.

8.4.1.1.2.1.9 Pathway to Employment

Provides an annual discussion to assist in determining where the individual is on his/her path to employment; identifying potential barriers, concerns, fears, and reasons that the individual isn’t working or pursuing employment; and establishing next steps in the employment process which become employment outcomes in the ISP.

- Path 1: Already Employed – This path is completed when the individual is currently working competitively in the general workforce. Answers to the questions in this section help determine the individual’s satisfaction level with his/her current job and establish outcomes and service needs related to maintaining his/her current job; finding a new or additional job; increasing hours, salary, or tasks; seeking a promotion, etc.
- Path 2: Unemployed & Has Paid/Unpaid Experiences/Training – This path is completed when the individual is not currently working but has worked, interned, job sampled, participated in work crews or group placements (enclaves), had work-related training, etc. in the past. Answers to the questions in this section help determine what is preventing the individual from using this experience and training to lead to employment. Outcomes and service needs addressing these areas that have prevented the individual from successfully finding and maintaining employment must be included in the ISP.
- Path 3: Unemployed & Has No Exposure to Paid/Unpaid Experiences/Training – This path is completed when the individual is not currently working and has never worked, had work experiences or training, and
may never have considered employment as a viable option. Answers to the questions in this section help the individual start discussing employment and the benefits of working and helps determine if the individual is interested in pursuing employment at this time. This section can also provide ideas for employment outcomes that can be developed for individuals who have medical or behavioral concerns that prevent him/her from being able to pursue employment at this time.

8.4.1.2.1.10 Voting

This section provides questions used to guide a discussion with the individual about his/her right to vote and determine interest level and support needs related to voting.

8.4.1.2.1.11 Mental Health Pre-Screening

The questions in this section are used to guide a discussion with the individual about any possible indicators that a mental health evaluation may be necessary.

8.4.1.2 Optional Discovery Tools

Optional Discovery Tools are additional tools that can be utilized during the discovery process to inform the PCPT and the Service Plan and provide potential caregivers, service providers, etc. with information essential to supporting the individual. These tools can be completed by the individual and/or his/her guardian, family, or other people as identified by the individual and/or guardian. If utilized, the Support Coordinator will compile information from these tools and use it to assist in development of the PCPT and Service Plan. Physical exams, psychological evaluations, etc., can also be utilized to inform the ISP. The Division expects that all individuals receive annual physical and dental examinations and that Support Coordinators include this expectation in their planning/monitoring.

8.4.2 Planning Meetings

8.4.2.1 Notice of Planning Meetings

The Support Coordinator shall notify the planning team of team meetings. Written confirmation of scheduled meetings is preferred. The date, time, and location of the meetings should be mutually convenient for the individual, Support Coordinator, and other planning team members. The planning team should be notified at least five (5) working days in advance of the meeting. The notification should include the time, date, and place of the meeting and inform the planning team of the purpose of the meeting.

An initial meeting for newly assigned individuals should be arranged within ten (10) days of Support Coordination Agency assignment in order to discuss the arrangements needed for the planning process.

8.4.2.2 Meeting Process

In cases when the individual is not fulfilling the role of meeting facilitator, the Support Coordinator shall coordinate the planning team meeting, ensure all planning team members are introduced, explain each team member’s responsibilities, and describe the purpose of the meeting. The Support Coordinator shall explain that the planning team will operate as an interdisciplinary team and that every effort will be made to reach consensus, but that in the event consensus cannot be achieved, the areas in which consensus has been met will be included in the plan so that there will not be a delay in service provision.

The Support Coordinator shall ensure that the individual is treated with respect and dignity during the meeting by making sure that comments are directed to the individual in first person rather than third person language, sensitive issues are discussed with respect for privacy and consideration for the individual’s dignity, etc. The Support Coordinator shall also ensure that all participants are given an opportunity to provide input and that issues
are thoroughly discussed before decisions are reached. Decisions shall be guided by the Division’s Mission and Core Principles and the ISP Operating Principles.

The standard agenda for a meeting shall consist of the following:

- Review of PCPT
- Review of the last ISP, if applicable
- Review of professional evaluations and assessments, as needed
- Discussion of the person’s current status, preferences, needs, and vision for the future
- Development of long-term outcomes
- Discussion of services needed to attain the long term outcomes
- Discussion of other actions necessary to implement the services, achieve the outcomes, and meet the individual’s needs
- Discussion of other special considerations

When special circumstances require a different agenda, the Support Coordinator shall communicate the revised agenda to the team at the beginning of the meeting.

**Individual as Facilitator** – Prior to the facilitation of the planning meetings, the Support Coordinator should speak with the individual to determine his/her desire to facilitate his/her own planning meetings. Every opportunity will be provided for the individual to facilitate his/her planning meetings if he/she so desires. In circumstances where the individual will be facilitating the meetings, the Support Coordinator will provide support as needed. If the individual chooses not to facilitate the planning meetings, the Support Coordinator will fulfill this role.

**Frequency of Meetings** – Face-to-face planning meetings/reviews are encouraged whenever possible. The ISP shall be reviewed, as indicated on the Support Coordinator Monitoring Tool, during the Support Coordinator’s monthly/quarterly/annual contacts, and more often if necessary, to ensure that the plan remains appropriate and that the individual is making progress toward the outcomes specified in the plan. The planning team shall meet at least annually – to review the current plan and develop a new annual ISP – and more often whenever there is a significant change in the individual’s status.

**Planning Process** – The Support Coordinator has 30 days from the date an individual is enrolled into the Supports Program to complete the planning process resulting in an approved ISP. The ISP is developed through a Person-Centered Planning Process. Once assigned, the Support Coordinator will plan with the individual and his/her identified team members through regular contact and communication that includes at least one face-to-face meeting in a mutually convenient location. Through the use of information provided from the NJ Comprehensive Assessment Tool (NJ CAT), the Person-Centered Planning Tool (PCPT), and any other discovery tools that have been utilized, the Support Coordinator will begin to build an ISP that includes identification of the individual’s strengths, preferences, and needs; builds upon the individual’s capacity to engage in activities and promote community life; respects the individual’s preferences, choices, and abilities; and involves families, friends, and professionals in the planning and delivery of services and supports as needed by the individual. Development of the Service Plan drives the outcomes and services that will be implemented in order to meet the needs of the individual.

In circumstances where time is needed to further explore service needs, research and confirm the appropriate service providers, hire Self-Directed Employees (SDE), determine eligibility with other State agencies or funding sources before determining the need for Division-funded services, etc., the ISP can include outcomes related to working on these areas and still be approved within the 30-day timeframe without specifics about services and/or providers. The services and providers that have already been identified and confirmed should be included in the ISP so services and supports are not delayed while the Support Coordinator, individual, family, or other identified team members are conducting this additional activity as noted in the ISP. However, individuals who have only
received Support Coordination services for 90 days may be subject to disenrollment from the Supports Program if it is determined, upon further review by the Division, that Supports Program services are not needed at this time.

Extending 30-Day Timeframe for ISP Completion – the 30-day deadline for completing the ISP can be waived if circumstances warrant additional time for completion. A written request specifying the reasons for the need for an extension must be submitted to the SC Supervisor help desk (see Section 12.3). The Support Coordination Agency will not receive payment for services rendered until the ISP is completed and approved.

8.5 Components of the Individualized Service Plan (ISP)
The Individualized Service Plan (ISP) utilizes information gathered through the assessments/evaluations described above to identify the individual’s needs; describe the needed services to be provided and outcomes to be attained; direct the provision of safe, secure, and dependable support and assistance; and establish outcomes consistent with full social inclusion, independence, and personal/economic well-being. The planning team shall identify and document these areas in the ISP, and needs statements shall be functional statements oriented to the overall outcome envisioned for and by the individual and developed with consideration of the person’s strengths and preferences.

8.5.1 Participant Information (Section A)
Demographic, program, emergency, guardianship, healthcare, medical, and diagnosis information are all indicated in this section of the ISP.

8.5.2 Personally Defined Outcomes and Services (Section B)
The ISP must indicate the individual’s outcomes and services based on assessed need.

8.5.2.1 Personally Defined Outcome
The personally defined outcome shall reflect the individual’s desired achievement based on strengths and preferences and shall be developed without regard to the availability of services or funding sources. Personally defined outcomes change to reflect accomplishments, life transitions, or changes in the individual’s status. Note that at least one personally defined outcome must relate to the employment goals of the individual. There is no limit on the total number of outcomes in any service plan.

8.5.2.2 Service(s)
The service is identified to provide the assistance and supports an individual needs to reach the personally defined outcome. All services, including those services that are not Division-funded, that are required to meet an assessed need must be included within the ISP.

8.5.2.3 Procedure Code
The procedure code is a series of letters and numbers used by Medicaid to identify the type of service that has been authorized.

8.5.2.4 Reference Assessment Tool
The assessment tool from which the identified need was indicated is referenced in order to connect the need for service to the individual. Assessment tools include mandated tools such as the PCPT and NJ CAT or optional discovery tools used in the person-centered planning process.

8.5.2.5 Number of Units
The number of units is the number that will be multiplied with the “frequency” to indicate an approved increment of time, based on the assessed need, for the services that have been indicated on the ISP.

8.5.2.6 Unit Type
The unit type is the predetermined interval of time (15 minutes, 30 minutes, hours, days, etc.) that can be claimed for each particular service.
8.5.2.7 Rate  
The rate is the cost per unit of a service provided.

8.5.2.8 Frequency  
The frequency is weekly to allow for flexibility in services and provider choice.

8.5.2.9 Duration  
The duration is the period of time (starting date to anticipated end date) it is anticipated that the identified service will be required during the year in which the plan will be active.

8.5.2.10 Provider  
The entity or individual who will provide the service(s) indicated in the ISP. Division-funded services can only be provided by approved providers.

8.5.2.11 Payment Source  
The payment source is the entity (MCO, ASO, Supports Program, DVRS, etc.) that will provide funding for those services for which payment is necessary. Services funded by the Division will be considered only when other resources and supports are insufficient or unavailable and do not meet the needs of the individual and are attributable to the person’s disability.

8.5.3 Employment First Implementation (Section C)  
As an Employment First state, “competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability.” Every ISP must contain at least one employment outcome included in Section B even if the individual is not pursuing employment at the time of the ISP. The Support Coordinator will document the individual’s current employment status based on the discussions that were facilitated through the Employment Pathways section of the PCPT. If employment is not being pursued at the time of the ISP, an explanation must be included in Section C – these plans will be further reviewed by Division personnel to ensure that every effort is being made to assist people in becoming employed.

8.5.4 Religious/Cultural Information (Section D)  
The individual has the opportunity to share information related to religious/cultural preferences and/or restrictions.

8.5.5 Health & Safety Information (Section E)  
Information regarding the individual’s health and safety as indicated through the NJ CAT as well as the planning process will be identified within this section of the ISP.

8.5.6 Emergency Back-Up Plan (Section F)  
The emergency back-up plan is only required to be completed if the planning team deems necessary. The emergency back-up plan must identify specific arrangements necessary to maintain the health and safety of an individual in the event of a breakdown in the routine plan of care. In the event of a life-threatening emergency, 911 must be called.

8.5.7 Authorizations & Signatures (Section G)  
Indications of all planning team members who participated in the planning process are identified here. Signatures from the individual, Support Coordinator, and guardian (if applicable) must all be included. The Support Coordinator must ensure that the individual has been a full participant in the planning process and is aware of his/her rights and responsibilities as documented in the “Participants Statement of Rights & Responsibilities” and indicated through the checkboxes under the “Approval of Services Certification” section. The ISP will be shared with all service providers indicated in the plan; however, sharing the PCPT with service providers is up to the individual, as indicated in the ISP.
8.6 Resolving Differences of Opinion among Planning Team Members

The planning team must seek to reach consensus in developing the ISP and in developing consistent and/or complementary strategies and methods for implementing the plan. Efforts should be made during team meetings to ensure that all points of view are heard. Differences of opinion can usually be resolved by a thorough discussion of concerns and recommendations. If a team member feels that his or her point of view has not received a complete hearing during a team meeting, he/she is encouraged to discuss his/her concerns privately with the Support Coordinator, who may subsequently reconvene the planning team to readdress the issue.

The individual will indicate his/her agreement with and approval of the plan by signing the ISP “Authorizations & Signatures” page.

In the event there is disagreement regarding the ISP, the areas in which consensus has been met will be included in the plan so that there will not be a delay in the provision of services related to those areas of consensus.

In circumstances where the individual or family disagree with information written into the ISP, the Support Coordinator shall write a case note indicating the area(s) in which there is disagreement.

8.7 Service Plan Approval

All ISPs will be reviewed by the Support Coordination Supervisor and must be signed by the individual/guardian prior to approval. The ISP Quality Review Checklist must be utilized to assist the Support Coordination Supervisor in reviewing the ISP for quality. The Support Coordination Supervisor must sign and date the ISP Quality Review Checklist and upload the signed document to iRecord.

Once a Support Coordination Agency has been authorized to approve the ISP without submitting it to the Division, the Support Coordination Supervisor will be the approving party. If changes need to be made to the plan prior to SC Supervisor approval, the SC Supervisor will communicate the need for revisions with the Support Coordinator and approve the plan once the changes are made to his/her satisfaction.

For those agencies not authorized to approve their own plans, the SC Supervisor must submit all ISPs to the Division for approval. The required method for submitting the plan to the Division for approval is changing the status of the plan from “Review (R)” to “State Review (SR1)” in iRecord.

Upon review, the Division may require revisions to the plan prior to approval. These changes will be provided to the SC Supervisor within seven (7) days and must be implemented and returned to the Division. If plan revisions are significant (such as additions/deletions of outcomes, services, providers, etc.), signatures will need to be re-obtained to ensure individual agreement with the plan changes. If the changes are minor (such as spelling/grammar errors, word changes that don’t alter the meaning of an outcome or goal, etc.), the Support Coordinator must inform the individual of these changes, but new signatures will not be needed to be obtained. A case note should record when and how the individual was informed of these changes.

8.8 Changes to the Service Plan

Revisions can be made to the Service Plan as needed, such as changes in services, provider choice, demographic information, religious/cultural information, emergency back-up plan, etc. It is not necessary to reconvene the planning team for all changes to the ISP. Signatures and ISP approval must be obtained when there are changes to Section B. Personally Defined Outcomes & Services. To initiate the process, the individual will contact the Support Coordinator to inform him/her of the change in need or provider. The Support Coordinator will make revisions to the plan as needed and obtain signatures as described in Section 8.5.7. For service need changes, the Support Coordinator must end the service to be revised in the current plan and add the new service with start date in the revised/new plan to ensure there are no overlapping or duplicate services in the plan. This revised plan will be saved in the iRecord as a version of the plan that was revised.
9 COORDINATION OF SERVICES

This section describes how the Support Coordinator arranges for and coordinates services, both within and external to the Division, to meet the needs of eligible individuals as identified in the ISP. While this manual focuses on the process for providing Division-funded services, the use of natural supports, community resources, and generic services/supports is critical in order to meet all the needs of individuals eligible for the Division and extend the individualized budget as far as possible. Services funded by the Division will be considered only when other resources and supports are insufficient or unavailable and do not meet the needs of the individual and are attributable to the person’s disability. Information about use of these non-Division services/supports can be found in Section 9.2.

9.1 Identification of Needed Services
The Support Coordinator utilizes information provided through the NJ CAT, PCPT, and other discovery and/or assessment tools to identify service needs associated with the outcomes developed in collaboration with the individual through the person-centered planning process and indicated in the ISP.

9.2 Use of Community Resources and Non-Division-Funded Services
Once service needs have been identified, the Support Coordinator shall begin examining the services or other assistance which may be provided through other State agencies, existing community resources, or family members.

9.2.1 Community Resources
Most communities offer an array of services that may meet the needs of people with developmental disabilities and their families. The type and availability of services will vary, but utilizing these community resources can increase the amount of services an individual receives and may provide services that are not available through the Division. It is the Support Coordinator’s responsibility to be aware of community resource information and eligibility requirements for these programs and agencies. Depending on the capabilities of the individual, either contact or provide contact information to individuals and their families when it appears that these resources may benefit the individual and family. Services through community resources may include, but are not limited to, advocacy, adaptive and/or medical equipment, nutrition assistance, housing, legal assistance, recreation, transportation, and utility assistance. A section regarding potential funding sources is included in the PCPT to assist in identification of community resources and information on other resources is available on the Support Coordinator Resource website.

“New Jersey Resources” and www.njhelps.org can be used to identify government, community organizations, and professionals working to assist people with disabilities. NJ Resources can be accessed on the DDS website at http://www.nj.gov/humanservices/dds/home/.

9.2.2 Coordination with Other State Programs and Agencies
The Support Coordinator is responsible for coordinating services and supports through other programs and entities as appropriate. This can include a variety of programs and entities but require at a minimum the following:

Managed Care Organizations (MCO) Care Managers
Every individual receiving Division services must be eligible for Medicaid and, as such, should have a Managed Care Organization designated to provide services related to his/her acute and behavioral healthcare needs. The MCO must assign a Care Manager to all individuals with developmental disabilities. The Support Coordinator should identify and reach out to contact this MCO Care Manager to ensure coordination of health care.\(^\text{10}\)

\(^{10}\) Does not preclude the individual/family from contacting the MCO Care Manager
Division of Vocational Rehabilitation Services (DVRS)/Commission for the Blind & Visually Impaired (CBVI)

Employment services must be sought through DVRS/CBVI prior to being made available through Division-funding. However, Long-Term Follow-Along (LTFA) services will be provided by the Division even in circumstances where other employment supports were provided by DVRS/CBVI first.

9.3 Accessing Division-Funded Services

The Support Coordinator will collaborate with the individual to identify Division-funded services that are needed.

The services available through the Supports Program are as follows:

- Assistive Technology
- Behavioral Supports
- Career Planning
- Cognitive Rehabilitation
- Community Based Supports
- Community Inclusion Services
- Day Habilitation
- Environmental Modifications
- Fiscal Management Services (FI)*
- Goods & Services
- Interpreter Services
- Natural Supports Training
- Occupational Therapy
- Personal Emergency Response System (PERS)
- Physical Therapy
- Prevocational Training
- Respite
- Speech, Language, and Hearing Therapy
- Support Coordination*
- Supported Employment – Individual Employment Support
- Supported Employment – Small Group Employment Support
- Supports Brokerage
- Transportation
- Vehicle Modification

*Please note – Services that are marked with an asterisk are not direct services funded through the individualized budget and are not included under “services” in the ISP.

Each Division-funded service the individual will be utilizing is written into the ISP. Once the ISP is approved by the Support Coordination Supervisor (and Division in circumstances where services need that additional step of approval), the ISP serves as prior authorization for the services.

Each Division-funded service and the standards associated with it are further described in Section 17.

9.3.1 Choosing a Service Provider

For the purpose of this manual, “service provider” refers to any agency, business, entity, self-directed employee, or individual that has been approved to provide a Division-funded service(s), including self-directed employees.

The individual selects each service provider he/she prefers to provide the services included in the ISP. The Division encourages the individual to research service providers through phone calls, interviews, provider fairs, site visits, word of mouth, marketing materials, etc. prior to selecting the service provider. To assist in this effort, the Division maintains a database of approved service providers. This provider database can be utilized to locate service providers in the individual’s catchment area and is available at http://ddd1.bowmansystems.com/.

While the Support Coordinator cannot select the service providers or recommend any specific provider for the individual, he/she shall assist the individual, as needed in matching approved service providers for the services that have been identified to meet the individual’s needs as indicated in the ISP. In addition, the Support Coordinator is responsible for assisting the individual with identifying criteria that will help narrow the list of available providers. The criteria are based on the needs and preferences of the individual. The Support Coordinator shall contact potential service providers to help facilitate individual research through provider
interviews, tours, meetings, etc.; schedule intake meetings, and determine availability of services unless the individual/family has indicated that they prefer to do this research and schedule these meetings instead of the Support Coordinator.

If a service provider cannot be located due to lack of capacity within the individual’s area, lack of ability to meet the individual’s particular needs, lack of providers for a particular service, etc., the Support Coordinator must report that information to his/her assigned Division personnel. The Division will track this information in order to assure that adequacy of network is addressed.

9.3.2 Referral to the Selected Service Provider

Once the individual selects his/her preferred service provider, the following process will be implemented in order to refer the individual to the provider and access services:

- The Support Coordinator will contact the potential provider to notify the provider of the individual’s interest in accessing services through them, describe the service needs of the individual, share the individual’s attributes, determine availability of services, and arrange meetings and/or identify any documents/information the service provider requires as part of the referral process;
- The service provider will inform the individual and/or Support Coordinator of their interest in delivering services to the individual within five (5) working days of the initial contact;
- The individual and/or Support Coordinator will provide the interested service provider with any information/documentation that the service provider requires as part of the referral process;
- The Support Coordinator confirms that the potential service provider meets the individual’s needs and has the capacity to provide services to the individual at the date in which the individual is in need of the services;
- The selected service provider indicates acceptance or denial into the service;
- The Support Coordinator selects the confirmed service provider(s) in the ISP;
- The Support Coordinator sends a copy of the approved ISP (and any other relevant and consented to discovery tools, evaluations, etc.) to all service providers identified in the ISP;
- A prior authorization is distributed electronically to the confirmed service provider;
- Services begin as per the start date, units, frequency, duration, etc. indicated in the prior authorization

9.3.3 Hiring a Self-Directed Employee (SDE) “Self-Hires”

Self-Directed Employees (SDE) are people who are recruited and offered employment directly by the individual or designee. In essence, the SDE is a staff person of the individual and is hired to perform waiver services for which SDEs may be qualified. See specific service details in Section 17 of the manual for services that may be provided by SDEs.

The individual or designee is both the managing employer and the employer of record. The individual is assisted with managing the SDE through the support of a Fiscal Intermediary (FI). Fiscal Management is provided by a statewide fiscal intermediary (FI) – a non-governmental agency under contract with the Division. The FI ensures compliance with federal and state regulations and labor laws as well as manages the payment to the SDE. SDEs are paid out of the individual budget and must be prior authorized as with all services in the Support Program. As the individual is the employer of record, the individual is responsible for the hiring and firing of the SDE. In addition, the individual must ensure compliance with the service plan. Thus, if an individual negotiates with a SDE to work outside of what is prior authorized in the service plan, the individual and not the FI or Division will be responsible for payment to the SDE.

9.3.3.1 Hiring Process

- The SDE is identified by the individual or representative
- The individual/representative writes the job description and establishes the rate of pay
- The SDE completes the application package provided by the FI
- The SDE adheres to applicable federal/state regulations
- The SDE meets Central Registry Compliance (see Section 15.1.2)
- The SDE complies with Division Circular #40 – Background Checks
- The SDE completes mandated training according to service provided as noted in Section 17
- The FI approves the SDE and the Support Coordination agency is responsible for authorizing the service in the service plan
- Service can begin once authorized in the service plan

**9.3.3.2 Authorization of Service**

Services begun without prior authorization will not be paid by the FI or the Division and will be the responsibility of the individual. Individuals will not be reimbursed for any services authorized by the individual and not authorized by the Support Coordination Supervisor in the service plan. Individuals who require back-up staff may prior authorize more than one SDE in the same authorization if the pay rate is the same. Service authorization for SDEs will be in weekly increments. Units of service may be increased during the week at any time by the Support Coordinator and authorized by the SC Supervisor. A decrease in service units may only be completed for future weeks authorized. New signatures on service plans will not be required for this service authorization change during the authorization period.

The authorized pay rate is negotiated by the individual and the SDE. This hourly rate will have a minimum of $8.38/hour (NJ minimum wage) plus a fee of 25% of the hourly wage to account for required taxes and fringe benefits. The hourly pay rate plus the 25% must fit within the standardized rate for the service, thus the maximum hourly rate may vary by service provided. Payment and accounting related to this will be managed by the FI and the full amount of the hourly rate + taxes/fringe percentage will be authorized in the service plan to be deducted from the individual’s budget. The FI will issue payment vouchers and collect timesheets from the SDE to issue paychecks on a bi-weekly basis.

Non-Billable Services that are not available for reimbursement include, but are not limited to:
- Services occurred before the start date authorized in service plan
- Services occurred after the end date authorized in service plan
- Billing rate is higher than the approved unit cost
- Services have exceeded the budgeted total units
- The Provider Payment Voucher is not filled out correctly
- Original signatures are missing from the Provider Payment Voucher
- Back up documentation is missing

Individuals may obtain the services of a Support Broker (see Service Section 17.21) for assistance with recruiting and managing SDEs. Support Broker services are a separate service that may be authorized in the service plan and come out of the individual’s budget.

**9.4 Duplicative Services**

The State cannot provide funding for duplicative services so adjustments must be made to individual budgets in situations where funding is being provided for day services through other State Agencies. Examples of these programs include but are not limited to Medical Day programs, Extended Employment programs, or Mental Health Partial Day Programs. In circumstances when an individual is accessing these duplicative services, the percentage of time – based on a 30 hour week – he/she is spending in the program that is not funded by the Division will be deducted from the employment/day component of the individual budget. For example, if someone is attending a Medical Day program for 15 hours per week, 50% of the employment/day component of his/her budget will be deducted. The remaining budget can be utilized to fund additional services as needed.
9.5 Fiscal Intermediary (FI) Responsibilities

The Fiscal Intermediary (FI) for the Supports Program serves two main functions. The FI manages the financial aspects of the Supports Program on behalf of an individual choosing to direct their services through a SDE. In addition, the FI acts as a conduit for an organization or enterprising entity that is not a Medicaid provider but engages in commercial, industrial, or professional activities that are offered to the general public and will be available to individuals enrolled in the SP.

Responsibilities of the FI include, but are not limited to, the following:

- Billing for participant-directed services rendered
- Functioning as a fiscal conduit making non-routine, non-payroll purchase transactions
- Enrolling the individual/representatives, as appropriate, as the common law employer of the individual’s SDE employees, including assistance with the completion and maintenance of all employer-related paperwork. This function includes assuring that all SDEs complete and pass all background checks and meet all the qualification criteria before delivering services.
- Managing SDE’s payroll including the filing and paying of federal and state employment-related taxes
- Facilitating the receipt of worker’s compensation insurance policies and the payment of premiums for employers and their workers
- Preparing and distributing reports to participants, their representatives and designated state agencies, as required
- Claiming for services provided by organizations or enterprising entities that are not Medicaid providers but offer services to individuals enrolled in the SP

The Department of Human Services will be releasing a Request for Proposals (RFP) to solicit a Fiscal Intermediary. The FI will be responsible for following processes and meeting deliverables established through the RFP. Once awarded, additional policies/procedures will be incorporated into this manual.

The Division will continue to contract with their current FI until a provider is identified through the RFP process.
10 PROVIDER ENROLLMENT

The Supports Program is implemented using a Medicaid based, fee for service model. Acceptance of applications to become an approved provider for Supports Program services is ongoing and open. In order to deliver services available through the Supports Program, the provider must meet all the qualifications and standards associated with the particular service(s) the provider wishes to offer. These qualifications and standards are described for each service in Section 17. Once approved to deliver services, the provider will receive compensation through a fee-for-service model. It is the provider’s responsibility to market to potential participants and their families. The Division does not guarantee participants.

10.1 Prior to Submitting an Application

10.1.1 Review the Supports Program Service Descriptions, Limitations, and Qualifications

It is critical that all service providers are familiar with and understand the definitions, limitations, and qualifications for the service(s) they are interested in providing in order to ensure that they are within the guidelines of the waiver.

10.1.2 Review the Supports Program Policies & Procedures Manual

Approved service providers must assure Medicaid and the Division that they will follow the policies and procedures governing the Supports Program as described in this manual. In addition, provision of services within the Supports Program must meet any Division standards specific to a particular service as described in Section 17 of this manual.

10.2 Submitting an Application

The Combined Application (Medicaid/DDD) is available on the Fee-for-Service Provider Portal page of the Division’s website at http://www.nj.gov/humanservices/ddd/programs/ffs_provider_portal.html. The process for becoming an approved service provider is also described on this website.

The method by which an entity will apply to become an approved provider depends on the type of provider/business the entity is and the services the entity is seeking to provide. When applying, the entity will be directed to select the application type that is necessary based on short descriptions provided.

10.2.1 Medicaid Provider

An organization/agency/provider that is primarily in business to provide social/human services and supports to a segment of the population will become Medicaid approved providers and claim directly through Medicaid.

10.2.1.1 Application Process

- Apply for a National Provider Identifier (NPI) at the National Plan and Provider Enumeration System (NPPES) web page at https://nppes.cms.hhs.gov. An agency will typically have just one NPI, regardless of the number of services offered or service locations.
- Complete the Combined Application (Medicaid/Division) available on the provider portal of the Division’s website at http://www.state.nj.us/humanservices/ddd/programs/sppp.html. This single application serves the purposes of (1) applying to become an approved Medicaid provider and (2) applying to become approved for the specific services the agency or individual plans to provide. The application can be completed online but must be printed and mailed to Molina Medicaid Solutions Provider Enrollment Unit at P.O. Box 4804, Trenton, NJ 08650-4804.
- Retain a copy of the original completed Combined Application for ease of processing of service or location additions/addendums.

An application packet consists of the following information:

- Application Cover Letter - (DDD-SP-ACL 3-25-2013)
- Request for National Provider Identifier (NPI)
• Signature Authorization Form
• Provider Start Date Form
• Provider Application - (FD-20)
• DDD Provider Agreement - (DDD-SP-PA 3-25-2013)
• Disclosure of Ownership and Control Interest Statement (06/19/2012)
• W-9 Tax Form
• Notice to Enrollee
• Affirmative Action Survey
• Authorization for Automatic Payments & Deposits
• Agreement of Understanding
• DDD Statement of Intent (DDD-SP-SOI 03-25-2013) form including an accurate verification code from the Division’s website http://www.state.nj.us/humanservices/ddd/programs/sppp.html
• Additional required documents indicated on the “Required Documents list” generated when the potential provider selects the services for which they would like to become approved to provide.

10.2.1.2 Adding Services
A service provider can become approved to offer additional services at any time by submitting the Combined Application indicating the new services they would like to offer.

10.2.1.3 Adding Service Locations
A unique Medicaid number is assigned for each location so the Combined Application must be completed and submitted in order to add a new location and receive an additional Medicaid number.

10.2.2 Business Entity/Individual Practitioner
An organization or enterprising entity engaged in commercial, industrial, or professional activities that are offered to the general public or an individual who offers a skilled service for which he/she has received education and/or licensing, as appropriate, will apply through the Fiscal Intermediary.

10.2.2.1 Application Process
Information regarding organizations described in Section 10.2.2 becoming approved to offer Supports Program services is forthcoming.
11 ADDITIONAL PROVIDER REQUIREMENTS

11.1 Policies & Procedures Manual
All approved service providers must develop, maintain, implement, and be able to produce for Division review at any time, a Policies & Procedures Manual governing their organization. These policies and procedures shall be designed in accordance with the Supports Program and Community Care Waiver (CCW) Policy & Procedures Manuals and applicable Division Circulars. Policies and procedures related to reporting Medicaid waste/fraud/abuse; Protected Health Information (PHI) - HIPAA; human rights; emergencies (and how they will be dealt with); reporting unusual incidents; personnel; and admission, suspension, and discharge should be addressed.

11.2 Organizational Governance Policy
All approved service providers must maintain, and be able to produce for Division review at any time, a policy (or policies) governing the management of conflicts of interest anywhere within their organizational structure as well as generally governing their Board of Directors. This policy must include, at a minimum: (1) a requirement that all Board members names, affiliations, and any potential conflicts of interest be disclosed and made publicly available if requested (this must include the requirement that, at a minimum, all board member names be made publicly available on the organization’s website); (2) a requirement that board members must be independent and may not be related to any staff member of the agency, nor may a board member be related to any other active board member; (3) a requirement that a board member will recuse him/herself from any discussion or decision making in which s/he may have a financial or personal interest that is incompatible with the proper discharge of his/her duties; (4) a requirement that the board shall meet no less than quarterly and shall maintain, and be able to produce if requested, complete minutes including an agenda for all meetings; and (5) clear guidance as to how auditing will be conducted. Providers found at any time to be in violation of their board policies, including but not limited to all of the above requirements, may be disenrolled as an approved provider of Division services.

11.3 Documentation of Qualifications
All approved service providers must maintain documentation that can be provided at the request of the Division to demonstrate continued compliance with qualification requirements. Personnel files that include relevant licenses, certifications, proof of completion of mandated training, etc. shall be maintained and available for Division review at any time.

In addition, all approved service providers must adhere to documentation requirements specific to each service, as detailed in Section 17, and maintain participant files for each individual receiving services.

11.4 Staff Orientation & Training
In addition to the service specific mandatory training and professional development indicated in Section 17, service providers shall provide employees with orientation that includes but is not limited to an overview of the organization’s mission, philosophy, goals, services, and practices, personnel policies of the provider agency, understanding the ISP and using information documented in it to individualize strategies and services, documentation and record keeping, and training relevant to health and safety.

11.4.1 Accessing Training through the College of Direct Support (CDS)
The College of Direct Support (CDS) is an online training and learner management system. The Division uses the CDS to provide and track pre-service training in accordance with meeting Medicaid waiver assurances. In addition to New Jersey Pre-Service training and other required trainings, the CDS contains more than 30 online training modules designed for use by direct support professionals, frontline supervisors, and other disability service professionals.

Approved service providers must have a CDS Agency Administrator. It is strongly recommended that each agency have 2 CDS Administrators to account for vacation and turnover. Each provider may have a maximum of
4 CDS Administrators. All Agency CDS Administrators are required to complete training offered through The Boggs Center on how to use the system and must follow the procedures as described in the CDS Administrator Manual and training related policies set forth by the Division. Technical Assistance is provided to Agency CDS Administrators through contacting cdsta@rutgers.edu. Additional information on using the College of Direct Support including: Learner Manual, instructional webinars, Agency Guide: Using the CDS for Pre-Service Training, the NJ Career Path, etc… can be found on The Boggs Center Workforce Development webpage.

11.4.2 CPR and First Aid Training Entities

For services that CPR and/or First Aid training is mandatory, providers may choose a training entity, which meets current Emergency Cardiovascular Care (ECC) guidelines, through which certification in Standard First Aid and CPR is obtained. The ECC Guidelines provide recommendations regarding how to resuscitate victims in the event of a cardiovascular emergency. The guidelines represent a consensus reached by the International Liaison Committee on Resuscitation (ILCOR) whose membership includes seven international resuscitation organizations and are available through the American Heart Association at: http://guidelines.ecc.org/index.html.

Providers shall obtain, and make available for inspections and/or audits, documentation that the training entity utilizes a curriculum in compliance with the ECC guidelines. The documentation shall be a statement, on the entity letter head, that their training content/curriculum meets the ECC Guidelines.

Additionally, providers shall ensure staff competency through the successful completion of a standard First Aid and CPR course which shall include:

- In person course with a certified instructor; on-line certifications are not acceptable
- Successful completion of a skills/practicum
- Successful completion of a competency assessment

Re-certification every (2) years to include skills and competency assessment

11.5 Health Insurance Portability and Accountability Act (HIPAA)

Service providers must be in compliance with HIPAA and ensure their staff is trained on HIPAA and all documentation is HIPAA compliant. For example, paper documents/case records must be stored securely with appropriate safeguards, and the individual’s written authorization for release of information must be obtained before any protected health information can be shared.
12 SERVICE PROVISION

12.1 Service Provider Responsibilities

- Maintain and follow standards, qualifications, regulations, policies, procedures, etc.
- Develop strategies in collaboration with the individual receiving services to assist the individual in reaching his/her outcomes
- Complete and maintain documentation as required
- Claim for services according to Medicaid (Molina) standards and guidance
- Provide services and supports within the parameters indicated in the ISP
- Become familiar with the individual’s vision, outcomes, needs, etc. and provide services and supports accordingly
- Participate as a member of the Planning Team when identified in that role by the individual
- Complete and submit reporting documents as required
- Comply with monitoring, auditing, quality assurance measures conducted by DDD and/or Medicaid/Molina
- Comply with policies, standards, and procedures specific to the service being provided as described for each service in Section 17.

12.2 Documenting Progress toward ISP Outcomes

At least one personally defined outcome will be provided within the ISP for each service the individual is going to receive. The service provider must maintain documentation of the individual’s progress toward reaching the outcomes related to the service they are providing. This documentation is unique to the service and further described in Section 17.

12.3 Claim Submission

The following factors must be in place in order to submit a claim for a Medicaid service:

- The delivery of service must be properly documented along with any deliverable documents necessary to substantiate the claim in the case of an audit. Services may have specific deliverable documents (such as strategies, time sheets, behavior plans) relevant to delivery of that service. Details about these documents are provided in Section 17,
- The service that was provided must have a valid prior authorization,
- The claim must include participant information and service information (such as Medicaid ID, diagnosis, procedure code, rate etc.) which can be found within the service plan and service detail report,

Service providers may submit claims for payment through the NJMMIS site (www.njmmis.com) or through a software solution which can perform bulk electronic claim submission.

Training on how to submit claims and track their status through the NJMMIS site can be provided by Molina Health Care. Molina provider services can be reached by calling 800.776.6334 or on the NJMMIS website through the option “Contact Provider Services”.

DRAFT - NJ Division of Developmental Disabilities
Supports Program Policies & Procedures Manual
May 2015
13 MONITORING (Participant)

This section provides information regarding individual monitoring requirements and mandatory reporting of cases of suspected abuse and neglect. In addition, information regarding a service provider’s responsibility to report quality assurance issues to the Division is provided.

The individual should notify the Division if he/she and/or his family or caregiver has not received contact from his/her Support Coordinator monthly or had the opportunity to meet with his/her Support Coordinator.

13.1 Mandatory Monitoring

As an enrolled participant in the Supports Program, the individual must participate in monthly phone contacts and quarterly visits with the Support Coordinator and understand that these visits are mandatory and may occur in the home, day program, place of employment, etc. as agreed upon with the Support Coordinator and that, annually, at least one of these quarterly visits must take place in the home. The Support Coordinator is responsible for conducting ongoing monitoring of all individuals on his/her caseload. At a minimum the following monitoring must occur:

- **Monthly Contact** – must be conducted within 30 days from the date of the ISP approval and within every 30 day timeframe thereafter. The Support Coordinator must have, at a minimum, contact with the individual once per month. Face-to-face contact is preferable but contact via the telephone is acceptable. Email, Skype, or other methods of communication are not acceptable at this time to meet the mandatory minimum monitoring requirements. However, email can be utilized to gather information prior to the monthly contact in order to streamline the process. Email must remain confidential and HIPAA compliant and be documented through case notes in iRecord. Information gathered/observed during this contact must be documented in the Support Coordinator Monitoring Tool. The Support Coordinator must document any additional contact beyond the required monthly through case notes. Follow-up that has occurred based on the monthly contact can be documented in case notes or subsequent Support Coordinator Monitoring Tools. The ISP must be revised as necessary.

- **Quarterly Face-to-Face Contact** – must be conducted within 90 days from the date of the ISP approval and within every 90 day timeframe thereafter. The Support Coordinator must have, at a minimum, one quarterly face-to-face visit with the individual. These quarterly contacts shall include at least one home visit annually and at least one visit to the location in which an individual is receiving a particular service for more than 16 hours per week. Information gathered and observed during this contact must be documented in the Support Coordinator Monitoring Tool. The Support Coordinator must document any additional contact beyond the required quarterly contact through case notes. Follow-up that has occurred based on the quarterly contact can be documented in case notes and/or subsequent Support Coordinator Monitoring Tools. The ISP must be revised as necessary.

- **Annual Home Visit** – must be conducted any time within 365 days from the date of the ISP approval. Information gathered and observed during this contact must be documented in the Support Coordinator Monitoring Tool. The Support Coordinator must document any additional contact beyond the required annual home visit through case notes. Follow-up that has occurred based on the annual home visit can be documented in case notes and/or subsequent Support Coordinator Monitoring Tools. The ISP must be revised as necessary.

**Annual ISP** – All individuals who are eligible for Division services and programs shall have, at a minimum, a new ISP annually. The Support Coordinator shall facilitate the person-centered planning process with the planning team, continually update and revise the ISP if service needs have changed during the course of the year, and write a new ISP annually. Information gathered and documented in case notes and/or on the Support Coordinator Monitoring Tool throughout the year must be considered in reviewing, revising, and writing new
ISPs. If the monthly and quarterly minimal requirements have already been met (including the annual home visit), a Support Coordinator Monitoring Tool does not need to be completed in the same month as the annual ISP.

13.2 Plan Review Elements
The following applicable elements must be addressed by the Support Coordinator whenever the planning team reviews the ISP or services:

- Review the individual’s current services and ISP to determine the type, recommended amount, received amount, and cost of each service.
- Review all progress reports, evaluations, assessments, recommendations, nursing reports, incident reports, and monitoring records received to determine if services are being provided appropriately.
- Gather information obtained in circumstances in which interaction with or assessment/observation of individual services was done.
- Assess, in conjunction with the individual, the services being provided, progress toward outcomes, and any problems or service needs from the individual’s perspective. Discuss satisfaction with services and providers including service gaps and the back-up plan where appropriate.
- Discuss new or previously identified risks and the prevention of those risks.
- Discuss with the provider/other team member’s progress toward outcomes and any concerns. Review the data on outcomes to assess the individual’s progress and identify any barriers to achievement of those outcomes.
- Discuss changes in the individual’s medical/functional status including any behavioral health needs. If necessary, contact the Managed Care Organization’s (MCO) care management to discuss any changes in the individual’s health.
- Discuss services the individual is receiving from entities other than the Division (i.e. DVRS, DDS, MCO, etc.). Coordinate care with these entities as appropriate.
- If the Support Coordinator’s assessment indicates changes to the current ISP or services are necessary, discuss the changes and the rationale for the changes with the individual. This discussion is especially critical if the changes may result in a reduction or termination of service.

13.3 Service Provider’s Quality Assurance Responsibilities
Service providers – including Support Coordinators – may become aware of quality assurance issues during the course of their work, e.g. licensing standards which are out of compliance, inappropriate implementation of programs, serious incidents not being reported, or billing/claim irregularities. The service provider must report problems to the Division and document these concerns in a case note and/or the Support Coordinator Monitoring Tool.
14 PROVIDER FISCAL SUSTAINABILITY

The Division will collect data in order to measure a provider agency’s ongoing fiscal viability.

14.1 Fiscal Sustainability Criteria

- **Primary Reserve Ratio**
  - Compares expendable net assets to total expenses
  - Measures the sufficiency of and flexibility of the organization’s resources to support its mission and fund programs and other expenses without having to borrow externally.
  
- **Operating Margin Ratio**
  - Measures the profitability of an organization.
  - Subtracts expenses from revenue and divides by revenue.
  - Will be used to forecast potential future year surpluses/deficits.
  - Important for agencies to project number of units delivered.

- **Program Spending Ratio**
  - Compares total program/service expenses to total expenses
  - Determines the amount of administrative overhead an organization needs to run its program.

- **Operating Reliance Ratio**
  - Divides program revenues by total expenses
  - Shows how much an organization is able to pay for total expenses solely from program revenues

- **Debt Ratio**
  - Indicates an organization’s financial solvency by measuring total liabilities and debt against total assets
  - High ratios could indicate financial problems in the future

- **Cash Flow Analysis**
  - Projection of revenues and expenditures on a month by month basis for a 24 month period to determine a provider agency’s ability to sustain operations.

- **Rate Elements**
  - In order to evaluate the accuracy and sufficiency of reimbursement rates, the Division will collect expenditure on the cost elements analyzed in the initial rate study. *A template to report this information is forthcoming.*

*Additional information regarding the benchmarks by which the Division will assess this data is forthcoming.*
15 QUALITY ASSURANCE, TECHNICAL ASSISTANCE, & AUDITING

15.1 Service Provider Quality Management

Quality management in a service provider agency requires a comprehensive strategy that includes planning, implementing, evaluating, and improving on systems and agency practices that lead to enhanced outcomes for individuals served. The Division of Developmental Disabilities expects that all service providers will be able to demonstrate a comprehensive quality management system in the agency that includes employee development and training; background and exclusion checks; auditing and fraud detection; incident and risk management; adherence to human rights standards; performance and outcomes measurements for service improvement; and an annual quality management plan that details the agency’s goals and quality improvement practices.

15.1.1 Employee Development & Training

Supported and well-trained staff in human services agencies and service providers are essential to positive outcomes obtained by individuals with developmental disabilities. Employee development includes strategies to recruit and retain staff and to enhance the professional and personal growth of staff. This can include methods such as ongoing learning and skill development, implementing motivating strategies, and increasing supervisory support and coaching on the job. Focus on career development, increased skills, and reducing staff turnover are core elements of employee development programs. While employee development programs should include more than just minimum standards, the Division requires all staff to complete mandated training topics and to obtain a minimum amount of ongoing training per year. Mandated training will be hosted through the College of Direct Support (CDS). See training requirements under services in Section 17. In addition, agencies will be required to collect and monitor data related to staff turnover and retention rates.

15.1.2 Mandated Background & Exclusion Checks

Service providers are required to check that staff hired, Board of Directors, and contracted vendors utilized are not excluded from working with individuals with developmental disabilities or within a Medicaid provider agency. These checks include, but are not limited to:

Federal Databases:

These federal databases must be checked upon hire and no less frequently than ongoing monthly checks.

- **Office of Inspector General List of Excluded Individuals/Entities (OIG LEIE)** - The OIG has the authority to exclude individuals and entities from Federally funded health care programs and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties. [http://exclusions.oig.hhs.gov/](http://exclusions.oig.hhs.gov/)

- **System for Award Management (SAM)** [Formerly the General Services Administration Excluded Parties List System (GSA EPLS)] - The Excluded Parties List System is an electronic, web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. [http://www.sam.gov](http://www.sam.gov)

State Databases:

- **NJ Central Registry of Offenders Against Individuals with Developmental Disabilities** – The Department of Human Services (DHS) is required to maintain a confidential list of caregivers who have been determined to have abused, neglected, or exploited an individual with a developmental disability. NJ law bars listed offenders from being re-employed by, or volunteering in, DHS-funded programs. Employers providing these services are required to determine if potential caregivers are included on the central registry. Names appearing on the list will be barred from consideration or continued employment by the employer. More information is provided at: [http://www.state.nj.us/humanservices/staff/opia central_registry.html](http://www.state.nj.us/humanservices/staff/opia central_registry.html)
- **New Jersey Department of Treasury Consolidated Debarment Report** - Agency debarment, suspension and disqualification actions taken pursuant to Executive Orders #34 (1976) and #189 (1988).
  [http://www.state.nj.us/treasury/debarred/](http://www.state.nj.us/treasury/debarred/)
- **Criminal History Background Check** – Required upon hire and before working alone with individuals with developmental disabilities and every 2 years thereafter. This check requires no criminal background according to the Federal Bureau of Investigation (FBI) Identification Division or in the State Bureau of Identification in the Division of State Police. *The detailed process for DDD Medicaid approved providers is forthcoming and will be in conjunction with DDD and OPIA Central Fingerprinting Unit.*

15.2 Auditing & Fraud Detection

15.2.1 Auditing
Ongoing evaluation of service providers will occur to ensure compliance with Division standards and Medicaid claiming either via routine audits or other methods. Methods of monitoring may include on-site visits, interviews with staff or contractors, questionnaires, DHS/DDD Licensing and Certification inspections, reviews of policies and procedures, trend analysis or other methods as deemed appropriate by the Division’s Quality Improvement Office. All service providers will be subject to both fiscal and programmatic reviews and audits on a regular basis by both Medicaid and the Division.

Day Habilitation programs must be certified, which will require formal reviews and on-site inspections. See Section 17.7.3 for detailed information.

Residential programs will continue to be licensed and subject to published licensing regulations. Current requirements can be found at: [http://www.state.nj.us/humanservices/ool/licensing/](http://www.state.nj.us/humanservices/ool/licensing/)

15.2.2 Fraud Detection
Division Policy on Fraud, Waste, & Abuse includes sanctions for providers when fraudulent claims are made as well as whistleblower protections for staff reporting:

Agencies where potential fraud is detected will be subject to Medicaid Fraud & Abuse investigations and policies as well as the Provider Disenrollment Policy, found in Section 16. While NJ Medicaid providers are not currently required to implement Compliance programs, the Medicaid Fraud Division strongly encourages providers whose payments from the Medicaid program exceed $100,000 per year to implement a compliance program. Please go to the following websites for additional information:

- Medicaid Fraud Division information: [http://nj.gov/comptroller/divisions/medicaid/index.html](http://nj.gov/comptroller/divisions/medicaid/index.html)

15.3 Incident & Risk Management
Division Circular #14 requires the reporting of unusual incidents. All individuals providing services to Division eligible individuals must report incidents in the required time frames and cooperate in investigations. Support Coordinators are mandated to notify the Division immediately of all known or alleged reports of abuse, neglect, and exploitation. Failure to immediately report allegations of abuse, neglect, or exploitation is considered a disorderly person’s offense and can result in a fine of $350 for each day that the abuse, neglect, or exploitation was not reported. Definitions of abuse, neglect, and exploitation are as follows:

- **Abuse** – physical, sexual, or verbal acts against a person served that cause pain, physical or emotional harm, mental distress, injury, anguish, and/or suffering.
• **Neglect** – the failure of a caregiver to provide the needed services and supports to ensure the health, safety, and welfare of the service recipient.

• **Exploitation** – any willful, unjust, or improper use of a service recipient or his/her property/funds, for the benefit or advantage of another, condoning and/or encouraging the exploitation of a service recipient by another person.

Allegations of abuse, neglect, and exploitation remain allegations unless substantiated by investigation. Investigations of unusual incidents shall occur in accordance with Division Circular #15 and DHS policies and procedures. All incidents must be founded as substantiated, unsubstantiated, or unfounded in order to be closed.

UIR Coordinators are available in each Region to provide assistance with recording of incidents including forms, timeframes, types of incidents, role of the Support Coordinator, etc. Division staff reviews all available information and determine if remedial action is needed or was already taken. Sufficient information must be gathered to complete the mandatory required fields of the initial incident report. However, if all information is not available, reporting of the incident should not be delayed. The missing information should be submitted as soon as possible in a follow-up report.

### 15.4 Performance & Outcome Measures

#### 15.4.1 Quality Focus Groups

The Division will issue a summary report compiled by The Boggs Center with feedback obtained from individuals, family members, and providers on areas to address by the Division in the development of a comprehensive quality management strategy. *More information will be forthcoming.*

#### 15.4.2 National Core Indicators

Since 2007, the Division has worked with the National Core Indicators Project (NCI). Sponsored by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and managed by the Human Services Research Institute (HSRI), the National Core Indicators will serve as the basis of a systems performance measurement system for the Division. The Quality Improvement Unit is responsible to manage and staff the NCI project. Quality Unit staff conduct information gathering activities including face to face interviews and mailer surveys. The current set of NCI performance indicators includes approximately 100 individual, family, systemic, cost, and health and safety outcomes - outcomes that are important to understanding the overall health of developmental disabilities agencies. Many of the individual NCI data elements have potential implications for discovery, remediation, and improvement regarding service planning and delivery. Sources of information include individual survey (e.g. empowerment and choice issues), family surveys (e.g. satisfaction with supports), provider survey (e.g. staff turnover), and state systems data (e.g. expenditures, mortality, etc.). The core indicators also provide information for many of the desired outcomes stated in the Home and Community Based Services Quality Framework. The NCI surveys will be expanded in the near future and service providers are expected to cooperate with Division staff conducting surveys.

#### 15.4.3 Customer Satisfaction Measures

Service providers will be required to design and implement customer satisfaction measures with results reported to the Division on at least an annual basis. Measures may include surveys, complaint and grievance resolution, or other evidence. *Specific requirements will be forthcoming.*

#### 15.4.4 Family Satisfaction Surveys

The Division will develop and implement a Family Satisfaction Survey to determine areas of satisfaction and areas of improvement needed with regard to Support Coordination services. *More information will be forthcoming.*
15.4.5 Data Collection & Reporting
Agencies must collect and maintain data related to use of personal and mechanical restraints and regularly analyze such data to identify trends in use by entity, program/service, and individual. Any agencies utilizing these practices must do so in compliance with applicable Division Circulars and statutory requirements and must report all such data to the Division on a regular basis. **Specific reporting requirements will be forthcoming.**

15.5 Quality Management Plan
The Division requires an annual Quality Management Plan for each service provider detailing goals for the year, implementation strategies, evaluation of strategies, and indicators of systemic improvements made as a result of analysis. **Details on Quality Management Plan requirements will be forthcoming.**

15.6 Division Oversight & Quality Monitoring
The Division is required to implement oversight and monitoring of DDD service providers. As such, agencies will be subject to audits and formal reviews of fiscal and programmatic functions. The Division will evaluate services and require corrective action when necessary. Evaluative strategies and actions by the Division will include, but are not limited to:

- Monitoring and addressing characteristics and behaviors effecting the health and safety of individuals
- Monitoring the use of restrictive interventions and unusual incidents
- Monitoring and preventing instances of abuse, neglect, and exploitation of service recipients
- Evaluating appropriate level of care and access to services
- Monitoring of deliverables and related documentation required by service type
- Monitoring of credentialing requirements by service type
- Monitoring training requirements
- Monitoring of service plans, including assessed needs met and revisions made when necessary
- Monitoring service delivery in accordance with service plans
- Monitoring individual choice and trends in referrals by support coordination agencies
- Monitoring individual and family satisfaction with services
- Monitoring individual outcomes and goal attainment
- Trend analysis of issues identified on monitoring tools and required follow up
- Involuntary capacity closure for services not being rendered in compliance with Division standards
- Monitoring and auditing Medicaid claims data
- Monitoring service provider Quality Management Plans and required data reporting

See also Provider Disenrollment in Section 16.

15.7 Technical Assistance
The Division is committed to providing quality services to individuals with developmental disabilities and as such, will provide technical assistance to service providers to improve performance. Service providers may be moved to the Provider Disenrollment process for poor performance or lack of improvement in core areas. See policy in Section 16 for details.

Division staff will be assigned to agencies based on area of technical assistance required. Areas may include Employment, Day Habilitation, Behavior Policy & Planning, Human Rights, Service Plan Development, Quality Improvement, Compliance/Fiscal Auditing, or other core areas as identified in reviews or audits.
16 PROVIDER DISENROLLMENT

The Division of Developmental Disabilities (DDD) reserves the right to disenroll any provider in its entirety or any one or more services in the event the provider does not meet or is in violation of any of the Division’s policies, standards, and/or requirements. When warranted, DDD may impose sanctions, such as limiting the location of service, including expansion, as well as the acuity level of individuals served. DDD will disenroll providers in accordance with NJAC 10:49-11 concerning suspension, debarment, and disqualification of providers. Additional details about this process can be found in the Medicaid Administrative Manual available at http://www.lexisnexis.com/hottopics/njcode/.

Providers may be immediately disenrolled, including additional sanctions, whenever it is determined that the agency has:

- jeopardized the safety and welfare of the program participants
- materially failed to comply with the terms and conditions of the Provider Agreement
- compromised the fiscal or programmatic integrity of the Provider Agreement

The provider is responsible for complying with all DDD standards during the disenrollment process, whether voluntary or involuntary. Failure to do so could result in a report to Medicaid Fraud and Abuse for neglect of duties.

16.1 Voluntary Provider Disenrollment – Provider Initiated

1. Providers of all services other than residential who wish to disenroll as a DDD approved provider must notify the Assistant Commissioner, Division of Developmental Disabilities (DDD), in writing, with a copy to the designated staff coordinating agency approvals. This notification must include the number of people served, the service location(s), and a plan to transfer services and supports.

2. The Assistant Commissioner or designee will review the transfer plan and will approve or negotiate an acceptable plan within ten (10) business days of the notification to DDD.

3. Once the transfer plan is approved by the Assistant Commissioner or designee, the provider will begin the transfer, with a transition period lasting at least 60 days from plan approval. For agencies serving more than 50 individuals, a longer timeframe may be required for transition.

16.1.1 Provider & Support Coordinator Transition Responsibilities

1. The provider is required to follow through on the transfer plan approved by DDD to ensure participant health, welfare, and safety.

2. The provider is responsible to make arrangements to ensure continuity of care prior to closure. This includes notification to the individual’s Support Coordinator in writing of an agency closure including time frames.

3. The Support Coordinator will notify the individual and family/guardian, as applicable, and assist with coordination of a new service provider.

4. The provider must follow up with individuals/families to ensure they have made contact with the Support Coordinator and they are actively being assisted with the transition to a new provider.
   a. If the agency to close is a Support Coordination (SC) agency, the SC agency must provide the individual/family with the SC Agency Selection Form and assist with identifying a new agency.

5. Failure by the service provider or Support Coordination agency to comply with any of the above requirements could result in a report to Medicaid Fraud and Abuse for neglect of duties.

6. At least 30 days prior to the disenrollment date, the provider will fill out the online disenrollment paperwork and forward to the designated staff coordinating agency approvals.

7. The designated staff coordinating agency approvals will transfer the paperwork to the Office of Provider Enrollment, Division of Medical Assistance & Health Services (DMAHS), at least 15 days before the disenrollment date.
16.2 Involuntary Provider Disenrollment – System Initiated

Providers may be moved to disenrollment due to lack of claiming activity for 18 or more months. Providers may be subject to sanctions or exclusionary actions in addition to disenrollment based on the severity of the circumstance in the event of any of the following occurrences or for the reasons stated in N.J.A.C. 10:49-11.1:

- Corrective action is not implemented in a timely manner or to the satisfaction of the Division
- Issues identified during suspension are not satisfactorily addressed
- Failure to comply with the terms and conditions of the Provider Agreements (DMAHS and DDD), any relevant DDD Policy & Procedure Manuals, and federal and state law
- Failure to provide or maintain quality services to Medicaid beneficiaries within accepted practice standards of the Division
- A record of failure to perform or of unsatisfactory performance in accordance with the quality oversight process and/or licensing statutes
- Criminal activity on the part of the approved provider agency, its officers, board members, or employees subject to offenses listed in NJAC 10:49-11.1
- Submission of fraudulent claims, submission of false information, or disregard to timely submission of claims
- Sanctions or financial actions taken by third parties against the approved provider agency that jeopardize the intent or fulfillment of the Provider Agreement
- Failure to submit reports, records, and audits either upon request or in the event of an incomplete submission
- Disqualification by some other department/agency within the State of New Jersey or exclusion from participation in any Medicaid program of another state

The provider may be immediately disenrolled and excluded from rendering supports and services to individuals, without the opportunity for corrective action, whenever it is determined that the provider agency has:

- jeopardized the safety and welfare of the program participants
- materially failed to comply with the terms and conditions of the Provider Agreement
- compromised the fiscal or programmatic integrity of the Provider Agreement

16.2.1 Technical Assistance & Remediation

A. DDD may provide technical assistance to a provider to correct issues identified before initiating the involuntary provider disenrollment process unless fraudulent activity or other serious issue is discovered.

B. The technical assistance and expected remediation will be at the discretion of the Division and will be targeted for 30 days, with extended timeframes in extenuating circumstances. Corrective action required by DDD may include a temporary capacity closure to new individuals until the remediation is complete to the satisfaction of the Division.

C. If the issue warrants immediate corrective action or issues still exist after the identified timeframe for the technical assistance, DDD will initiate the involuntary provider disenrollment process.

16.2.1.2 Involuntary Provider Disenrollment Process

The involuntary provider disenrollment process begins with the opportunity for corrective action unless fraudulent activity or serious issues are discovered, in which case the provider may be moved to immediate sanctions and disenrollment.

16.2.1.2.1 Corrective Action

1. DDD will advise the provider of any deficiencies in writing and a corrective action response from the provider is due within 10 business days of receipt.

2. A copy of the deficiency notice will be forwarded to the Office of Provider Enrollment, Division of Medical Assistance and Health Services (DMAHS). DMAHS will forward a letter to the provider notifying them that their provider number is in jeopardy.
3. The provider will be given **up to** 90 days to implement the corrective action response. DDD will document all verbal communication during this time period and all decisions, direction, and mandates will be documented via written communication.

4. If the provider fails to implement the corrective action plan either timely, or to the satisfaction of DDD, the Director of Quality Improvement (DDD) and the Office of Provider Enrollment (DMAHS) will be notified in writing by the DDD designated staff coordinating agency approvals and the decision to move the provider to suspension and/or disenrollment will be made.

16.2.1.2.2 Sanctions

1. Sanctions to the provider may include limiting the location of service, including any expansion; limiting the acuity level of individuals served; and/or suspension of claiming ability for all or particular services.

2. Providers are expected to continue to provide services to individuals unless the Division or Medicaid determines otherwise. In situations where services will cease during the provider’s sanction, the individual’s Support Coordinator will be notified by the Division to assist in transitioning to a new provider.

3. DDD will sanction a provider via written notice within 10 days of the effective date.

16.2.1.2.2.1 Suspensions

- Notices for suspension of payments will advise the following:
  a) effective date suspension is imposed;
  b) reasons for the suspension or a statement declining to give such reasons and setting forth DDD’s position regarding the suspension;
  c) state that the suspension is for a temporary period pending the completion of an investigation and any legal proceedings that may ensue; and
  d) an opportunity for a hearing if so requested

- If legal proceedings do not commence or the suspension is not removed within 60 days of the date of notice, the provider will be given a statement with the above information for continuation of the suspension. Where a suspension by one Division has been the basis for suspension by another Division, the latter shall note that fact as a reason for its suspension.

- A suspension shall not continue beyond 18 months from its effective date unless civil or criminal action regarding the alleged violation has been initiated within that period, or unless disenrollment action has been initiated. The suspension may continue until the legal proceedings are completed.

- A suspension may include all known affiliates of a provider, provided that each decision to include an affiliate is made on a case by case basis after giving due regard to all relevant facts and circumstances.

- DDD will notify the Office of Provider Enrollment, DMAHS, of the suspension and whether the intent is to also impose pre-pay status for the course of the suspension or some other determined time-period. Pre-pay status allows for submission of claims during the suspension time with retroactive payments once the outcome of the provider is determined.

16.2.1.2.3 Disenrollment

1. The provider will be advised by the Office of Provider Enrollment, DMAHS, of the following in a notice for disenrollment:
   a) reason for the disenrollment
   b) provider’s right to request an appeal with time frames and procedures
   c) effective date of the impending disenrollment
   d) That a request for an appeal of the decision for disenrollment does not preclude the determined disenrollment from being implemented

2. The provider may be required to participate in a plan for transition of services as defined by DDD, and once the transfer is complete, Medicaid will close the provider number.

3. The Office of Provider Enrollment at DMAHS will copy DDD on the notice for the provider disenrollment and terms.
16.2.1.3 Appeals & Reinstatement

16.2.1.3.1 Appeals Process

1. A provider may be granted a hearing because of the denial of a prior authorization request or issues involving the provider’s status, for example, suspension, disenrollment, and other status, as described in NJAC 10:49-11.1, or issues arising out of the claims payment process (NJAC 10:49-9.14).

2. The Office of Provider Enrollment, DMAHS, will notify the provider in writing of the disenrollment stating the reason and referencing the violation as stated in either of the Provider Agreements or state regulation and a copy will be sent to DDD. In the case of suspension, DDD will notify the provider in writing.

3. The provider has 20 days from the date of the letter to contact the Office of Legal & Regulatory Affairs by certified and regular mail of their intent to appeal. The address for the Office of Legal & Regulatory Affairs is included in the disenrollment notice.

16.2.1.3.2 Reinstatement

1. Reinstatement of a provider will occur per Medicaid policies and procedures.

2. If reinstated, the provider may receive retroactive payment for services provided per Medicaid decision.
17 SUPPORTS PROGRAM SERVICES

The services available through the Supports Program are as follows:

- Assistive Technology
- Behavioral Supports
- Career Planning
- Cognitive Rehabilitation
- Community Based Supports
- Community Inclusion Services
- Day Habilitation
- Environmental Modifications
- Fiscal Management Services (FI)*
- Goods & Services
- Interpreter Services
- Natural Supports Training
- Occupational Therapy
- Personal Emergency Response System (PERS)
- Physical Therapy
- Prevocational Training
- Respite
- Speech, Language, and Hearing Therapy
- Support Coordination*
- Supported Employment – Individual Employment Support
- Supported Employment – Small Group Employment Support
- Supports Brokerage
- Transportation
- Vehicle Modification

*Please note – Services that are marked with an asterisk are administrative in nature and are not funded through the individualized budget. They are not included under “services” in the ISP.

This section provides service descriptions, limitations, qualifications, and standards for each service.
17.1 Assistive Technology

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<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
<th>Budget Component</th>
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<td>Individual/Family Supports</td>
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17.1.1 Description

Assistive technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes: (A) the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; (B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants; (C) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; (D) ongoing maintenance fees to utilize the assistive technology (e.g., remote monitoring devices); (E) coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the Service Plan; (F) training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and (G) training or technical assistance for professionals or other individuals who provide services to, or who are employed by participants.

17.1.2 Service Limits

All Assistive Technology services and devices shall meet applicable standards of manufacture, design and installation and are subject to prior approval on an individual basis by DDD. Prior approval will be based on the functional evaluation as described above. Items covered by the Medicaid State Plan cannot be purchased through this service.

17.1.3 Provider Qualifications

All providers of Assistive Technology services must comply with the standards set forth in this manual.

In addition, AT providers must meet at least one of the following:

- Occupational Therapists must be licensed per N.J.A.C. 13:44K -OR-
- Physical Therapists must be licensed per N.J.A.C. 13:39A -OR-
- Speech/Language Pathologist must be licensed per N.J.A.C. 13:44C -OR-
- Assistive Technology Specialist, bachelor’s degree in technical services or rehabilitation services related field and a minimum of 1-year working with individuals with ID/DD and is certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

In addition AT Vendors/Business Entities must:

- Be an established business as a medical supplier or assistive technology supplier in New Jersey -or-
- Have license, certification, registration, or authorization from the New Jersey Department of Consumer Affairs or any other endorsing entity and Liability Insurance -or-
- Be an out-of-state medical or assistive technology supplier who is an approved Medicaid provider in their state of residence
17.1.4 Examples of Assistive Technology Activities
- Evaluation of AT needs
- Purchasing, leasing, acquiring AT
- Designing, fitting, customizing devices
- Repairing or replacing devices
- Ongoing maintenance fees
- Training or technical assistance for the individual, family, guardians, professionals, etc. to use the technology

17.1.5 Assistive Technology Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.1.5.1 Need for Service and Process for Choice of Provider
The need for Assistive Technology will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the use of the relevant Assistive Technology will be included in the Individual Service Plan (ISP).

Additional information regarding the process for an individual to access assistive technology is forthcoming.

17.1.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for assistive technology services is forthcoming.

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13 Please note that examples are not all inclusive of everything that can be funded through this service
17.2 Behavioral Supports

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<td>Monitoring</td>
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</tbody>
</table>

17.2.1 Description

Individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual’s developmental disability and necessary for the individual to acquire or maintain appropriate interactions with others. Intervention modalities must relate to an identified challenging behavioral need of the individual. Specific criteria for remediation of the behavior shall be established. The provider(s) shall be identified in the Service Plan and shall have the minimum qualification level necessary to achieve the specific criteria for remediation. Behavioral Supports includes a complete assessment of the challenging behavior(s), development of a structured behavioral modification plan, implementation of the plan, ongoing training and supervision of caregivers and behavioral aides, and periodic reassessment of the plan.

17.2.2 Service Limits

Behavioral Supports services are offered in addition to and do not replace treatment services for behavioral health conditions that can be accessed through the State Plan/MBHO and mental health service system. Individuals with co-occurring diagnoses of developmental disabilities and mental health conditions shall have identified needs met by each of the appropriate systems without duplication but with coordination to obtain the best outcome for the individual.

17.2.3 Provider Qualifications

All providers of Behavioral Supports services must comply with the standards set forth in this manual. In addition, Behavioral Supports providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes training in Positive Behavior Supports (PBS) and the Division mandated training.

In addition, staff conducting assessments, developing behavior support plans, and training/supervising caregivers must meet at least one of the following:

- Clinician holding NADD certification -OR-
- Master’s/PhD level Behaviorist -OR-
- Board Certified Behavior Analyst, or Masters Level Clinician with Positive Behavioral Support Training

In addition, staff responsible for monitoring the implementation of the behavior support plan will have course work or specific training in behavioral supports, including data monitoring and analysis, along with professional training in at least one of the following noted below:

- Master's degree in psychology, special education, sociology, guidance and counseling, or social work

17.2.4 Examples\(^14\) of Behavioral Supports Activities

- Behavioral assessment
- Development of behavior support plan
- Implementation of plan
- Training and supervision of caregivers
- Periodic reassessment of behavioral plan
- Monitoring of plan

\(^{14}\) Please note that examples are not all inclusive of everything that can be funded through this service
17.2.5 Behavioral Supports Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards as well the requirements outlined in Division Circulars 5, 18, 19, 20, and 34.

17.2.5.1 Need for Service and Process for Choice of Provider
The need for Behavior Supports will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Behavioral Supports will be included in the Individual Service Plan (ISP) and the Behavioral Supports provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Behavioral Supports provider, as practicable, in the planning process to assist in identifying and developing applicable outcomes.

The Behavioral Supports provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Behavioral Supports, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.2.5.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

17.2.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Behavioral Supports shall successfully complete the following training:

17.2.5.3.1 Prior to Working with a Participant
- Positive Behavioral Supports – available through The Boggs Center on Developmental Disabilities

17.2.5.3.2 Within 30 Days of Hire
- Prevention of Abuse, Neglect, and Exploitation – accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.2.5.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for Behavioral Supports is forthcoming.
17.2.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Behavioral Supports providers in accordance with the requirements of the Supports Program Quality Plan.
17.3 Career Planning

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<th>Procedure Codes</th>
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<td>15 minutes</td>
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17.3.1 Description
Career planning is a person-centered, comprehensive employment planning and support service that provides assistance for program participants to obtain, maintain or advance in competitive employment or self-employment. It is a focused, time-limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state’s minimum wage. The outcome of this service is documentation of the participant’s stated career objective and a career plan used to guide individual employment support. If a participant is employed and receiving supported employment services, career planning may be used to find other competitive employment more consistent with the person’s skills and interests or to explore advancement opportunities in his or her chosen career.

17.3.2 Service Limits
This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual\(^{15}\), and as authorized in their Service Plan. This service is available to participants at a maximum of 80 hours per Service Plan year. If the participant is eligible for services from the State’s Division of Vocational Rehabilitation Services, these services must be exhausted before Career Planning can be offered to the participant.

17.3.3 Provider Qualifications
All providers of Career Planning services must comply with the standards set forth in this manual. In addition, all staff providing Career Planning services must be a Certified Rehabilitation Counselor (CRC), Professional Vocational Evaluator (PVE), Certified Vocational Evaluator (CVE) or Employment Specialist that has successfully completed all Division approved training mandated for an employment specialist/job coach as further described in Section 17.3.5.5. Career Planning providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure staff are a minimum of 20 years of age and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

17.3.4 Examples\(^{16}\) of Career Planning Activities
- Determination of career direction through interest inventories, situational assessments, etc.
- Development of a plan that states the career objective and guides individual employment support

17.3.5 Career Planning Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing, regulatory, and/or certification standards.

17.3.5.1 Career Planning Overview
The career planning process utilizes the individual’s dreams, outcomes, personal preferences, interests, and needs to help the individual figure out the types of employment he/she wants to pursue and develop a plan to assist him/her in getting there. The focus of the career planning process is on identifying what the job seeker wants to do rather than a lack of skills or limitations that he/she may have. Upon identification of the desired employment outcome, the career plan will identify support needs necessary toward reaching that outcome. Each individual’s career planning service is unique to that individual’s plan and demonstrates increasing involvement in the

\(^{15}\) The standards for employment services (career planning, prevocational training, and supported employment individual and small group supports) have been incorporated into the Supports Program Policies & Procedures Manual instead of establishing a separate manual for these services. The “Standards for Supported Employment Services Manual” from 2007 does not apply to people or services in the Supports Program.

\(^{16}\) Please note that examples are not all inclusive of everything that can be funded through this service.
employment market, development of community connections, and continued movement toward inclusive settings and community employment.

The goals of Career Planning services include but are not limited to the following:

- Developing a career path that leads to maintained employment in the general workforce
- Furthering an individual’s career through increased wages earned, receipt of employment benefits, increased working hours, promotions, etc.
- Increasing an individual’s satisfaction with his/her career direction in circumstances where the individual is unsatisfied with his/her current job

17.3.5.2 Best Practices in Career Planning

- Utilizing a person centered approach to discover the individual’s likes/dislikes, job preference goals, strengths/skills, and support needs in order to develop a career plan
- Partnering with the individual and people he/she already knows to identify creative methods leading to the end result of employment within the career path of choice
- Identifying a network of people/connections who can provide assistance, leads, support, etc. to accomplish employment within the career path of choice
- Developing a written plan that will guide the individual in negotiating/meeting his/her needs
- Finding a new approach to the individual’s career path
- Connecting to the individual’s community and discovering additional resources

17.3.5.3 Need for Service and Process for Choice of Provider

Career Planning services can be provided to anyone who is unable to identify a desired career path or job and has expressed an interest to work competitively in the general workforce. The need for Career Planning services will typically be identified through the Pathway to Employment discussion that takes place during the person centered planning process and documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to exploring career options and developing a path to competitive employment in the general workforce will be included in the Individual Service Plan (ISP) and the Career Planning provider will develop strategies to assist the individual in reaching the desired outcome(s).

This service can only be accessed through the Division if it is not available through the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) – as documented on the F3 Form “DVRS or CBVI Determination Form for Individuals Eligible for DDD.”

It is recommended that the individual research potential service providers through phone calls, meetings, office visits, etc. to select the service provider that will best meet his/her needs.

The Career Planning service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Career Planning, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.3.5.4 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).
17.3.5.4.1 All Staff
- Minimum 20 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.3.5.4.2 Executive Director or Equivalent
- Bachelor’s Degree - OR -
- High school diploma and 5 years experience working with people with developmental disabilities, two of which shall have been supervisory in nature

17.3.5.4.3 Program Management Staff/Supervisors
- Graduated from an accredited college or university with a Bachelor’s degree, or higher, in Education, Social Work, Psychology or related field, plus one (1) year of successful experience in human services or employment services, or
- Graduated from an accredited college with an Associate’s degree, plus two (2) years of successful experience in human services, or
- Graduated with a high school diploma or equivalent and five (5) years of experience in occupational areas similar to those being offered at the program. A combination of college or technical school may be substituted for experience on a year for year basis.
- Have a clear understanding of the demands and expectations in business and industry.

17.3.5.4.4 Certified Rehabilitation Counselors (CRC), Professional Vocational Evaluator (PVE), Certified Vocational Evaluator (CVE), or Employment Specialist
- Education level necessary to maintain CRC, PVE, or CVE status
- Have an Associate’s degree or higher in a related field from an accredited college or university or have a high school diploma or equivalent with three (3) years of related experience
- Be familiar with the demands and expectations of business and industry

17.3.5.5 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Career Planning services shall successfully complete the following training:

17.3.5.5.1 Within 30 Days of Hire
- Prevention of Abuse, Neglect, and Exploitation –accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.3.5.5.2 Within 90 Days of Hire
- Division approved Employment Specialist series of training provided through The Boggs Center on Developmental Disabilities. Additional Supported Employment, Customized Employment, Employment Specialist, or Job Coach training options may meet this requirement if preapproved by the Director of Employment, Transition, and Day Services at the Division

17.3.5.5.3 Continuing Education
All Career Planning personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to Career Planning and/or supporting individuals with intellectual and developmental disabilities. Documentation of training shall be maintained in the employee’s personnel file. These trainings may include but are not limited to training or technical assistance from the following sources:
- The Boggs Center on Developmental Disabilities
- VCU
• College of Direct Support/College of Employment Supports
• APSE (Association for People Supporting EmploymentFirst)
• DDD
• DVRS
• The Arc of New Jersey – Project Hire’s Technical Assistance Services
• Centers for Independent Living

17.3.5.6 Documentation & Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Career Planning services must result in an individualized written career plan. The Career Planning provider can develop the preferred format for this plan but must include, at a minimum, indication of the individual’s career goal, a detailed description/outline of how the individual is going to achieve that goal, and identification of areas where employment support may be needed.

17.3.5.7 Quality Assurance and Monitoring
The Division will conduct quality assurance and monitoring of Career Planning providers in accordance with the requirements of the Supports Program Quality Plan.
17.4 Cognitive Rehabilitation

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17.4.1 Description
A systematic, functionally-oriented service of therapeutic cognitive activities, based on an assessment and understanding of the person’s brain behavior deficits. Services are directed to achieve functional changes: by (1) reinforcing, strengthening or re-establishing previously learned patterns of behavior, or (2) establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems. Therapeutic interventions include but are not limited to direct retraining, use of compensatory strategies, use of cognitive orthotics and prostheses. Activity type and frequency are determined by assessment of the participant, the development of a treatment plan based on recognized deficits, and periodic reassessments. Cognitive therapy can be provided in the individual’s home or community settings.

17.4.2 Service Limits
Daily limits as delineated by the participant’s Service Plan. Frequency and duration of service must be supported by assessment and included in the participant’s Service Plan. CRT may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants. Both group and individual sessions may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record. This service must be coordinated and overseen by a CRT provider holding at least a master’s degree. All individuals who provide or supervise the CRT service must complete six hours of relevant ongoing training in CRT and or brain injury rehabilitation. Training may include, but is not limited to, participation in seminars, workshops, conferences, and in-services.

17.4.3 Provider Qualifications
All providers of Cognitive Rehabilitation services must comply with the standards set forth in this manual. In addition, Cognitive Rehabilitation providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Cognitive Rehabilitation services must meet the following:

- Certified Brain Injury Specialist (CBIS) through the Academy of Certified Brain Injury Specialists (ACBIS) – AND –
- Complete 6 hours of relevant ongoing training on Cognitive Rehabilitation Therapy or brain injury rehabilitation - AND - at least one of the following:
  - Master’s degree in an allied health field from an accredited institution where the degree is a prerequisite for licensure or certification
  - Bachelor’s degree in an *allied rehabilitation field from an accredited institution where the degree is sufficient for licensure, certification or registration
  - Master’s or Bachelor’s degree in an *allied rehabilitation field from an accredited institution where the degree is insufficient for licensure, certification, or registration or when such is not available must be supervised by a qualified professional

*Applicable allied rehabilitation degree programs include: counseling, education, medicine, neuropsychology, OT, PT, psychology, recreation therapy, social work, special education and speech-language pathology.

Supervisors of Cognitive Rehabilitation Services must meet at least one of the following:

- Cognitive Rehabilitation Therapy providers holding at least a Master’s degree
- Certification by the Society for Cognitive Rehabilitation
- Rehabilitation professional that is licensed or certified

17.4.4 Examples\textsuperscript{17} of Cognitive Rehabilitation Activities
- Direct retraining
- Compensatory strategies
- Cognitive orthotics and prostheses

17.4.5 Cognitive Rehabilitation policies/standards
In addition to the standards set forth in this manual, Cognitive Rehabilitative services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

17.4.5.1 Need for Service and Process for Choice of Provider
The need for Cognitive Rehabilitation will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Cognitive Rehabilitation will be included in the Individual Service Plan (ISP) and the Cognitive Rehabilitation service provider will develop strategies to assist the individual in reaching the desired outcome(s).

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

Additional information regarding the process for an individual to access cognitive rehabilitation services is forthcoming.

17.4.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for Cognitive Rehabilitation services is forthcoming.

\textsuperscript{17} Please note that examples are not all inclusive of everything that can be funded through this service.
## 17.5 Community Based Supports

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<tr>
<th>Procedure Codes</th>
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### 17.5.1 Description

Services that provide direct support and assistance for participants, with or without the caregiver present, in or out of the participant's residence, to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in his/her Service Plan. Community-Based Supports are delivered one-on-one with a participant and may include but are not limited to: assistance with community-based activities and assistance to, as well as training and supervision of, individuals as they learn and perform the various tasks that are included in basic self-care, social skills, and activities of daily living.

### 17.5.2 Service Limits

Providers of Community-Based Support Services may be members of the participant’s family except for spouse or parent of a minor child, provided that the family member has met the same standards as providers who are unrelated to the individual.

### 17.5.3 Provider Qualifications

All providers of Community Based Supports must comply with the standards set forth in this manual. In addition, Community Based Supports providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

In addition, Home Health Agencies or Health Care Service Firms providing Community Based Supports must meet the following license or accreditation requirements:

- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -OR-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)

### 17.5.4 Examples of Community Based Supports Activities

- Support from staff to enable an individual to attend an event, take a class, etc.
- Support from staff to assist an individual participating in activities such as: assistance in completing activities of daily living, ordering off a menu, purchasing items, learning basic cooking, laundry skills, etiquette, travel training, accessing activities in the community, etc.
- One-on-one tutoring
- Support on a job site to assist in basic self-care, social skills, and activities of daily living.
  - *Please note that Community Based Supports can be used in addition to but cannot replace Supported Employment services (such as job coaching). Supported Employment services must be

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18 Please note that examples are not all inclusive of everything that can be funded through this service.
provided in accordance with the standards described in Section 17.20 by professionals who have completed the Employment Specialist/Job Coach series of trainings. For example, Community-Based Supports can be provided to assist an individual on a job site with safety awareness, remaining focused on work tasks, self-care needs, eating lunch, etc., but cannot assist the individual or his/her supervisor in learning work tasks, setting up accommodations to complete work tasks, or the training associated with learning new aspects of his/her job duties. Those activities must be conducted by an appropriately qualified and approved Supported Employment provider.

17.5.5 Community Based Supports Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.5.5.1 Need for Service and Process for Choice of Provider

The need for Community Based Supports will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Community Based Supports will be included in the Individual Service Plan (ISP) and the Community Based Supports provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Community Based Services provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Community Based Supports provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Community Based Supports, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.5.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.5.5.3 Mandated Staff Training & Professional Development

The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Community Based Supports shall successfully complete the following training:

17.5.5.3.1 Prior to Assuming Sole Responsibility for an Individual Receiving Services

- Medication (unless medications are not being distributed as documented per the ISP) - Staff providing Community Based Supports shall not administer medication or assume sole responsibility for an individual receiving services during a period of time when medication is scheduled to be given until he/she has successfully completed the medication training and on-site competency assessment.
Cardio Pulmonary Resuscitation (CPR) – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified CPR training program.

Standard First Aid – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified Standard First Aid training program.

17.5.5.3.2 Within 30 Days of Hire
- Overview of Developmental Disabilities – accessible through the College of Direct Support.
- Prevention of Abuse, Neglect, and Exploitation – accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.5.5.3.3 SDEs
- Any additional training mandated, and provided by, the individual/family shall be completed within the time period as specified by the individual/family.

17.5.5.3.4 Within 120 Days of Hire (through the College of Direct Support)
- Cultural Competence
- Positive Behavior Supports
- Person Centered Planning
- Community Inclusion
- Individual Rights & Choices
- Everyone Can Communicate
- Teaching People with DD
- Functional Assessment
- Working with Families
- Home & Community Living

17.5.5.3.5 Continuing Education
All Community Based Supports personnel shall annually complete at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to supporting individuals with intellectual and developmental disabilities. Documentation of training shall be maintained in the employee’s personnel file.

17.5.5.3.6 Specialized Staff Training
Staff that work with individuals with medical restrictions, special instructions, or specialized needs shall receive training to meet those needs. Topics in this area shall be addressed to meet the individual’s needs and may include but are not limited to the following:
- Specialized diets/mealtime needs – including eating techniques, consistency of foods, the use of prescribed equipment, the level of supervision needed, etc.
- Mobility procedures and safe use of mobility devices
- Seizure management and support
- Assistance, care, and support for individuals with identified specific needs related to physical and/or medical conditions
- Assistance, care, and support for individuals with identified mental health and/or behavioral needs (must comply with relevant Division policies)

17.5.5.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall
conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

The provider of Community Based Supports, in collaboration with the individual, must indicate the strategies the Community Based Supports Provider will be using to assist the individual in reaching his/her personally defined outcome(s) indicated in the ISP. These strategies must be indicated on the Community Based / Individual Supports Activity Log.

17.5.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Community Based Supports providers in accordance with the requirements of the Supports Program Quality Plan.
17.6 Community Inclusion Services

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</tr>
</tbody>
</table>

17.6.1 Description
Services provided outside of a participant’s home that support and assist participants in educational, enrichment or recreational activities as outlined in his/her Service Plan that are intended to enhance inclusion in the community. Community Inclusion Services are delivered in a group setting not to exceed six (6) individuals.

17.6.2 Service Limits
Community Inclusion Services are limited to 30 hours per week. Transportation to or from a Community Inclusion Service site is not included in the service.

17.6.3 Provider Qualifications
All providers of Community Inclusion Services must comply with the standards set forth in this manual. In addition, all Community Inclusion Services providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

In addition, Home Health Agencies or Health Care Service Firms providing Community Inclusion Services must meet the following license or accreditation requirements:
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -OR-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)

17.6.4 Examples\(^\text{19}\) of Community Inclusion Services Activities
- Small group outings to community festivals, museums, book clubs, theater groups, cultural events, holiday celebrations, sporting events, etc.
- Small group leisure activities in the community
- Small group educational activities in the community

17.6.5 Community Inclusion Services Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

\(^{19}\) Please note that examples are not all inclusive of everything that can be funded through this service
17.6.5.1 Need for Service and Process for Choice of Provider
The need for Community Inclusion services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Community Inclusion services will be included in the Individual Service Plan (ISP) and the Community Inclusion Services provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Community Inclusion provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs. The Community Inclusion provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Community Inclusion, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.6.5.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.6.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Community Inclusion shall successfully complete the following training:

17.6.5.3.1 Prior to Assuming Sole Responsibility for an Individual Receiving Services
- Medication (unless medications are not being distributed as documented per the ISP) - Staff providing Community Inclusion shall not administer medication or assume sole responsibility for an individual receiving services during a period of time when medication is scheduled to be given until he/she has successfully completed the medication training and on-site competency assessment.
- Cardio Pulmonary Resuscitation (CPR) – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified CPR training program.
- Standard First Aid – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified Standard First Aid training program.

17.6.5.3.2 Within 30 Days of Hire
- Overview of Developmental Disabilities – accessible through the College of Direct Support.
- Prevention of Abuse, Neglect, and Exploitation – accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.6.5.3.3 Within 120 Days of Hire (through the College of Direct Support)
- Cultural Competence
- Positive Behavior Supports
17.6.5.3.4 Continuing Education
All Community Inclusion Services personnel shall annually complete at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to supporting individuals with intellectual and developmental disabilities. Documentation of training shall be maintained in the employee’s personnel file.

17.6.5.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

The provider of Community Inclusion Services, in collaboration with the individual, must develop strategies for each personally defined outcome related to the Community Inclusion Services that the service provider has been chosen to provide as indicated in the ISP. These strategies must be completed within 15 calendar days of the date the individual begins to receive Community Inclusion Services from the provider and must be documented on the Community Inclusion Services Activities Log. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These strategy revisions must be completed within 15 calendar days of the ISP modification or approval of the annual ISP.

17.6.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Community Inclusion providers in accordance with the requirements of the Supports Program Quality Plan.
### 17.7 Day Habilitation

#### 17.7.1. Description

Services that provide education and training to acquire the skills and experience needed to participate in the community, consistent with the participant’s Service Plan. This may include activities to support participants with building problem-solving skills, self-help, social skills, adaptive skills, daily living skills, and leisure skills. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are provided during daytime hours and do not include employment-related training. Day Habilitation may be offered in a center-based or community-based setting.

#### 17.7.2 Service Limits

Day Habilitation does not include services, activities or training which the participant may be entitled to under federal or state programs of public elementary or secondary education, State Plan services, or federally funded vocational rehabilitation. Day Habilitation is limited to 30 hours per week. Transportation to or from a Day Habilitation site is not included in the service.

#### 17.7.3 Provider Qualifications

All providers of Day Habilitation services must comply with the standards set forth in this manual. In addition, Day Habilitation providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

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20 The “Standards for Adult Day Programs” manual from 2007 does not apply to people or services in the Supports Program.

21 The Division is working to amend the waiver to eliminate this statement about transportation.
17.7.3.1 Day Habilitation Certification
All Day Habilitation service providers shall only operate after receiving a valid Day Habilitation Certification and becoming an approved Medicaid/DDD provider for Day Habilitation services.

Day Habilitation Certification is required for each specific site, is time limited, and is non-transferable.

17.7.3.1.1 Provisional Certification
Prior to submitting the Combined Application to become a Medicaid/DDD provider for Day Habilitation services, providers are required to obtain Provisional Day Habilitation Certification. This one-year certification verifies that the agency’s Day Habilitation services have met the minimum requirements to provide Day Habilitation services at each location in which these services will be offered.

Prior to the expiration of the one-year provisional certification, a full audit of the provider’s day habilitation services will be conducted in order to determine ongoing certification.

17.7.3.1.2 Ongoing Certification
Upon expiration of the Day Habilitation Certification, an audit of the provider’s Day Habilitation services will be conducted in order to determine ongoing certification. Certification type will be issued as follows:

- **3 Year Certification** – awarded for compliance scores of 86% and above in both critical and significant standards
- **1 Year Certification** – awarded when compliance scores fall between 85% and 70% in critical and/or significant standards
- **Conditional Certification** – awarded when compliance scores are 69% or below in critical and/or significant standards

17.7.4 Day Habilitation Activities Guidelines
The Division of Developmental Disabilities encourages best practices and engaging activities in day habilitation services (day programs) and offers the following guidance as a starting point for day habilitation service providers in planning and executing comprehensive activities in their programs.

17.7.4.1 General Guidelines
Day habilitation service providers should include activities that follow the following general guidelines:

- **Be Age-Appropriate**
- **Offer Variety & Choice**
- **Emphasize Community Experiences**
- **Focus on Small Groups and Individual Interactions and Experiences**

17.7.4.1.1 Examples\(^{22}\) of Activities
Activities should be individualized based on likes, dislikes, areas of interests, desires, dreams, etc. as documented in the Person Centered Planning Tool (PCPT). The following list is not exhaustive, but is simply to generate ideas on the types of activities that can occur and assist with the development of positive programming.

17.7.4.1.1.1 Community Experiences
Some of the following community experiences can assist in developing personal interests:

- Shopping – budgeting, money management
- Restaurants – ordering from menus, personal choices, paying the bill
- Sports/fitness events and activities

\(^{22}\) Please note that examples are not all inclusive of everything that can be funded through this service
• Library, Book clubs
• Health fairs
• Museums
• Cultural events
• Travel and community safety, use of public transportation
• Theater, community concerts
• Community festivals
• Holiday celebrations
• Parks, walking, picnics
• Community gardens

17.7.4.1.1.2 Activities
• Cooking, meal preparation, food safety
• Money management
• Health, fitness
• Laundry
• Personal hygiene
• Classes on skill development
  o Advocacy
  o Assertiveness
  o Communication
  o Choices, decision-making
  o Problem-solving
  o Boundaries
  o Healthy sexuality
  o Relationship building
• Developing personal interests
  o Cards and competitive/collaborative games
  o Painting, artwork, drawing, constructing models, needlecraft, jewelry design, sculpting, woodworking, scrapbooking, photography
  o Theater, film-making
  o Dancing, music, playing instruments, singing
  o Horticulture, gardening, terrariums
  o Athletics, sports, fitness
  o Reading, books, poetry
  o Computer and other devices/technology, social media experience
• Current events
• Telling time
• Cleaning

17.7.5 Day Habilitation Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.7.5.1 Need for Service and Process for Choice of Provider
The need for Day Habilitations services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Day Habilitation services will be included in the Individual Service Plan (ISP) and the Day Habilitation service provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and
families are encouraged to include the Day Habilitation provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Day Habilitation service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Day Habilitation services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.7.5.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.7.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff (including volunteers) providing Day Habilitation services:

17.7.5.3.1 Within 30 days of Hire
- Overview of Developmental Disabilities – This training is accessible through the College of Direct Support.
- Prevention of Abuse, Neglect, and Exploitation – This training is accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”
- Medication (unless medications are not being distributed as documented per the ISP) - Staff providing Day Habilitation shall not administer medication or assume sole responsibility for an individual receiving services during a period of time when medication is scheduled to be given until he/she has successfully completed the medication training and on-site competency assessment.
- Fire Evacuation and Emergency Procedures
- Universal Precautions as per Division Circular #45 “HIV/AIDS”
- Cardio Pulmonary Resuscitation (CPR) – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified CPR training program.
- Standard First Aid – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified Standard First Aid training program.

17.7.5.3.2 Within 120 Days of Hire (through the College of Direct Support)
- Cultural Competence
- Positive Behavior Supports
- Person Centered Planning
- Community Inclusion
17.7.5.3.3 Within the First Year of Hire (through the College of Direct Support)

- Individual Rights & Choices
- Everyone Can Communicate
- Teaching People with DD
- Functional Assessment
- Working with Families
- Home & Community Living

17.7.5.3.4 Continuing Education

All Day Habilitation personnel shall annually complete at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to supporting individuals with intellectual and developmental disabilities. Documentation of training shall be maintained in the employee’s personnel file.

17.7.5.3.5 Specialized Staff Training

Staff that work with individuals with medical restrictions, special instructions, or specialized needs shall receive training to meet those needs. Topics in this area shall be addressed to meet the individual’s needs and may include but are not limited to the following:

- Specialized diets/mealtime needs – including eating techniques, consistency of foods, nutritional supplements, food thickeners, the use of prescribed equipment, chair positioning, the level of supervision needed, etc.
- Mobility procedures and safe use of mobility devices
- Seizure management and support
- Assistance, care, and support for individuals with identified specific needs related to physical and/or medical conditions
- Assistance, care, and support for individuals with identified mental health and/or behavioral needs (must comply with relevant Division policies)

17.7.5.3.6 Ongoing Training (Review, Recertification, etc.)

- CPR and Standard First Aid Recertification – staff shall submit documentation of successful completion of recertification in CPR and Standard First Aid in accordance with the recertification timeframes established by the certified training program
- Medication Policies and Procedures – staff shall review medication policies and procedures annually and successfully complete the annual on-site competency assessment
- Fire Evacuation and Emergency Procedures – staff shall review annually
- Universal Precautions – staff shall review annually
- Individual Rights – staff shall review annually

17.7.5.4 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

The provider of Day Habilitation services, in collaboration with the individual, must develop strategies to assist the individual in reaching the personally defined outcome related to the Day Habilitation services that the service
provider has been chosen to provide as indicated in the ISP. These strategies must be completed within 15 calendar days of the date the individual begins to receive Day Habilitation services from the provider and must be documented on the Day Habilitation Activities Log. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These strategy revisions must be completed within 15 calendar days of the ISP modification or approval of the annual ISP.

### 17.7.5.5 Service Settings

When day habilitation activities are being conducted in a center, the following standards must be met for the building (site):

- Day Habilitation services shall take place in a non-residential setting and separate from any home or facility in which any individual resides
- The service provider shall comply with all local, municipal, county, and State codes
- The Certificate of Continued Occupancy (CCO) or Certificate of Occupancy (CO) or other documentation issued by local authority shall be available on site and a copy shall be posted
- The service provider shall be in compliance with the Americans with Disabilities Act (ADA) requirements
- Municipal fire safety inspections shall be conducted consistent with local code and maintained on file
- Exit signs shall be posted over all exits
- The site shall have a fire alarm system appropriate to the population served
- The site shall have sufficient ventilation in all areas
- The site shall have adequate lighting
- The facility shall be maintained in a clean, safe condition, to include internal and external structure
  - Aisles, hallways, stairways, and main routes of egress shall be clear of obstruction and stored material
  - Floors and stairs shall be free and clear of obstruction and slip resistant
  - Equipment, including appliances, machinery, adaptive equipment, assistive devices, etc. shall be maintained in safe working order
  - Adequate sanitary supplies shall be available including soap, paper towels, toilet tissue
- The service provider shall ensure that health and sanitation provisions are made for food preparation and food storage
  - The service shall maintain appropriate local or county Department of Health certificates, where appropriate
- Prior to relocating a site used to provide Day Habilitation services, potential sites must be reviewed and approved by the Division. Requests for site review and approval shall be directed through the Division designee.

### 17.7.5.6 Medical/Behavioral

#### 17.7.5.6.1 Individual Medical Restrictions/Special Instructions

Individuals receiving day habilitation services may have a variety of medical restrictions or special instructions related to their health and safety. Information about these restrictions or special instructions shall be included in the Individualized Service Plan, shared with identified service providers, and documented in the individual file.

Day Habilitation service providers shall:

- Maintain current documentation of medical restrictions or special instructions within the individual file and on the emergency card.
- Ensure that all personnel understand, follow, and are trained as needed in all medical restrictions or special instructions associated with the individuals receiving services
- Comply with N.J.A.C. 10:42, Division Circular #20 “Mechanical Restraint & Safeguarding Equipment” when utilizing safeguarding equipment (e.g. braces, thoracic jackets, splints, etc.) necessary to achieve proper body position and balance.
- Adhere to any special dietary and/or texture requirements (e.g. feeding techniques, consistency of foods, the use of prescribed feeding equipment, level of supervision needed when eating, etc.) as ordered by the physician and/or documented in the ISP

17.7.5.6.2 Illness/Contagious Conditions
- If an individual arrives for day habilitation services in apparent ill health or becomes ill during day habilitation service hours, the service provider shall:
  - Require that the individual be removed from services for symptoms including but not limited to fever, vomiting, diarrhea, body rash, sore throat and swollen glands, severe coughing, eye discharge, or yellowish skin or eyes
  - Notify the caregiver
  - Document actions in the individual record
- If an individual is suspected of having a contagious condition, the individual shall be removed from services until a physician’s written approval/clearance is obtained as documented in the individual file. The service provider shall ensure exposed individuals and their primary caregiver or guardian are notified of related signs and symptoms.
- If an individual requires emergency treatment at a hospital or other facility during day habilitation service hours, day habilitation service staff shall remain with the individual until the caregiver or guardian arrives.

17.7.5.7 Emergencies

17.7.5.7.1 Emergency Plans
The provider shall develop written plans, policies, and procedures to be followed in the event of an emergency evacuation or shelter in place (for circumstances requiring that people remain in the building) and ensure that all staff are sufficiently trained on these plans, policies, and procedures. Emergency numbers shall be posted by each telephone. Emergency cards must be kept up to date and maintained in a central location so they are available and portable in emergencies.

17.7.5.7.2 Emergency Procedures
At a minimum, procedures shall specify the following:
- Practices for notifying administration, personnel, individuals served, families, guardians, etc.
- Locations of emergency equipment, alarm signals, evacuation routes
- Description of evacuation procedure for all individuals receiving services – including mechanism to ensure everyone has been evacuated and is accounted for, meeting location(s), evacuation routes, method to determine reentry, method for reentry, etc.
- Description of shelter in place procedure for all individuals receiving services – including mechanism to ensure everyone has been moved to a safe location and is accounted for, destinations within the building for various emergencies, routes to designated destinations, method to determine clearance to exit the building, method for exiting, etc.
- Reporting procedures in accordance with Division Circular #14 “Reporting Unusual Incidents”
- Methods for responding to Life-Threatening Emergencies in accordance with Division Circular #20A “Life Threatening Emergencies”

17.7.5.7.3 Evacuation Diagrams
An evacuation diagram specific to the facility/program location shall be posted conspicuously throughout the facility. At a minimum these diagrams must consist of the following:
- Evacuation route and/or nearest exit,
- Location of all exits,
- Location of alarm boxes (pull station), and
- Location of fire extinguishers
17.7.5.7.4 Emergency Drills
Drills for a variety of emergencies (fire, natural disaster, etc.) shall be conducted regularly to ensure individuals receiving Day Habilitation services understand the emergency procedures. At a minimum emergency drills shall meet the following criteria:

- Rotated between the variety of potential emergencies given the location and population served
- Conducted monthly with individuals served present
- Varied as to accessible exits
- Documented to include date, time of drill, length of time to evacuate, number of individuals participating, name(s) of participating staff, problems identified, corrective actions for problems, and signature of person in charge

17.7.5.7.5 Emergency Cards
The Day Habilitation service provider shall maintain an Emergency Card for each individual. This card will consolidate relevant emergency, health, and medical information provided by the ISP into one, readily available and portable document in case of emergencies. The provider shall verify the information provided by the ISP and review and update the Emergency Card at least annually. The Emergency Card shall include, at a minimum, the following information:

- Individual’s Name
- Individual’s Date of Birth
- Individual’s DDD ID Number
- Emergency Contact Information
- Guardianship Information, if applicable
- Diagnosis
- Medications, if applicable
- Individual Medical Restrictions/Special Instructions, if applicable
- Medical Contact Information
  - Primary Physician Information
  - Preferred Hospital
- Healthcare Contact Information
  - Managed Care Organization (MCO) Information
  - Private Insurance, if applicable
  - Administrative Services Organization (ASO), if applicable
- Support Coordinator Contact Information

17.7.5.7.6 Emergency Consent for Treatment Form
The provider shall discuss the individual’s wishes related to emergency treatment and obtain a signed general statement of consent for emergent care that includes but is not limited to the following:

- Medical or surgical treatment
- Hospital admission
- Examination and diagnostic procedures
- Anesthetics
- Transfusions
- Operations deemed necessary by competent medical clinicians to save or preserve the life of the named individual in the event of an emergency

17.7.5.7.7 First Aid Kit
Each day habilitation site shall maintain a first aid kit which minimally includes the following items:

- Antiseptic
- Rolled gauze bandages
- Sterile gauze bandages
- Adhesive paper or ribbon tape
- Scissors
- Adhesive bandages (Band-Aids)
- Standard type or digital thermometer

### 17.7.5.8 Medication

The service provider shall comply with the Division-approved Medication Module

#### 17.7.5.8.1 Medication Policies & Procedures

Day Habilitation service providers must develop written policies and procedures specific to the following:
- Prescription, over-the-counter (OTC) and “as needed” (PRN) medications;
- Storage, administration and recording of medications;
- Definition and reporting of errors, emergency medication for life threatening conditions and staff training requirements

#### 17.7.5.8.2 Storage

**On-Site**
- All prescription medication shall be stored in the original container issued by the pharmacy and shall be properly labeled.
- All OTC medication shall be stored in the original container in which they were purchased and the labels kept in tact
- The service provider shall supervise the use and storage of prescription medication and ensure a storage area of adequate size for both prescription and non-prescription medications is provided and locked.
- The medication storage area shall be inaccessible to all persons, except those designated by the service provider
  - Designated staff shall have a key to permit access to all medications, at all times and to permit accountability checks and emergency access to medication
  - Specific controls regarding the use of the key to stored medication shall be established by the service provider
- Each individual’s prescribed medication shall be separated and compartmentalized within the storage area (i.e. Tupperware, Zip-loc bags, etc.)
- If refrigeration is required, medication must be stored in a locked box in the refrigerator or in a separate locked refrigerator
- Oral medications must be separated from other medications
- OTC medications must be stored separately from prescription medications in a locked storage area

**Off-Site**
- Medications must be stored in a locked box/container
- Each individual’s prescribed medication shall be separated and compartmentalized within the locked container; the container must be with staff at all times; locking medications in the glove-compartment is not permitted
- Special storage arrangements shall be made for medication requiring temperature control
- Designated staff shall have a key to permit access to all medications at all times and to permit accountability checks and emergency access to medication
- The service provider must ensure that all medication to be administered off-site is placed in a sealed container labeled with the following:
  - The individual’s name
  - The name of the medication

#### 17.7.5.8.3 Prescription Medication

A copy of the prescription shall be on record stating:
• The individual’s full name
• The date of the prescription
• The name of the medication
• The dosage
• The frequency

17.7.5.8.3.1 Documentation
• Written documentation shall be filed in the individual record indicating that the prescribed medication is reviewed at least annually by the prescribing physician, i.e. prescriptions current within one year.
• A Medication Administration Record (MAR) shall be maintained for each individual receiving prescription medication
  o The service provider shall transcribe information from the pharmacy label onto the Medication Administration Record (MAR)
  o If the exact administration time the medication is to be administered is not prescribed by the physician, determination of the time shall be coordinated with the caregiver and then recorded on the MAR i.e. at mealtimes
  o The staff person who prepares the medication must administer the medication and document it on the Medication Administration Record (MAR) immediately or upon return to the facility
  o Any change in medication dosage by the physician shall be immediately noted on the current MAR by staff, consistent with the provider’s procedure
• Verbal orders from a physician shall be confirmed in writing within 24 hours or by the first business day following receipt of the verbal order and the prescription shall be revised at the earliest opportunity
• All medications received by the adult day service shall be recorded at the time of receipt including the date received and the amount received i.e. 30 pills, 1-5 oz tube, etc.

17.7.5.8.3.2 Supplies
• An adequate supply of medication must be available at all times; as a general guideline, refill the medication when a 5-day supply remains
• For individuals who are supported through services which are not associated with a facility, the dosage of medication for the day must be provided in a properly labeled pharmacy container
  o The dosage
  o The frequency
  o The time of administration
  o The method of administration

17.7.5.8.3.3 Emergency Administration of Prescription Medication
Service providers shall ensure the safety of individuals who have a history of severe life-threatening conditions requiring the administration of prescription medication in emergency situations. Examples include, but are not limited to:
• Severe allergic reaction (called anaphylaxis) which requires the use of epinephrine via an “epi-pen” injection
• Cardiac conditions requiring the administration of nitroglycerin tablets

Staff shall follow life-threatening emergency procedures and the orders/protocol established by the physician

17.7.5.8.4 PRN (as needed) Prescription Medication
PRN prescription medication must be authorized by a physician. The authorization must clearly state the following:
• The individual’s full name
• The date of the prescription
• The name of the medication
• The dosage
• The interval between doses
• Maximum amount to be given during a 24-hour period
• A stop-date, when appropriate; and,
• Under what conditions the PRN medication shall be administered

17.7.5.8.4.1 Administration of PRN
• Determine the time the previous PRN medication(s) was given (through caregiver)
• Must be approved by the supervisory staff or designee, before administering
• Must be administered by the staff person who prepares the medication
• Followed by checking in with the individual 1-2 hours after administration to observe effect of PRN
• Convey time PRN was given by the day habilitation provider to the caregiver

17.7.5.8.4.2 Documentation
• Administration of the medication, including time of administration, must be documented by the staff person who prepared it on the Medication Administration Record (MAR) immediately or upon return to the facility
• Results of checking on individual 1-2 hours after administration to observe if the PRN is working

17.7.5.8.5 PRN Over the Counter (OTC) Medication

17.7.5.8.5.1 Administration of PRN – OTC
• Can only been done when an OTC form signed by the physician is on file and includes the following:
  o Conditions under which the OTC is to be given
  o The type of medication
  o The dosage
  o The frequency
  o Maximum amount to be given during a 24-hour period
  o Under what conditions to administer additional OTC
• Determine the time the previous OTC medication was given (through caregiver)
• Must be administered by the staff person who prepares the medication
• Convey the time the OTC was given by the day habilitation provider to the caregiver

17.7.5.8.5.2 Documentation
• Administration of the OTC medications must be documented by the staff person who prepared it on a Medication Administration Record (MAR) separate from the one utilized for prescription medication

17.7.5.8.6 Self-Medication
Individuals receiving medication shall take their own medication to the extent that it is possible, as noted in the ISP, and in accordance with the day habilitation service provider’s procedures

17.7.5.8.6.1 Documentation
The following information shall be maintained in the individual’s record:
• The name of the medication
• The type of medication(s)
• The dosage
• The frequency
• The date prescribed
• The location of the medication
17.7.5.8.5.2 Storage
- Medication shall be kept in an area that provides for the safety of others, if necessary
- Each individual who administers his or her own medication shall receive training and monitoring by the service provider regarding the safekeeping of medications for the protection of others, as necessary

17.7.5.9 Transportation
The rate established for Day Habilitation services includes transportation. Day Habilitation service providers are required to provide pick up and drop off transportation for individuals residing in the Day Habilitation provider’s defined catchment area within reason of the day habilitation services operational hours. Catchment area and reasonable pick up and drop off hours are submitted during the provider application and/or day habilitation certification process. In addition, day habilitation providers are required to provide transportation for Day Habilitation activities that are planned in the community. **At no time may an individual receiving services be left alone in a vehicle.**

17.7.5.9.1 Vehicles
All vehicles utilized by the Day Habilitation provider to transport individuals receiving services shall:
- Comply with all applicable safety and licensing regulations of the State of New Jersey Motor Vehicle Commission regulations
- Be maintained in safe operating condition
- Contain seating that does not exceed maximum capacity as determined by the number of available seatbelts and wheelchair securing devices
- Be wheelchair accessible by design and equipped with lifts and wheelchair securing devices which are maintained in safe operating condition when transporting individuals using wheelchairs
- Be equipped with the following:
  - 10:BC dry chemical fire extinguisher
  - First Aid kit
  - At least 3 portable red reflector warning devices
  - Snow tires, all weather use tires, or chains when weather conditions dictate

17.7.5.9.1.1 Maintenance
The day habilitation provider shall develop a preventative maintenance system and conduct monthly, at a minimum, review of the condition of vehicles.

17.7.5.9.2 Policies & Procedures
The day habilitation provider shall develop transportation policies and procedures that include but are not limited to the following:
- Emergency/accident procedures that include notification per agency and insurance company processes
- Pick up/drop off processes – catchment area, times, waiting period, supervision needed for drop off and process when someone is not home to provide necessary supervision,
- Suspension
  - Reasons for suspension – must be explained and signed off by individual
  - Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
  - Return to transportation
  - Appeal process
- Cancellations
  - Due to the day habilitation provider – weather, program closures, etc.
  - Due to the individual – illness, decision not to go to day habilitation that day, etc.
**17.7.5.10 Service Provider Policies & Procedures Manual**

Day Habilitation service providers shall develop, maintain, and implement a manual of written policies and procedures to ensure that the service delivery system complies with the standards governing day habilitation services. These policies and procedures shall be designed in accordance with the Supports Program and Community Care Waiver (CCW) Policy & Procedures Manuals and applicable Division Circulars. At a minimum, the following areas must be addressed within the service provider’s policies & procedures manual:

- Unusual Incident Reporting
- Investigations in compliance with DC#15 “Complaint Investigations in Community Programs”
- Complaint/grievance resolution procedures for individuals receiving services, which shall have a minimum of 2 levels of appeal, the last of which shall, at a minimum, involve the executive director
- Emergency plans
- Life-threatening emergencies in compliance with #20A
- Health/Medical
- Medication administration (including procedures for self-medication)
- Transportation
- Personnel
- Admission, Suspension, Discharge

**17.7.5.11 Day Habilitation Service Admission**

The Support Coordinator will assist the individual in researching Day Habilitation service providers and indicate the provider of choice in the ISP. Each Day Habilitation service provider is responsible for establishing an admission process and developing criteria for acceptance into their Day Habilitation services.

**17.7.5.11.1 Provider Admission Policies and Procedures**

The Day Habilitation service provider shall develop, maintain, and implement admission policies and procedures. These policies and procedures shall be made readily available to prospective participants and their Support Coordinators and, at a minimum, include the following:

- Pre-admission process – in person meeting, tour of services, documentation, physical exam…
- Criteria for acceptance – diagnosis/disability type, tier…
- Appeal process (or should it just be grievance?)
- Admission process – determining start date, submission of referral packet…
- Waiting list
- Program rules and expectations, rights and responsibilities

**17.7.5.11.2 Prior Authorization for Day Habilitation Services**

The Support Coordinator will identify the need for Day Habilitation services through review of the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process facilitated by the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome(s) related to the results expected through participation in Day Habilitation services will be included in the Individualized Service Plan (ISP). The Support Coordinator will assist the individual in identifying potential Day Habilitation providers based on knowledge of the individual’s needs; criteria provided by the individual; the individual’s research conducted with service providers through phone calls, face-to-face meetings, tours, etc.; and the provider’s written admission policies and procedures. Upon confirmation of a Day Habilitation service provider, the Support Coordinator will indicate the chosen provider in the ISP along with units, frequency, and duration of the Day Habilitation service and submit the completed ISP to the Support Coordination Supervisor for approval. A prior authorization for services will be generated and sent to the chosen Day Habilitation service provider when the ISP has been approved. The Day Habilitation provider cannot receive reimbursement for services rendered until this prior authorization has been generated. The Support Coordinator will also send the approved ISP to providers indicated in the ISP within 3 business days of approval.
17.7.5.12 Day Habilitation Suspension/Discharge

17.7.5.12.1 Suspension
The Day Habilitation service provider shall develop, maintain, and implement suspension policies and procedures. These policies and procedures shall be explained to individuals to ensure they understand them and shall, at a minimum, include the following:

- Reasons for suspension – must be explained and signed off by individual
- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
- Return to services
- Appeal process

17.7.5.12.2 Discharge
The Day Habilitation service provider shall develop, maintain, and implement discharge policies and procedures. These policies and procedures shall be explained to individuals to ensure they understand them and shall, at a minimum, include the following:

- Reasons for discharge – must be explained and signed off by individual
- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
- Appeal process
17.8 Environmental Modifications

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</table>

17.8.1 Description
Those physical adaptations to the private residence of the participant or the participant’s family, based on assessment and as required by the participant’s Service Plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant.

17.8.2 Service Limits
All services shall be provided in accordance with applicable State or local building codes and are subject to prior approval on an individual basis by DDD. Excluded items are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

17.8.3 Provider Qualifications
All providers of Environmental Modification services must comply with the standards set forth in this manual.

In addition, Environmental Modifications providers must meet the following:
- Contractors must be registered contractors per N.J.S.A. 56:8-136 AND
- Licensed in the State of NJ for specific service to be rendered (i.e. Electrical, plumbing, general contractor) -AND-
- Service provided must be provided in accordance with applicable state or local building codes

17.8.4 Examples of Environmental Modifications
- Ramps
- Grab-bars
- Widening of doorways
- Modifications of bathrooms
- Emergency generator for equipment
- Air filters/humidifiers
- Stair lifts
- Ceiling track systems for transfers

17.8.5 Environmental Modifications Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.8.5.1 Need for Service and Process for Choice of Provider
The need for Environmental Modifications will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once

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23 Please note that examples are not all inclusive of everything that can be funded through this service.
this need is identified, an outcome related to the result(s) expected through the use of the relevant Environmental Modifications will be included in the Individual Service Plan (ISP).

Additional information regarding the process for an individual to access Environmental Modifications is forthcoming.

17.8.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for environmental modifications is forthcoming.
### 17.9 Fiscal Management Services

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
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<td>To Be Determined</td>
<td>Month</td>
<td>NA</td>
<td>NA</td>
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</tbody>
</table>

#### 17.9.1 Description

Service/function that assists the participant (or the participant’s family or representative, as appropriate) to: (a) manage and direct the disbursement of funds contained in the participant-directed budget; (b) facilitate the employment of staff by the family or participant, by performing (as the participant’s agent) such employer responsibilities as processing payroll, withholding Federal, state, and local tax and making tax payments to appropriate tax authorities; and, (c) performing fiscal accounting and making expenditure reports to the participant or family and state authorities.

#### 17.9.2 Service Limitations

As specified by the Department of Human Services

#### 17.9.3 Provider Qualifications

The Department of Human Services will be releasing a Request for Proposals (RFP) to solicit a Fiscal Intermediary. The FI will be responsible for following processes and meeting deliverables established through the RFP. Once awarded, additional policies/procedures will be incorporated into this manual.

*The Division will continue to contract with their current FI until a provider is identified through the RFP process. Additional information regarding the Fiscal Intermediary policies and procedures is forthcoming.*
17.10 Goods & Services

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
<th>Budget Component</th>
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<tr>
<td>T1999HI22</td>
<td>Reasonable &amp; Customary</td>
<td>Single</td>
<td>NA</td>
<td>Either</td>
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17.10.1 Description
Goods and Services are services, equipment or supplies, not otherwise provided through generic resources, the Supports Program, or through the State Plan, which address an identified need (including improving and maintaining the participant’s opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant’s safety in the home environment; and, the participant does not have the funds to purchase the item or service or the item or service is not available through another source. Goods and Services are purchased from the participant’s budget and paid and documented by the fiscal intermediary.

17.10.2 Service Limits
Experimental or prohibited treatments are excluded. Goods and Services must be based on assessed need and specifically documented in the Service Plan.

17.10.3 Provider Qualifications
All providers of Goods & Services must comply with the standards set forth in this manual and complete State/Federal Criminal Background checks and Central Registry checks for all staff as applicable. In addition, staff providing Goods & Services must meet the qualifications/standards mandated by the relevant industry from which the specific service is being provided.

17.10.4 Examples of Goods & Services
- Fingerprinting, drug testing costs needed to be considered for a job but not otherwise covered by DVRS
- Garage door opener for access to home
- Microwave oven to assist someone in cooking his/her own meals
- Classes
- Durable medical equipment prescribed by a physician but not otherwise covered
- Activity Fees

17.10.5 Goods & Services Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.10.5.1 Need for Service and Process for Choice of Provider
The need for Goods & Services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person-Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the purchase of Goods & Services will be included in the Individualized Service Plan (ISP).

The entity identified to provide Goods & Services along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP. **All Goods & Services require Division approval in order for prior authorization to be provided for the purchase of the Goods & Services.** Prior authorization and a copy of the approved ISP will be provided to the Fiscal Intermediary for distribution to the vendor of Goods &

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24 Please note that examples are not all inclusive of everything that can be funded through this service
Services. Items and services related to wellness and exercise, such as gym memberships, may be approved, but a prescription or other documentation may be necessary.

17.10.5.1.1 Goods & Services Criteria
A request for Goods & Services will be reviewed against the following criteria to determine approval:

- Need is disability-related
- Addresses an identified need
- Decreases the need for other services or promotes community inclusion or increases safety in the home
- Not available through another entity
- Fully integrated
- Employment-related
- Does not benefit someone other than the individual
- Available to the general public and not specifically designed for people with disabilities

17.10.5.1.2 Goods & Services Exclusions
The following items can never be accessed through Goods & Services:

- Purely entertainment or solely for recreation or entertainment
- Political in nature or lobbying
- Personal items/services not related to the disability
- Gift cards
- Vacation expenses
- General food, clothing, beverages
- Room & board
- Personal training
- Cash
- Gambling, alcohol, tobacco
- Experimental or prohibited treatments

17.10.5.1.3 Criteria to Utilize Goods & Services to Fund Classes\(^{25}\)
Funding for an individual to develop/build skills by attending classes that are available to the general public can be made available through Goods & Services within the Division’s Supports Program when other means to pay for these classes are not available for the individual.

Funding for classes that are available to the general public can be provided through Goods & Services when the following criteria are met:

- the requirements necessary to access Goods & Services are met – AND –
- the class is linked to an assessed need for the individual – AND –
- the class will develop skills that will directly lead to employment in a particular career – OR –

\(^{25}\) Entities that primarily serve people with disabilities can also provide lessons/experiences or information that can be similar to that described as “Goods & Services” above. These providers would offer these lessons/experiences through other waiver services such as day habilitation or prevocational training. For example, a cooking class offered by a social/human services provider would be provided through “day habilitation services” or a basic computer class would be provided through “prevocational training” services. When these other services are offered by social/human service providers primarily serving people with intellectual and developmental disabilities, they are prior authorized through the approved ISP and claimed directly by the Medicaid provider using the procedural code identified for that particular service.
• the class will assist the individual in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings, per the Centers for Medicare and Medicaid Services (CMS) core service definition of “habilitation.”

Justification regarding how the class will meet the criteria of leading to employment or the core service definition of habilitation will be completed and submitted by the Support Coordinator while completing the Individualized Service Plan (ISP) and documented through iRecord. Once approved by the Support Coordination Supervisor, the justification must be reviewed and approved by the Division and will be prior authorized through the approved ISP and claimed through the Fiscal Intermediary using the procedural code for Goods & Services.

17.10.5.1.4 Criteria to Utilize Goods & Services to Fund Activity Fees

Funding for activity fees necessary to pay for attendance at various events available to the general public – such as admission fees to a museum, theater/concert tickets, etc. – can be made available through Goods & Services within the Division’s Supports Program when other means to pay for these fees are not available for the individual. There is a $1,000.00 cap per year on activity fees used for the individual and/or for someone providing support to assist the individual in participating in the activity through Community Base Supports.

17.10.5.2 Minimum Staff Qualifications

17.10.5.3 Mandated Staff Training & Professional Development

17.10.5.4 Documentation and Reporting

17.5.5.5 Quality Assurance/Monitoring

The Division will conduct quality assurance and monitoring of Goods & Services in accordance with the requirements of the Supports Program Quality Plan.

Additional information regarding goods & services is forthcoming.
17.11 Interpreter Services

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<th>Units</th>
<th>Additional Descriptor</th>
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<td>$16.25</td>
<td>15 minutes</td>
<td>American Sign Language</td>
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<td>T1013HI</td>
<td>$6.09</td>
<td>15 minutes</td>
<td>Other Spoken Language</td>
<td>Individual/Family Supports</td>
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<td>T1013HI52</td>
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<td>15 minutes</td>
<td>Self-Directed Employee</td>
<td>Individual/Family Supports</td>
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17.11.1 Description
Service delivered to a participant face-to-face to support them in integrating more fully with community-based activities or employment. Interpreter services may be delivered in a participant’s home or in a community setting. For language interpretation, the interpreter service must be delivered by an individual proficient in reading and speaking in the language in which the participant speaks.

17.11.2 Service Limits
Interpreter services may be used when the State Plan service for language line interpretation is not available or not feasible or when natural interpretive supports are not available.

17.11.3 Provider Qualifications
All providers of Interpreter Services must comply with the standards set forth in this manual. In addition, Interpreter Services providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and are proficient in reading and speaking the language being interpreted.

In addition, staff providing Sign Language Interpreter Services must meet the following:
- Successfully passed the New Jersey Division of the Deaf and Hard of Hearing (DDHH) Screening -OR-
- Certified by the National Registry of Interpreters for the Deaf

17.11.4 Interpreter Services Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.11.4.1 Need for Service and Process for Choice of Provider
The need for Interpreter Services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Interpreter Services will be included in the Individual Service Plan (ISP) and the Interpreter Services provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Interpreter Services provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Interpreter Services provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Interpreter Services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.
The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.11.4.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks -AND-
- Proficient in reading and speaking the language being interpreted -OR-
- For sign language interpretation – successfully passed the New Jersey Division of the Deaf and Hard of Hearing (DDHH) Screening OR Certified by the National Registry of Interpreters for the Deaf

17.11.4.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Interpreter Services shall successfully complete the following training:

17.11.4.3.1 Within 30 Days of Hire
- Prevention of Abuse, Neglect, and Exploitation –accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.11.4.3.2 SDEs
For SDEs, any additional training mandated, and provided by, the individual/family shall be completed within the time period as specified by the individual/family.

17.11.4.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information about documentation for interpreter services is forthcoming.

17.11.4.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Interpreter Services providers in accordance with the requirements of the Supports Program Quality Plan.
17.12 Natural Supports Training

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
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<td>15 minutes</td>
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</tbody>
</table>

17.12.1 Description
Training and counseling services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, individual is defined as: “any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a participant.” Training includes instruction about treatment regimens and other services included in the Service Plan, use of equipment specified in the Service Plan, and includes updates as necessary to safely maintain the participant at home. Counseling must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the participant’s Service Plan. Natural Supports Training may be delivered to one individual or may be shared with one other individual.

17.12.2 Service Limits
This service may not be provided in order to train paid caregivers. When delivered by a Direct Service Professional (DSP), the DSP must have a minimum of two years’ experience working with individuals with developmental disabilities. When delivered by a licensed professional, the licensed professional must have a license in psychiatry, physical therapy, occupational therapy, speech language pathology, social work, or must be a registered nurse or a degreed psychologist.

17.12.3 Provider Qualifications
All providers of Natural Supports Training must comply with the standards set forth in this manual.

In addition, staff providing Natural Supports Training must meet at least one of the following:

- Licensed Registered Nurses must be licensed per N.J.S.A. 45:11-23
- Licensed Psychiatrist must be licensed per N.J.A.C. 13:35
- Licensed Physical Therapist must be licensed per N.J.A.C. 13:39A
- Licensed Social Worker must be licensed per N.J.A.C 13:44G
- Clinical Psychologist must be licensed per N.J.A.C. 13:42
- Licensed Speech Therapist must be licensed per N.J.A.C. 13:44C
- Licensed Occupational Therapist must be licensed per N.J.A.C. 13:44K
- Bachelor's degree in technical services or rehabilitation services related field and a minimum of 1-year working with individuals with ID/DD and is certified by RESNA

In addition, Home Health Agencies or Health Care Service Firms providing Natural Supports Training must meet the following license or accreditation requirements:

- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -OR-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)

17.12.4 Examples\(^{26}\) of Natural Supports Training
- Training on use of AT device

\(^{26}\) Please note that examples are not all inclusive of everything that can be funded through this service
• Training on a hoist
• Training on ambulation/transfer techniques
• Training on dietary/eating techniques
• Training on diabetes management
• Training on implementation of behavior plan
• Training on PT or OT activities at home

17.12.5 Natural Supports Training Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.12.5.1 Need for Service and Process for Choice of Provider

The need for Natural Supports Training will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Natural Supports Training will be included in the Individual Service Plan (ISP) and the Natural Supports Training provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Natural Supports Training provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Natural Supports Training provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Natural Supports Training, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.12.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Licensed Registered Nurses must be licensed per N.J.S.A. 45:11-23
- Licensed Psychiatrist must be licensed per N.J.A.C. 13:35
- Licensed Physical Therapist must be licensed per N.J.A.C. 13:39A
- Licensed Social Worker must be licensed per N.J.A.C 13:44G
- Clinical Psychologist must be licensed per N.J.A.C. 13:42
- Licensed Speech Therapist must be licensed per N.J.A.C. 13:44C
- Licensed Occupational Therapist must be licensed per N.J.A.C. 13:44K
- Bachelor's degree in technical services or rehabilitation services related field and a minimum of 1-year working with individuals with ID/DD and is certified by RESNA

17.12.5.3 Mandated Staff Training & Professional Development

The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Natural Supports Training shall successfully complete the following training:
17.12.5.3.1 Within 30 Days of Hire
- Overview of Developmental Disabilities – accessible through the College of Direct Support.
- Prevention of Abuse, Neglect, and Exploitation – accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.12.5.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

The provider of Natural Supports Training must maintain documentation of the participants receiving training, topics covered, and content on the Natural Supports Training Log.

17.12.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Natural Supports Training providers in accordance with the requirements of the Supports Program Quality Plan.
17.13 Occupational Therapy

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
<th>Budget Component</th>
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<td>97535HI</td>
<td>$26.61</td>
<td>15 minutes</td>
<td>Individual</td>
<td>Individual/Family Supports</td>
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</table>

17.13.1 Description
The scope and nature of these services do not otherwise differ from the Occupational Therapy services described in the State Plan. They may be either rehabilitative or habilitative in nature. Services that are rehabilitative in nature are only provided when the limits of occupational therapy services under the approved State Plan are exhausted. The provider qualifications specified in the State plan apply. Occupational Therapy may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants.

17.13.2 Service Limits
These services are only available as specified in participant’s Service Plan and when prescribed by an appropriate health care professional. These services can be delivered on an individual basis or in groups. A group session is limited to one therapist with a maximum of five participants and may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record.

17.13.3 Provider Qualifications
All providers of Occupational Therapy services must comply with the standards set forth in this manual. In addition, Occupational Therapy providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Occupational Therapy services must meet the following:
- Licensed Occupational Therapists must be licensed per N.J.A.C. 13:344K -or-
- Licensed Occupational Therapy Assistant must be licensed per N.J.A.C. 13:44K

In addition Licensed, Certified Home Health Agencies providing Occupational Therapy services must meet the following license or accreditation requirements:
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services

17.13.4 Examples of Occupational Therapy Activities
- Occupational therapy activities as prescribed by the appropriate health care professional.

17.13.5 Occupational Therapy Policies/Standards
In addition to the standards set forth in this manual, Occupational Therapy services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

17.13.5.1 Need for Service and Process for Choice of Provider
The need for Occupational Therapy will be identified through the NJ Comprehensive Assessment Tool (NJ CAT), the person centered planning process documented in the Person Centered Planning Tool (PCPT), and an appropriate medical prescription. Once this need is identified, an outcome related to the result(s) expected through the participation in Occupational Therapy will be included in the Individual Service Plan (ISP) and the Occupational Therapy provider will develop strategies to assist the individual in reaching the desired outcome(s).

27 Please note that examples are not all inclusive of everything that can be funded through this service
The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

Additional information regarding the process for an individual to access Occupational Therapy services is forthcoming.

17.13.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for occupational therapy is forthcoming.
17.14 Personal Emergency Response System (PERS)

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
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<td>Reasonable &amp; Customary</td>
<td>Single</td>
<td>Purchase/Installation/Testing</td>
<td>Individual/Family Supports</td>
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<td>S5161HI</td>
<td>Reasonable &amp; Customary</td>
<td>Month</td>
<td>Response Center Monitoring</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.14.1 Description
PERS is an electronic device that enables program participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant’s phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified herein. The service may include the purchase, the installation, a monthly service fee, or all of the above.

17.14.2 Service Limits
All PERS shall meet applicable standards of manufacture, design and installation and are subject to prior approval on an individual basis by DDD.

17.14.3 Provider Qualifications
All providers of PERS must comply with the standards set forth in this manual.

In addition, PERS providers must meet the following:
- Certified by the Centers for Medicare and Medicaid Services
- UL/ETL Approved Devices

17.14.4 Examples of PERS Activities
- PERS equipment
- Cost of installation and testing
- Monthly cost of response center services

17.14.5 PERS Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.14.5.1 Need for Service and Process for Choice of Provider
The need for PERS will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the use of the relevant PERS will be included in the Individual Service Plan (ISP).

Additional information regarding the process for an individual to access assistive technology is forthcoming.

28 Please note that examples are not all inclusive of everything that can be funded through this service
### 17.15 Physical Therapy

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<td>Individual/Family Supports</td>
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#### 17.15.1 Description

The scope and nature of these services do not otherwise differ from the Physical Therapy services described in the State Plan. They may be either rehabilitative or habilitative in nature. Services that are rehabilitative in nature are only provided when the limits of physical therapy services under the approved State Plan are exhausted. The provider qualifications specified in the State plan apply. Physical Therapy may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants.

#### 17.15.2 Service Limits

These services are only available as specified in participant’s Service Plan and when prescribed by an appropriate health care professional. These services can be delivered on an individual basis or in groups. A group session is limited to 1 therapist with 5 participants and may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record.

#### 17.15.3 Provider Qualifications

All providers of Physical Therapy services must comply with the standards set forth in this manual. In addition, Physical Therapy providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Physical Therapy services must meet the following:
- Licensed Physical Therapists must be licensed per N.J.A.C. 13:39A
- Licensed Physical Therapy Assistant must be licensed per N.J.A.C. 13:39A

In addition Licensed, Certified Home Health Agencies providing Physical Therapy services must meet the following license or accreditation requirements:
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services

#### 17.15.4 Examples of Physical Therapy Activities

- Physical therapy activities as prescribed by the appropriate health care professional.

#### 17.15.5 Physical Therapy Policies/Standards

In addition to the standards set forth in this manual, Physical Therapy services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

#### 17.15.5.1 Need for Service and Process for Choice of Provider

The need for Physical Therapy will be identified through the NJ Comprehensive Assessment Tool (NJ CAT), the person centered planning process documented in the Person Centered Planning Tool (PCPT), and an appropriate medical prescription. Once this need is identified, an outcome related to the result(s) expected through the participation in Physical Therapy will be included in the Individual Service Plan (ISP) and the Physical Therapy provider will develop strategies to assist the individual in reaching the desired outcome(s).

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29 Please note that examples are not all inclusive of everything that can be funded through this service.
The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

Additional information regarding the process for an individual to access Physical Therapy services is forthcoming.

17.15.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for physical therapy is forthcoming.
17.16 Prevocational Training

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<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
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<td>Employment/Day</td>
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17.16.1 Description
Services that provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services may include training in effective communication with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; and general workplace safety and mobility training. Prevocational Training is intended to be a service that participants receive over a defined period of time and with specific outcomes to be achieved in preparation for securing competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational Training services cannot be delivered within a sheltered workshop. Supports are delivered in a face-to-face setting, either one-on-one with the participant or in a group of two to eight participants.

17.16.2 Service Limits
This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual<sup>31</sup>, and as authorized in their Service Plan. Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401) or P.L. 94-142. Prevocational Training is limited to 30 hours per week. Transportation to or from a Prevocational Training site is not included in the service.

17.16.3 Provider Qualifications
All providers of Prevocational Training services must comply with the standards set forth in this manual. In addition, Prevocational Training providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

<sup>30</sup> Tiered rates for Prevocational Training are utilized when services are being provided to groups of 2-8 individuals.
<sup>31</sup> The standards for employment services (career planning, prevocational training, and supported employment individual and small group supports) have been incorporated into the Supports Program Policies & Procedures Manual instead of establishing a separate manual for these services. The “Standards for Supported Employment Services Manual” from 2007 does not apply to people or services in the Supports Program.
17.16.4 Examples32 of Prevocational Training

- Job Clubs
- Basic computer skill classes
- Developing effective communication with supervisors, coworkers, customers
- Learning about and developing skills related to professional conduct, attire, following directions, attending to task, solving problems at the worksite
- Improving/learning workplace safety
- Volunteer experiences (in compliance with the Fair Labor Standards Act)

17.16.5 Prevocational Training Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.16.5.1 Need for Service and Process for Choice of Provider

The need for Prevocational Training will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the Pathway to Employment discussion that takes place during the person centered planning process and is documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Prevocational Training will be included in the Individual Service Plan (ISP) and the Prevocational Training service provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Prevocational Training service provider in the planning process to assist in identifying and developing applicable outcomes. With the exception of services provided to assist someone in volunteering in their community, Prevocational Training services are limited to one (1) year. If the individual needs to continue receiving Prevocational Training services – for activities other than volunteering – beyond 1 year, the Support Coordinator and Prevocational Training provider must submit the completed “Continuation of Prevocational Training Justification” form to the Division for approval. If Prevocational Training services are approved to extend beyond the initial year, the Support Coordinator and Prevocational Training provider must submit justification every 6 months thereafter in order to continue extending the need for Prevocational Training.

This service can only be accessed through the Division if it is not available through the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) as documented on the F3 Form “DVRS or CBVI Determination Form for Individuals Eligible for DDD.”

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Prevocational Training service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Prevocational Training, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.16.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

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32 Please note that examples are not all inclusive of everything that can be funded through this service
• Minimum 18 years of age – AND –
• Complete State/Federal Criminal Background checks and Central Registry checks
• Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.16.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In additional all staff (including volunteers) providing Prevocational training services:

17.16.5.3.1 Within 30 days of Hire
• Overview of Developmental Disabilities –This training is accessible through the College of Direct Support.
• Prevention of Abuse, Neglect, and Exploitation – This training is accessible through the College of Direct Support.
• Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”
• Medication (unless medications are not being distributed as documented per the ISP) - Staff providing Prevocational training shall not administer medication or assume sole responsibility for an individual receiving services during a period of time when medication is scheduled to be given until he/she has successfully completed the medication training and on-site competency assessment.
• Fire Evacuation and Emergency Procedures
• Universal Precautions as per Division Circular #45 “HIV/AIDS”
• Cardio Pulmonary Resuscitation (CPR) – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified CPR training program.
• Standard First Aid – Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified Standard First Aid training program.

17.16.5.3.2 Within 120 Days of Hire (through the College of Direct Support)
• Cultural Competence
• Positive Behavior Supports
• Person Centered Planning
• Community Inclusion

17.16.5.3.4 Within the First Year of Hire (through the College of Direct Support)
• Individual Rights & Choices
• Everyone Can Communicate
• Teaching People with DD
• Functional Assessment
• Working with Families
• Home & Community Living
• Division approved Employment Specialist series of training provided through The Boggs Center on Developmental Disabilities.

17.16.5.3.5 Continuing Education
All Prevocational Training personnel shall annually complete at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to supporting individuals with intellectual and developmental disabilities. Documentation of training shall be maintained in the employee’s personnel file.

17.16.5.4 Documentation & Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained
through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

The provider of Prevocational Training, in collaboration with the individual, must develop strategies to assist the individual in reaching each personally defined outcome related to the Prevocational Training that the service provider has been chosen to provide as indicated in the ISP. These strategies must be completed within 15 calendar days of the date the individual begins to receive Prevocational Training from the provider and must be documented on the Prevocational Training Activities Log. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These strategy revisions must be completed within 15 calendar days of the ISP modification or approval of the annual ISP.

### 17.16.5.5 Service Settings

When prevocational training activities are being conducted in a center, the following standards must be met for the building (site):

- Prevocational Training services shall take place in a non-residential setting and separate from any home or facility in which any individual resides
- The service provider shall comply with all local, municipal, county, and State codes
- The Certificate of Continued Occupancy (CCO) or Certificate of Occupancy (CO) or other documentation issued by local authority shall be available on site and a copy shall be posted
- The service provider shall be in compliance with the Americans with Disabilities Act (ADA) requirements
- Municipal fire safety inspections shall be conducted consistent with local code and maintained on file
- Exit signs shall be posted over all exits
- The site shall have a fire alarm system appropriate to the population served
- The site shall have sufficient ventilation in all areas and, if applicable
- The site shall have adequate lighting
- The facility shall be maintained in a clean, safe condition, to include internal and external structure
  - Aisles, hallways, stairways, and main routes of egress shall be clear of obstruction and stored material
  - Floors and stairs shall be free and clear of obstruction and slip resistant
  - Equipment, including appliances, machinery, adaptive equipment, assistive devices, etc. shall be maintained in safe working order
  - Adequate sanitary supplies shall be available including soap, paper towels, toilet tissue
- The service provider shall ensure that health and sanitation provisions are made for food preparation and food storage
  - The service shall maintain appropriate local or county Department of Health certificates, where appropriate

### 17.16.5.6 Emergencies

When prevocational training activities are being conducted in a center, the following standards must be met to ensure health and safety:

#### 17.16.5.6.1. Emergency Plans

The provider shall develop written plans, policies, and procedures to be followed in the event of an emergency evacuation or shelter in place (for circumstances requiring that people remain in the building) and ensure that all
staff are sufficiently trained on these plans, policies, and procedures. Emergency numbers shall be posted by each telephone. Emergency cards must be kept up to date and maintained in a central location so they are available and portable in emergencies.

17.16.5.6.2 Emergency Procedures
At a minimum, procedures shall specify the following:

- Practices for notifying administration, personnel, individuals served, families, guardians, etc.
- Locations of emergency equipment, alarm signals, evacuation routes
- Description of evacuation procedure for all individuals receiving services – including mechanism to ensure everyone has been evacuated and is accounted for, meeting location(s), evacuation routes, method to determine reentry, method for reentry, etc.
- Description of shelter in place procedure for all individuals receiving services – including mechanism to ensure everyone has been moved to a safe location and is accounted for, destinations within the building for various emergencies, routes to designated destinations, method to determine clearance to exit the building, method for exiting, etc.
- Reporting procedures in accordance with Division Circular #14 “Reporting Unusual Incidents”
- Methods for responding to Life-Threatening Emergencies in accordance with Division Circular #20A “Life Threatening Emergencies”

17.16.5.6.3 Evacuation Diagrams
An evacuation diagram specific to the facility/program location shall be posted conspicuously throughout the facility. At a minimum these diagrams must consist of the following:

- Evacuation route and/or nearest exit,
- Location of all exits,
- Location of alarm boxes (pull station), and
- Location of fire extinguishers

17.16.5.6.4 Emergency Drills
Drills for a variety of emergencies (fire, natural disaster, etc.) shall be conducted regularly to ensure individuals receiving Prevocational Training services understand the emergency procedures. At a minimum emergency drills shall meet the following criteria:

- Rotated between the variety of potential emergencies given the location and population served
- Conducted monthly with individuals served present
- Varied as to accessible exits
- Documented to include date, time of drill, length of time to evacuate, number of individuals participating, name(s) of participating staff, problems identified, corrective actions for problems, and signature of person in charge

17.16.5.6.5 Emergency Cards
The Prevocational Training service provider shall maintain an Emergency Card for each individual. This card will consolidate relevant emergency, health, and medical information provided by the ISP into one, readily available and portable document in case of emergencies. The provider shall verify the information provided by the ISP and review and update the Emergency Card at least annually. The Emergency Card shall include, at a minimum, the following information:

- Individual’s Name
- Individual’s Date of Birth
- Individual’s DDD ID Number
- Emergency Contact Information
- Guardianship Information, if applicable
- Diagnosis
- Medications, if applicable

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• Individual Medical Restrictions/Special Instructions, if applicable
• Medical Contact Information
  o Primary Physician Information
  o Preferred Hospital
• Healthcare Contact Information
  o Managed Care Organization (MCO) Information
  o Private Insurance, if applicable
  o Administrative Services Organization (ASO), if applicable
• Support Coordinator Contact Information

**17.16.5.6.6 Emergency Consent for Treatment Form**
The provider shall discuss the individual’s wishes related to emergency treatment and obtain a signed general statement of consent for emergent care that includes but is not limited to the following:
• Medical or surgical treatment
• Hospital admission
• Examination and diagnostic procedures
• Anesthetics
• Transfusions
• Operations deemed necessary by competent medical clinicians to save or preserve the life of the named individual in the event of an emergency

**17.16.5.6.7 First Aid Kit**
Each prevocational training site shall maintain a first aid kit which minimally includes the following items:
• Antiseptic
• Rolled gauze bandages
• Sterile gauze bandages
• Adhesive paper or ribbon tape
• Scissors
• Adhesive bandages (Band-Aids)
• Standard type or digital thermometer

**17.16.5.7 Medication**
The service provider shall comply with the Division-approved Medication Module

**17.16.5.7.1 Medication Policies & Procedures**
Prevocational Training service providers must develop written policies and procedures specific to the following:
• Prescription, over-the-counter (OTC) and “as needed” (PRN) medications;
• Storage, administration and recording of medications;
• Definition and reporting of errors, emergency medication for life threatening conditions and staff training requirements

**17.16.5.7.2 Storage**
**On-Site**
• All prescription medication shall be stored in the original container issued by the pharmacy and shall be properly labeled.
• All OTC medication shall be stored in the original container in which they were purchased and the labels kept in tact
• The service provider shall supervise the use and storage of prescription medication and ensure a storage area of adequate size for both prescription and non-prescription medications is provided and locked.
• The medication storage area shall be inaccessible to all persons, except those designated by the service provider
o Designated staff shall have a key to permit access to all medications, at all times and to permit accountability checks and emergency access to medication
o Specific controls regarding the use of the key to stored medication shall be established by the service provider

- Each individual’s prescribed medication shall be separated and compartmentalized within the storage area (i.e. Tupperware, Zip-loc bags, etc.)
- If refrigeration is required, medication must be stored in a locked box in the refrigerator or in a separate locked refrigerator
- Oral medications must be separated from other medications
- OTC medications must be stored separately from prescription medications in a locked storage area

Off-Site

- Medications must be stored in a locked box/container
- Each individual’s prescribed medication shall be separated and compartmentalized within the locked container; the container must be with staff at all times; locking medications in the glove-compartment is not permitted
- Special storage arrangements shall be made for medication requiring temperature control
- Designated staff shall have a key to permit access to all medications at all times and to permit accountability checks and emergency access to medication
- The service provider must ensure that all medication to be administered off-site is placed in a sealed container labeled with the following:
  o The individual’s name
  o The name of the medication

17.7.5.7.3 Prescription Medication

A copy of the prescription shall be on record stating:
- The individual’s full name
- The date of the prescription
- The name of the medication
- The dosage
- The frequency

17.16.5.7.3.1 Documentation

- Written documentation shall be filed in the individual record indicating that the prescribed medication is reviewed at least annually by the prescribing physician, i.e. prescriptions current within one year.
- A Medication Administration Record (MAR) shall be maintained for each individual receiving prescription medication
  o The service provider shall transcribe information from the pharmacy label onto the Medication Administration Record (MAR)
  o If the exact administration time the medication is to be administered is not prescribed by the physician, determination of the time shall be coordinated with the caregiver and then recorded on the MAR i.e. at mealtimes
  o The staff person who prepares the medication must administer the medication and document it on the Medication Administration Record (MAR) immediately or upon return to the facility
  o Any change in medication dosage by the physician shall be immediately noted on the current MAR by staff, consistent with the provider’s procedure
- Verbal orders from a physician shall be confirmed in writing within 24 hours or by the first business day following receipt of the verbal order and the prescription shall be revised at the earliest opportunity
- All medications received by the adult day service shall be recorded at the time of receipt including the date received and the amount received i.e. 30 pills, 1-5 oz tube, etc.
17.16.5.7.3.2 Supplies

- An adequate supply of medication must be available at all times; as a general guideline, refill the medication when a 5-day supply remains
- For individuals who are supported through services which are not associated with a facility, the dosage of medication for the day must be provided in a properly labeled pharmacy container
  - The dosage
  - The frequency
  - The time of administration
  - The method of administration

17.16.5.7.3.3 Emergency Administration of Prescription Medication

Service providers shall ensure the safety of individuals who have a history of severe life-threatening conditions requiring the administration of prescription medication in emergency situations. Examples include, but are not limited to:

- Severe allergic reaction (called anaphylaxis) which requires the use of epinephrine via an “epi-pen” injection
- Cardiac conditions requiring the administration of nitroglycerin tablets

Staff shall follow life-threatening emergency procedures and the orders/protocol established by the physician.

17.16.5.7.4 PRN (as needed) Prescription Medication

PRN prescription medication must be authorized by a physician. The authorization must clearly state the following:

- The individual’s full name
- The date of the prescription
- The name of the medication
- The dosage
- The interval between doses
- Maximum amount to be given during a 24-hour period
- A stop-date, when appropriate; and,
- Under what conditions the PRN medication shall be administered

17.16.5.7.4.1 Administration of PRN

- Determine the time the previous PRN medication(s) was given (through caregiver)
- Must be approved by the supervisory staff or designee, before administering
- Must be administered by the staff person who prepares the medication
- Followed by checking in with the individual 1-2 hours after administration to observe effect of PRN
- Convey time PRN was given by the prevocational training provider to the caregiver

17.16.5.7.4.2 Documentation

- Administration of the medication, including time of administration, must be documented by the staff person who prepared it on the Medication Administration Record (MAR) immediately or upon return to the facility
- Results of checking on individual 1-2 hours after administration to observe if the PRN is working

17.16.5.7.5 PRN Over the Counter (OTC) Medication

17.16.5.7.5.1 Administration of PRN – OTC

- Can only been done when an OTC form signed by the physician is on file and includes the following:
  - Conditions under which the OTC is to be given
  - The type of medication
o The dosage
o The frequency
o Maximum amount to be given during a 24-hour period
o Under what conditions to administer additional OTC

- Determine the time the previous OTC medication was given (through caregiver)
- Must be administered by the staff person who prepares the medication
- Convey the time the OTC was given by the prevocational training provider to the caregiver

17.16.5.7.5.2 Documentation

- Administration of the OTC medications must be documented by the staff person who prepared it on a Medication Administration Record (MAR) separate from the one utilized for prescription medication

17.16.5.7.6 Self-Medication

Individuals receiving medication shall take their own medication to the extent that it is possible, as noted in the ISP, and in accordance with the prevocational training service provider’s procedures

17.16.5.7.6.1 Documentation

The following information shall be maintained in the individual’s record:

- The name of the medication
- The type of medication(s)
- The dosage
- The frequency
- The date prescribed
- The location of the medication

17.16.5.7.5.2 Storage

- Medication shall be kept in an area that provides for the safety of others, if necessary
- Each individual who administers his or her own medication shall receive training and monitoring by the service provider regarding the safekeeping of medications for the protection of others, as necessary

17.16.5.8 Quality Assurance and Monitoring

The Division will conduct quality assurance and monitoring of Prevocational Training providers in accordance with the requirements of the Supports Program Quality Plan.
17.17 Respite

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<th>Units</th>
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<th>Budget Component</th>
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<td>Self-Directed Employee</td>
<td>Individual/Family Supports</td>
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17.17.1 Description
Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be delivered in multiple periods of duration such as partial hour, hourly, daily without overnight, or daily with overnight. Respite may be provided in the participant’s home, a DHS licensed group home, or another community-based setting approved by DHS. Some settings, such as a hotel, may be approved by the State for use when options using other settings have been exhausted.

17.17.2 Service Limits
Room and board costs will not be paid when services are provided in the participant’s home. Hotel Respite shall not exceed two consecutive weeks and 30 days per year.

17.17.3 Provider Qualifications
All providers of Respite services must comply with the standards set forth in this manual. In addition, Respite providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

17.17.4 Respite Options
Traditionally, the Division has applied the label “respite” to a variety of programs, services, and activities. Individuals enrolled in the Supports Program can continue to access the vast majority of these programs and services through Respite services in circumstances where those services meet the service description for Respite or through the variety of other services available through the Supports Program when the services provided meet those service descriptions instead. For example, a program that has traditionally been referred as a Saturday Drop Off Program and considered Respite, may actually be considered Day Habilitation if activities provided during the program are designed to assist the individuals who attend with developing social or leisure skills. If this program provides assistance to a group of 2-6 individuals who are going to the museum on that Saturday, it may be considered Community Inclusion Services. If it is a place where individuals go on a Saturday in order to ensure that they are cared for in order to provide some relief to their caregiver(s), it would be considered Respite. It is important for the provider to clearly match the services they are providing to the descriptions provided in this manual in order to determine which service is actually being provided.
17.17.4.1 Base Respite
Base Respite is provided in or out of the individual’s home at the number of units prior authorized based on his/her tier as illustrated in the table below. When an individual is in need of overnight Respite outside of the home, it can be provided within a setting licensed under 10:44A or within a hotel.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Authorized Units</th>
<th>Hours of Service</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>12 units</td>
<td>3 hours</td>
</tr>
<tr>
<td>B</td>
<td>24 units</td>
<td>6 hours</td>
</tr>
<tr>
<td>C</td>
<td>40 units</td>
<td>10 hours</td>
</tr>
<tr>
<td>D</td>
<td>56 units</td>
<td>14 hours</td>
</tr>
<tr>
<td>E</td>
<td>72 units</td>
<td>18 hours</td>
</tr>
</tbody>
</table>

17.17.4.2 Camp Overnight Respite
Respite provided in a camp setting typically during the summer months.

17.17.4.3 In-Home Community Care Residence Respite
Respite provided in a setting licensed under 10:44C.

17.17.4.4 Self-Directed Employee (SDE) Respite
Respite provided in or out of the home by someone who has been hired by the individual.

17.17.5 Respite Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.17.5.1 Need for Service and Process for Choice of Provider
The need for Respite services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Individuals and families are encouraged to include the Respite provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Respite provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Respite, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.5.5.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required
17.5.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Respite shall successfully complete the following training:

Additional information regarding training & professional development is forthcoming.

17.5.5.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

17.5.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Respite providers in accordance with the requirements of the Supports Program Quality Plan.

Additional information regarding respite is forthcoming.
17.18 Speech, Language, and Hearing Therapy

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<th>Units</th>
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<th>Budget Component</th>
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### 17.18.1 Description

The scope and nature of these services do not otherwise differ from the Speech Therapy services described in the State Plan. They may be either rehabilitative or habilitative in nature. Services that are rehabilitative in nature are only provided when the limits of speech therapy services under the approved State Plan are exhausted. The provider qualifications specified in the State plan apply. Speech, Language or Hearing Therapy may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants.

### 17.18.2 Service Limits

These services are only available as specified in participant’s Service Plan and when prescribed by an appropriate health care professional. These services can be delivered on an individual basis or in groups. Group sessions are limited to one therapist with five participants and may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record.

### 17.18.3 Provider Qualifications

All providers of Speech, Language, and Hearing Therapy services must comply with the standards set forth in this manual. In addition, Speech, Language, and Hearing Therapy providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Speech, Language, and Hearing Therapy must meet the following:

- Licensed Speech Therapists must be licensed per N.J.A.C. 13:44C

In addition Licensed, Certified Home Health Agencies providing Speech, Language, and Hearing Therapy services must meet the following license or accreditation requirements:

- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services

### 17.18.4 Examples of Speech, Language, and Hearing Therapy Activities

- Speech, language and hearing therapy activities as prescribed by the appropriate health care professional.

### 17.18.5 Speech, Language, and Hearing Therapy Policies/Standards

In addition to the standards set forth in this manual, Speech, Language, and Hearing Therapy services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

#### 17.18.5.1 Need for Service and Process for Choice of Provider

The need for Speech, Language, and Hearing Therapy will be identified through the NJ Comprehensive Assessment Tool (NJ CAT), the person centered planning process documented in the Person Centered Planning Tool (PCPT), and an appropriate medical prescription. Once this need is identified, an outcome related to the result(s) expected through the participation in Speech, Language, and Hearing Therapy will be included in the Individual Service Plan (ISP) and the Speech, Language, and Hearing Therapy provider will develop strategies to assist the individual in reaching the desired outcome(s).

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33 Please note that examples are not all inclusive of everything that can be funded through this service
The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

Additional information regarding the process for an individual to access Speech, Language, and Hearing Therapy services is forthcoming.

17.18.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for speech, language, and hearing therapy is forthcoming.


17.19 Support Coordination

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<th>Procedure Codes</th>
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17.19.1 Description

Services that assist participants in gaining access to needed program and State plan services, as well as needed medical, social, educational and other services. Support Coordination is managed by one individual (the Support Coordinator) for each participant. The Support Coordinator is responsible for developing and maintaining the Individualized Service Plan with the participant, their family, and other team members designated by the participant. The Support Coordinator is responsible for the ongoing monitoring of the provision of services included in the Individualized Service Plan.

17.19.2 Service Limits

All Supports Program participants receive monthly contact with their Support Coordinator. The Supports Coordinator cannot be legal guardians of the participant, or other individuals who reside with the participant.

17.19.3 Provider Qualifications

All providers of Support Coordination must comply with the standards set forth in this manual. In addition, Support Coordination Agencies shall ensure all staff meets the following qualifications:

- Bachelor’s Degree or higher in any field - and-
- 1 year of experience working with adult (21 or older) individuals with developmental disabilities
  - The experience must be the equivalent of a year of full-time documented experience working with adults (21 or older) with intellectual/developmental disabilities;
  - This experience can include paid employment, volunteer experience, and/or being a family caregiver of an adult with a developmental disability;
  - If you have previously provided care coordination to a different population and some percentage of the individuals you served had developmental disabilities, you may be able to demonstrate the equivalence of a year of experience working with adults with developmental disabilities - and-
- Support Coordination Supervisors must meet all of the qualifications of a Support Coordinator - and-
- Support Coordination Supervisors cannot be related by blood or marriage to anyone who’s plan they will supervise or sign off on - and-
- State, Federal Criminal Background checks and Central Registry check at the time of hire - and-
- Successfully complete trainings required by DDD before rendering services.

17.19.4 Support Coordination Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.19.4.1 Role of the Support Coordination Supervisor (SC Supervisor)

The SC Supervisor does not have a caseload and provides oversight and management of the Support Coordinators.

17.19.4.2 Responsibilities of the Support Coordination Supervisor

The SC Supervisor is responsible for:

- Assigning Support Coordinators to individuals who have been assigned to the Support Coordination Agency
- Ensuring that caseloads are at the proper capacity to meet all deliverables
• Reviewing and approving all Individualized Service Plans (ISP), utilizing the ISP Quality Review Checklist, and obtaining approval for the ISP from the Division
• Ensuring that resources other than those funded by the Division have been explored and are either not available or not sufficient to meet the documented need
• Ensuring that services are provided in accordance with the service definitions and parameters outlined in Division policy
• Reviewing and signing, as appropriate, the Support Coordination Monitoring Tool. At a minimum the tool must be reviewed and signed during the following circumstances:
  o First 60 days of any new Support Coordinator
  o When performance issues with a Support Coordinator are identified
  o Involved/difficult cases
• Conducting internal monitoring and oversight of Support Coordination Agency documentation and practices
• Acting as the liaison with designated Division personnel
• Ensuring compliance with all qualifications, standards, and policies related to Support Coordination as explained in this guide
• Remaining up-to-date and in compliance with policy changes and updates posted on the Support Coordination Resource Page

17.19.4.3 Role of the Support Coordinator

The Support Coordinator manages Support Coordination services for each participant. Support Coordination services are services that assist participants in gaining access to needed program and State plan services, as well as needed medical, social, educational and other services. The Support Coordinator is responsible for developing and maintaining the Individualized Service Plan with the participant, their family (if applicable), and other team members designated by the participant. The Support Coordinator is responsible for the ongoing monitoring of the provision of services included in the Individualized Service Plan.

The Support Coordinator writes the Individual Service Plan based on assessed need and the person-centered planning process with the individual and the planning team. The Support Coordinator links the individual to needed services and supports and assists the individual in identifying service providers as needed. The Support Coordinator also ensures that the services and supports remain within the allotted budget and monitor the delivery of services. The Support Coordinator must make a clear distinction between acting as a resource and providing advocacy on behalf of the individual/family. The Support Coordinator provides information, supports individuals in advocating for themselves, and links individuals to advocacy resources but does not serve as the advocate for the individual/family.

The Support Coordinator’s role can be divided into the following 4 general functions: individual discovery, plan development, coordination of services, and monitoring.

17.19.4.3.1 Individual Discovery

Individual discovery is the process by which the Support Coordinator, in conjunction with the individual and planning team, gathers and evaluates information in order to assist the individual to determine his/her outcomes, supports, and service needs. This function begins once the individual is assigned a Support Coordinator and occurs concurrently with other functions. This process and the tools used to facilitate it are further described in section 6.4.1 “Assessments/Evaluations.”

17.19.4.3.2 Plan Development

This function involves the process by which the Support Coordinator facilitates a planning team to develop the Person Centered Planning Tool (PCPT) and Individualized Service Plan (ISP). The PCPT is a person-centered plan which identifies needed outcomes, supports, and services. The ISP directs the provision of those supports and services. Section 6 details the policies and procedures necessary to complete this function.
17.19.4.3.3 Coordination of Services
This function includes activities necessary to obtain the supports and services identified in the ISP. Coordination of services requirements are outlined in Section 9.

17.19.4.3.4 Monitoring
Monitoring is the process by which the Support Coordinator ensures that the individual progresses toward identified outcomes and receives quality supports and services as outlined in the ISP and in accordance with the Division’s mission and core principles. Section 13 describes specific responsibilities for accomplishing the monitoring function.

17.19.4.4 Responsibilities of the Support Coordinator
The Support Coordinator is responsible for:

- Using and coordinating community resources and other programs/agencies in order to ensure that services funded by the Division will be considered only when the following conditions are met:
  - other resources and supports are insufficient or unavailable,
  - the services do not meet the needs of the individual, and
  - the services are attributable to the person’s disability.
- Accessing these community resources and other programs/agencies by
  - utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies;
  - developing a thorough understanding of programs and services operated by other local, State, and federal agencies;
  - ensuring these resources are used and making referrals as appropriate; and
  - coordinating services between and among the varied agencies so the services provided by the Division complement, but do not duplicate, services provided by the other agencies.
- Developing a thorough understanding of the services funded by the Division and ensuring these services are utilized in accordance with the parameters defined in Section 17 of this manual.
- Interviewing the individual and, if appropriate, the family; reviewing/compiling various assessments or evaluations to make sure this information is understandable and useful for the planning team to assist in identifying needed supports; and facilitating completion of discovery tools, if applicable.
- Scheduling and facilitating planning team meetings; writing and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.
- Obtaining authorization from the SC Supervisor for Division-funded services.
- Monitoring and following up to ensure delivery of quality services, and ensuring that services are provided in a safe manner, in full consideration of the individual’s rights.
- Maintaining a confidential case record that includes but is not limited to the NJ Comprehensive Assessment Tool (NJ CAT), completed Support Coordinator Monitoring Tools, PCPTs, ISPs, notes/reports, annual satisfaction surveys, and other supporting documents uploaded to the iRecord for each individual served.
- Ensuring individuals served are free from abuse and neglect, reporting suspected abuse or neglect in accordance with specified procedures, and providing follow-up as necessary.
- Ensuring that incidents are reported in a timely manner in accordance with policy and follow-up responsibilities are identified and completed.
- Notifying the individual, planning team, and service provider and revising the ISP whenever services are changed, reduced, or services are terminated.
- Reporting any suspected violations of contract, certification or monitoring/licensing requirements to the Division.
- Entering required information into the iRecord in an accurate and timely manner.
- Ensuring that individuals/families are offered informed choice of service provider.
- Notifying the individual regarding any pertinent expenditure issues.
- Conducting monthly contacts, quarterly face-to-face visits, and an annual home visit that includes review of the ISP and is documented on the Support Coordinator Monitoring Tool.

17.19.4.5 Support Coordinator Deliverables

- Monthly (30 days) contact documented on the Support Coordinator Monitoring Tool
- Quarterly (90 days) face-to-face contact documented on the Support Coordinator Monitoring Tool
- Annual home visit documented on the Support Coordinator Monitoring Tool
- Completed PCPT & ISP by 30 days from date the individual was enrolled into the Supports Program and annually thereafter
- Notes/reports as needed
- Reporting data to the Division upon request

If meeting the previously mentioned deliverables is delayed due to the individual (or family) failing to comply with attending meetings, participating in mandated contacts, allowing access to the home for visits, etc., the Support Coordinator should notify the individual that non-compliance regarding Division policy will be reported to the Division. If non-compliance continues, the SC Supervisor shall notify the designated Division personnel and he/she shall follow-up with the individual to determine the reasons why non-compliance has occurred. Ongoing non-compliance for circumstances beyond those that may be unavoidable (such as hospitalization) may result in termination from Division services. Information regarding these incidents of non-compliance, attempted or successful contacts with the individual (or family), reasons for non-compliance, etc. shall be documented through case notes entered into iRecord.

17.19.4.6 Mandated Staff Training & Professional Development

Approved Support Coordination Agencies are responsible for ensuring that all SC Supervisors on staff meet the qualifications, including completion of mandatory training, necessary to deliver Support Coordination services.

17.19.4.6.1 Orientation

Prior to delivering services, Support Coordinators and Support Coordination Supervisors must complete the orientation.

17.19.4.6.1.1 Prerequisite Support Coordination Orientation Lessons

These 5 lessons found in the College of Direct Support Course: Support Coordination Orientation (DDD 1.2015) must be completed prior to attending the 2-day classroom training provided through The Boggs Center on Developmental Disabilities. Topics of the 5 lessons are as follows:

- Welcome to Support Coordination
- Overview of DDD System
- Policies/Practices for Support Coordination
- Support Coordination Documentation
- Support Coordination Supports & Resources

17.19.4.6.1.2 Two-Day Classroom Training

This classroom training provided through the Elizabeth M. Boggs Center on Developmental Disabilities will cover the following topics:

- Current disability philosophy, best practices, and the roles of a support coordinator
- Development of the Person Centered Planning Tool (PCPT) and Individualized Service Plan (ISP)
- Development of personally defined outcomes
- Connecting the individual to community-based supports and services
- Conducting monitoring responsibilities
17.19.4.6.2 Within 30 Days of Hire (through the College of Direct Support)
- Danielle’s Law (1 lesson)
- Prevention of Abuse, Neglect, and Exploitation (17 lessons)

17.19.4.6.3 Within 90 Days of Hire
- Medicaid Training for NJ Support Coordinators (3 lessons)
- Support Coordination Modules (5 modules)
- A Support Coordinator’s Guide to Navigating the Employment Service System (8 modules)
- Cultural Competence

17.19.4.6.4 Continuing Education
All Support Coordination personnel shall annually complete at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to supporting individuals with intellectual and developmental disabilities. Documentation of training shall be maintained in the employee’s personnel file.

Accessing CDS
Each Support Coordination agency needs to designate at least one person at their organization to be the Agency CDS Administrator. The Agency CDS Administrator is the person that enters the Support Coordinators into the CDS, assigns online lessons, and has access to run agency reports and use the various other features of the system. The first step is to register this designated person for the CDS Administrator Training by going to: http://rwjms.rutgers.edu/boggscenter/training/CDSAdministratorTraining.html.

Once Boggs confirms with you that your CDS Administrator is approved, they will set up the agency in CDS. The CDS Administrator attends training and gets access to the system and assigns required online lessons to support coordinators.

17.19.4.6.3 iRecord Tutorials
Video tutorials explaining how to perform various tasks on iRecord are available and can be accessed on the Support Coordination website at http://rwjms.rutgers.edu/boggscenter/projects/iRecordTutorials.html.

17.19.4.6.4 Optional Training
The Division also offers several optional training courses to Support Coordinators as part of the College of Direct Support (CDS), through webinars, and via classroom training sessions.

17.19.4.6.5 SC Supervisor Meetings
The Division offers SC Supervisors the opportunity to network, receive updates, and discuss the delivery of Support Coordination Services on a regular basis. These meetings are announced through the listserv facilitated by The Boggs Center on Developmental Disabilities.

17.19.4.7 Conflict Free Care Management
According to the Centers for Medicare & Medicaid Services (CMS), care management services must be “conflict-free,” which has the following characteristics: there is a separation of care management from direct services provision; there is a separation of eligibility determination from direct services provision; care managers do not establish the levels of funding for individuals; and anyone who is conducting evaluations, assessments, and the plan of care cannot be related by blood or by marriage to the individual or any of their paid caregivers.

The full policy is available on the Division’s website at: http://www.nj.gov/humanservices/ddd/documents/Documents%20for%20Web/Conflict%20Free%20Policy%20Revise d.pdf
17.19.4.8 Caseloads & Capacity
Currently, there are no mandated caseload ratios, but the Support Coordination Agency must be able to meet the deliverables and fulfill the roles and responsibilities outlined in Sections 6.1 and 6.2. In addition, the Division will monitor caseload ratios as reported by the Support Coordination Agency and may institute caseload limits if a particular Support Coordination Agency is not meeting the deliverables or able to fulfill the roles and responsibilities of the Support Coordinator or if there is an overall concern regarding ratios and Support Coordination services.

A Support Coordination Agency must provide services in at least one county and for a minimum of 60 individuals. Support Coordination Agencies providing services in this interim phase are given the opportunity to build their capacity to meet this requirement. Once the Supports Program is operationalized and individuals begin to be enrolled, Support Coordination Agencies will be expected to serve the minimum of 60 individuals.

17.19.4.9 Zero Reject & Zero Discharge
The Support Coordination Agency must accept all individuals as assigned and cannot discharge individuals from services. A Support Coordination Agency cannot specialize in providing Support Coordination services to individuals with a particular type of disability or deny services because of the level of support an individual may or may not need. Only the Division may discharge individuals from services. The Support Coordination Agency must notify the Division of circumstances – such as failure to comply with Division eligibility or policies – that may warrant discharge from services.

17.19.4.10 Coverage
The Support Coordination Agency must ensure that Support Coordination services are available at all times. At a minimum, these services must be available via phone contact, and an answering service is acceptable as long as there is a Support Coordinator available on-call.

In circumstances where an individual contacts 24 hour services after business hours, emergent cases shall be directed to the on-call Support Coordinator for follow-up. The Support Coordinator must contact the individual and direct him/her to appropriate resources and/or make phone calls, including but not limited to 911, emergency personnel, and other government entities as appropriate. A meeting to develop a contingency plan to address the issue must be held on the following morning/day.

If the individual cannot meet with the Support Coordinator during business hours, the Support Coordination Agency must schedule monthly/quarterly/annual contacts/visits, planning meetings, etc. outside of business hours to accommodate the individual’s needs.

17.19.4.11 Quality Assurance Responsibilities
Support Coordinators may become aware of quality assurance issues during the course of their work, e.g. licensing standards which are out of compliance, inappropriate implementation of programs, or serious incidents not being reported. The Support Coordinator must report problems to the designated Division personnel and document these concerns in a case note and/or the Support Coordinator Monitoring Tool.

17.19.4.12 Documentation Guidelines
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Establishing and maintaining accurate records is critical and supporting documentation for all services rendered is essential.

In addition, assessments, tools, and service plans must be aligned so that the service plan directly relates to identified needs from the assessment.
All documentation must be HIPAA compliant. For example, paper documents/case records must be stored securely with appropriate safeguards, and the individual’s written authorization for release of information must be obtained before any protected health information can be shared.

There are serious consequences to fraudulent documentation; thus, providers must take precautions to ensure compliance with all applicable laws and regulations. Common documentation errors include, but are not limited to, the following:

- Billing for services not rendered such as billing for canceled appointments or no shows
- Billing for misrepresented service such as services provided by unqualified staff or incorrect dates of service
- Billing for duplicate services
- Serious record keeping violations such as falsified records or no record available
- Missing signatures
- Developing a service plan that does not relate to the assessment/evaluation
- Reusing identical content in multiple notes, plans, tools, documents, etc.

Documentation is considered unacceptable if it is missing altogether (such as missing notes) or illegible.

17.19.4.12.1 Making Corrections to Documents

**Paper Documents**

- Deletions, erasures, and whiting out errors is not permitted
- Content can only be changed by the original writer
- Corrections must be made by the person who originally wrote the document with one line through the error including initials and date of correction

**Electronic Documents**

- Documents uploaded/entered into iRecord cannot be altered once submitted. An additional case note explaining the correction must be entered into the system.

17.19.4.12.2 Required Support Coordination Documents

- Support Coordinator Monitoring Tool
- Person-Centered Planning Tool (PCPT)
- Individualized Service Plan (ISP)
- Participants Statement of Rights & Responsibilities
- ISP Quality Review Checklist
- F3 Form – DVRS or CBVI Determination Form for Individuals Eligible for DDD
- F6 Form - Non-Referral to DVRS or CBVI Form

17.19.4.12.3 Other Related Documents

- Support Coordination Agency Selection Form
- NJ Comprehensive Assessment Tool (NJ CAT)
- Optional Individual Discovery Tools
- Easter Seals SDE Packet
- Unusual Incident Report
- Satisfaction Surveys - to be developed
17.19.5 Resources/Technical Assistance

Additional information and guidance related to Support Coordination can be accessed through the following resources:

17.19.5.1 Intensive Case Management Support

For situations where an individual requires more extensive care management, the Support Coordinator can contact their designated Division personnel for additional assistance. This Division staff member will consult with an appropriate Regional staff person to identify resources and information in order to assist with troubleshooting the situation.

17.19.5.2 Unusual Incident Reporting (UIR)

UIR Coordinators are available in each Region to provide assistance with recording of incidents – including forms, timeframes, types of incidents, role of the Support Coordinator, etc. Contact information is available in the “Support Coordinators Guide to Unusual Incident Reporting.”

17.19.5.3 iRecord Support

To report technical problems with the iRecord, or request technical assistance, select the “Feedback” link at the top of the screen.

Alternatively, if the feedback button is not available any technical inquiries can be sent to the DDD service desk at DDD.ITRequests@dhs.state.nj.us. This address may be used to report bugs, suggest future functionality or request technical assistance. For assistance with content of plans or how to write plans, please contact the designated Division point person.

17.19.5.4 General Resources, Information, & Clarification

- Support Coordination Help Desk – DDD.SCHelpdesk@dhs.state.nj.us
- iRecord Help Desk – DDD.ITRequests@dhs.state.nj.us
- Designated Division Personnel – as assigned per region
- Medicaid Eligibility Help Desk – DDD.MediElighelpdesk@dhs.state.nj.us
- Person-Centered Planning/Thinking
  - www.inclusion.com
  - www.learningcommunity.us
  - www.capacityworks2.com
  - The Boggs Center on Developmental Disabilities
    http://rwjms.rutgers.edu/boggscenter/training/person_centered.html

17.19.5.5 Supervisory Resources, Information, & Clarification

- Support Coordination Help Desk – DDD.SCHelpdesk@dhs.state.nj.us
- SC Supervisor Help Desk – DDD.SCSupervisorSupport@dhs.state.nj.us

17.19.6 Communication/Feedback

In an effort to streamline communication and provide the most effective support to Support Coordination Agencies, the Division has established the following protocol for requesting direction and clarification pertaining to the process and delivery of Support Coordination services:

**Step 1: Support Coordination Help Desk – DDD.SCHelpdesk@dhs.state.nj.us**

This is the first point of contact for general information related to Support Coordination policies, training, forms, and questions about assignment of monitors.
Step 2: Support Coordination Monitors
Each Support Coordination Agency is assigned designated Division personnel known as a Support Coordination Monitor. This staff person reviews and approves ISPs for new Support Coordination Agencies and those agencies that have not yet been authorized to approve their own ISPs and provides quality improvement feedback and clarification of specific Division policies.

Step 3: SC Supervisor Support Help Desk – DDD.SCSupervisorSupport@dhs.state.nj.us
This help desk should be used for issues that have not been resolved through steps 1 and 2 and should be utilized after those levels of communication have been exhausted.

Step 4: Direct Communication at Administrative Level of Support Coordination Services
When all other levels of communication have not resolved the issue, communication should be sent directly to the Director, Quality Improvement & System Reform.
17.20 Supported Employment – Individual & Small Group Employment Support

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<th>Procedure Codes</th>
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17.20.1 Descriptions

17.20.1.1 Supported Employment – Individual Employment Support
Activities needed to help a participant obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The service may be delivered for an intensive period upon the participant’s initial employment to support the participant who, because of their disability, would not be able to sustain employment without supports. Supports in the intensive period are delivered in a face-to-face setting, one-on-one. The service may also be delivered to a participant on a less intensive, ongoing basis (“follow along”) where supports are delivered either face-to-face or by phone with the participant and/or his or her employer. Services are individualized and may include but are not limited to: training and systematic instruction, job coaching, benefit support, travel training, and other workplace support services including services not specifically related to job-skill training that enable the participant to be successful in integrating into the job setting.

17.20.1.2 Supported Employment – Small Group Employment Support
Services and training activities provided to participants in regular business, industry and community settings for groups of two to eight workers with disabilities. Services may include mobile crews and other business- based workgroups employing small groups of workers with disabilities in employment in the community. Services must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities. Services may include but are not limited to: job placement, job development, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefit support, travel training and planning.

17.20.2 Service Limits

17.20.2.1 Supported Employment – Individual Employment Support
This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual\textsuperscript{35}, and as authorized in their Service Plan. Documentation is maintained in the file of each

\textsuperscript{34} Tiered rates for Supported Employment – Small Group Employment Supports are utilized when Supported Employment services are being provided to groups of 2-8 individuals.

\textsuperscript{35} The standards for employment services (career planning, prevocational training, and supported employment individual and small group supports) have been incorporated into the Supports Program Policies & Procedures Manual instead of...
individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401) or P.L. 94-142. Supported Employment – Individual Employment Support is limited to 30 hours per week. Transportation to or from a Supported Employment site is not included in the service. When Supported Employment is provided at a work site in which people without disabilities are employed, payment will be made only for the adaptations, supervision and training required for participants as a result of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business setting or for incentive payments, subsidies or unrelated training expenses.

17.20.2.2 Supported Employment – Small Group Employment Support

This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual, and as authorized in their Service Plan. Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401) or P.L. 94-142. Supported Employment – Small Group Employment Support is limited to 30 hours per week. Transportation to or from a Supported Employment site is not included in the service. When Supported Employment is provided at a work site in which people without disabilities are employed, payment will be made only for the adaptations, supervision and training required for participants as a result of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business setting or for incentive payments, subsidies or unrelated training expenses.

17.20.3 Provider Qualifications

All providers of Supported Employment services (Individual or Small Group Employment Support) must comply with the standards set forth in this manual. In addition, Supported Employment providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure staff successfully completes the Division mandated training, are a minimum of 20 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

17.20.4 Examples of Supported Employment Activities

17.20.4.1 Supported Employment – Individual Employment Support

- Training and systematic instruction
- Job coaching
- Benefit support/planning
- Job development
- Travel training
- Training that will enable an individual to be successful in integrating on a job setting (even where not specifically related to job-skills)
- Job site analysis

17.20.4.2 Supported Employment – Small Group Employment Support

- Mobile crews
- Group placement (enclaves)
- Social enterprises in which employees are making at least minimum wage
- On-site job training
- Job development
- Job site analysis

establishing a separate manual for these services. The “Standards for Supported Employment Services Manual” from 2007 does not apply to people or services in the Supports Program.

36 Please note that examples are not all inclusive of everything that can be funded through this service

DRAFT - NJ Division of Developmental Disabilities
17.20.5 Supported Employment Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.20.5.1 Supported Employment Overview
The Division believes that all individuals with a developmental disability can fulfill their employment aspirations and achieve social and economic inclusion through employment opportunities. The Division further believes that all individuals with developmental disabilities are entitled to the same competitive wages, work conditions, and career development as their co-workers. In other words, “Real Jobs for Real Pay.”

17.20.5.1.1 Phases of Supported Employment
Supported Employment services are typically provided in three phases: pre-placement, intensive job coaching, and long-term follow-along (LTFA). These phases are conducted based on individual needs and are not required for everyone receiving Supported Employment services.

17.20.5.1.1.1 Pre-Placement Phase
Services utilized to assist the job seeker in identifying a career path and potential job matches and finding competitive employment in the general workforce. Activities conducted in this phase of Supported Employment include but are not limited to the following:

- Assessments – particularly situational assessments (also known as trial work experience, community-based vocational assessment, job sampling) to identify the individuals strengths, skills, preferences, support needs, etc.
- Vocational profile development – details areas of career interest; identifies strengths, skills, preferences, support needs; and provides a plan for finding employment
- Job development – utilizing assessment information to target jobs available in the local labor market and link the job seeker with job opportunities consistent with his/her interests, abilities, and identified work goal. Some activities may include meeting with employers, proposing a potential employee to the employer, etc.
- Development/improvement of job seeking skills – assistance with resume development, building interview skills, assisting with networking, completing applications, etc.
- Addressing concerns/barriers – assisting the job seeker in understanding how to maintain benefits while working, explaining work incentives available through the Social Security Administration, explaining WorkAbility – NJ’s Medicaid Buy-In Program, linking the individual to transportation options, etc.
- Job site analysis – the systematic study of a specific job that is conducted by observing a worker performing his/her job and making note of the tasks and duties performed by the worker as well as determining the skill, educational, and experience requirements necessary for the job and the safety and work culture of the environment in which this job is performed.
- Outreach to businesses – setting up interviews (and/or trial work periods for individuals with limited interview skills), explaining the benefits of hiring the job seeker, arranging customized employment opportunities, identifying and proposing support needs as applicable, job carving, job restructuring, etc.

17.20.5.1.1.2 Intensive Job Coaching Phase
Services utilized once the job seeker has become employed to assist the employer in teaching the job, communicating standards, and supporting the employee as well as assist the newly hired employee in learning the job, understanding how to perform his/her work tasks to the standard of the employer, and integrating into the work site. Activities conducted in this phase of Supported Employment include but are not limited to the following:

- Assistance with orientation and new hire activities
- On-site job coaching
- Direct training on job duties/tasks
- Developing strategies, interventions, jigs, accommodations, and natural supports
• Travel training
• Supporting the employee in communicating with the employer
• Fading from the job site as the employer becomes more skilled at his/her job and independent

17.20.5.1.1.3 Long-Term Follow-Along Phase (LTFA)
Services utilized once the employee is stabilized on the job and can perform his/her job independently with the strategies, interventions, jigs, accommodations, and natural supports that have been established. Activities conducted in this phase of Supported Employment include but are not limited to the following:
• Ongoing and regular on or off site support to ensure job stabilization continues
• Address changes to job duties/tasks
• Meet standards of a new supervisor
• Address issues/concerns that come up
• Assist in career planning (promotions, salary increases, new tasks/jobs, other job opportunities, etc.)

17.20.5.2 Need for Service and Process for Choice of Provider
Supported Employment services can be provided to anyone who is in need of assistance in finding or keeping competitive employment in the general workforce. The need for Supported Employment services will typically be identified through the Pathway to Employment discussion that takes place during the person centered planning process and documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to finding and/or keeping competitive employment in the general workforce will be included in the Individual Service Plan (ISP) and the Supported Employment provider will develop strategies to assist the individual in reaching the desired outcome(s).

This service can only be accessed through the Division if it is not available through the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) – as documented on the F3 Form “DVRS or CBVI Determination Form for Individuals Eligible for DDD.” The Pre-Placement and Intensive Job Coaching phases of Supported Employment are typically provided by DVRS or CBVI; however, these phases are available through the Division if the individual cannot access them through DVRS or CBVI. The Long-Term Follow-Along (LTFA) phase of Supported Employment – if needed – is always provided through the Division.

It is recommended that the individual research potential service providers through phone calls, meetings, office visits, etc. to select the service provider that will best meet his/her needs.

Due to potential issues related to employee/employer relationships, confidentiality, conflicts of interest, etc., an individual in need of Supported Employment services to assist him/her in maintaining employment with a Supported Employment provider will need to access those Supported Employment services from a Supported Employment provider separate from the one that is employing him/her.

The Supported Employment service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Supported Employment services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.
17.20.5.3 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

17.20.5.3.1 All Staff
- Minimum 20 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.20.5.3.2 Executive Director or Equivalent
- Bachelor’s Degree - OR -
- High school diploma and 5 years experience working with people with developmental disabilities, two of which shall have been supervisory in nature

17.20.5.3.3 Program Management Staff/Supervisors
- Graduated from an accredited college or university with a Bachelor’s degree, or higher, in Education, Social Work, Psychology or related field, plus one (1) year of successful experience in human services or employment services, OR
- Graduated from an accredited college with an Associate’s degree, plus two (2) years of successful experience in human services, OR
- Graduated with a high school diploma or equivalent and five (5) years of experience in occupational areas similar to those being offered at the program. A combination of college or technical school may be substituted for experience on a year for year basis.
- Have a clear understanding of the demands and expectations in business and industry.

17.20.5.3.4 Employment Specialist
- Have an Associate’s degree or higher in a related field from an accredited college or university or have a high school diploma or equivalent with three (3) years of related experience
- Be familiar with the demands and expectations of business and industry

17.20.5.4 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Supported Employment services shall successfully complete the following training:

17.20.5.4.1 Within 30 Days of Hire
- Overview of Developmental Disabilities – accessible through the College of Direct Support.
- Prevention of Abuse, Neglect, and Exploitation – accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies

17.20.5.4.2 Within 90 Days of Hire
- Division approved Employment Specialist series of training provided through The Boggs Center on Developmental Disabilities. Additional Supported Employment, Customized Employment, Employment Specialist, or Job Coach training options may meet this requirement if preapproved by the Director of Employment, Transition, and Day Services at the Division

All Supported Employment personnel, including program management/supervisors, shall annually complete at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to employment for and/or supporting individuals with intellectual and developmental
disabilities. Documentation of training shall be maintained in the employee’s personnel file. Employment specific trainings can be provided by but are not limited to the following sources:

- The Boggs Center on Developmental Disabilities
- VCU
- College of Direct Support/College of Employment Supports
- APSE (Association for People Supporting EmploymentFirst)
- DDD
- DVRS
- The Arc of New Jersey – Project Hire’s Technical Assistance Services

17.20.5.5 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

The provider of Supported Employment services, in collaboration with the individual, must develop strategies to assist the individual in reaching each personally defined outcome related to the Supported Employment services that the service provider has been chosen to provide as indicated in the ISP. These strategies must be completed within 15 calendar days of the date the individual begins to receive Supported Employment services from the provider and must be documented on the Supported Employment Preplacement Activities Log when providing services to a job seeker who has not yet found employment and the Intervention Plan & Service Log once the individual begins his/her job. The service provider must complete the development of strategies specific to the outcome(s) related to the services they are providing within 15 days of the individual’s start date. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These strategy revisions must be completed within 15 calendar days of the ISP modification or approval of the annual ISP.

17.20.5.6 Quality Assurance and Monitoring

The Division will conduct quality assurance and monitoring of Supported Employment providers in accordance with the requirements of the Supports Program Quality Plan.
17.21 Supports Brokerage

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<th>Procedure Codes</th>
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<th>Additional Descriptor</th>
<th>Budget Component</th>
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<td>Self-Directed Employee</td>
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17.21.1 Description
Service/function that assists the participant (or the participant’s family or representative, as appropriate) in arranging for, directing and managing services. Serving as the agent of the participant or family, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. Practical skills training is offered to enable families and participants to independently direct and manage program services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication and problem-solving. The service/function includes providing information to ensure that participants understand the responsibilities involved with directing their services.

17.21.2 Service Limits
This service is available only to participants who self-direct some or all of the services in their Service Plan and is intended to supplement, but not duplicate, the Support Coordination service. The extent of the assistance furnished to the participant or family is specified in the Service Plan. The Supports Brokerage services cannot be paid to New Jersey DDD provider agencies or employees of these agencies, legal guardians of the participant, or other individuals who reside with the participant.

17.21.3 Provider Qualifications
All providers of Supports Brokerage must comply with the standards set forth in this manual. In addition, Supports Brokerage providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required, and have at least two years of experience working with individuals with ID/DD.

In addition, Home Health Agencies or Health Care Service Firms providing Supports Brokerage services must meet the following license or accreditation requirements:

- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -or-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)

17.21.4 Examples of Supports Brokerage Activities
- Providing information on recruiting and hiring workers
- Developing advertisements, flyers, and other recruiting materials as needed for hiring staff
- Completing applicant screenings
- Providing assistance to complete and submit employment paper work to fiscal agent.
- Support in managing workers
- Interviewing potential applicants, along with the person with disabilities and/or designee

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37 Please note that examples are not all inclusive of everything that can be funded through this service
17.21.5 Supports Brokerage Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.21.5.1 Need for Service and Process for Choice of Provider
The need for Supports Brokerage services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Supports Brokerage services will be included in the Individual Service Plan (ISP) and the Supports Brokerage provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Supports Brokerage service provider in the planning process to assist in identifying and developing applicable outcomes.

The Supports Brokerage service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Supports Brokerage services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.21.5.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).
- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks – AND –
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required – AND –
- Two years of experience working with individuals with ID/DD

17.21.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Supports Brokerage services shall successfully complete the following training:

17.21.5.3.1 Within 30 Days of Hire
- Overview of Developmental Disabilities –accessible through the College of Direct Support.
- Prevention of Abuse, Neglect, and Exploitation –accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.21.5.3.2 SDEs
- Any additional training mandated, and provided by, the individual/family shall be completed within the time period as specified by the individual/family.

17.21.5.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for support brokerage is forthcoming.

17.21.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Supports Brokerage providers in accordance with the requirements of the Supports Program Quality Plan.
17.22 Transportation

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</table>

**17.22.1 Description**

Service offered in order to enable participants to gain access to services, activities and resources, as specified by the Service Plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State Plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized.

**17.22.2 Service Limits**

Reimbursement for transportation is limited to distances not to exceed 150 miles one way and only within the States of New Jersey, New York, Pennsylvania and Delaware.
17.23 Vehicle Modifications

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17.23.1 Description
Assessments, adaptations, or alterations to an automobile or van that is the participant’s primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan, are necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.

17.23.2 Service Limits
All Vehicle Modifications are subject to prior approval on an individual basis by DDD. The following are specifically excluded: (1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual; (2) Purchase or lease of a vehicle; and (3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.

17.23.3 Provider Qualifications
All providers of Vehicle Modification services must comply with the standards set forth in this manual.

In addition, Vehicle Modifications providers must meet the following:
- Accredited by the National Mobility Equipment Dealers Association (NMEDA) recognized Quality Assurance Program, or its equivalent
- Compliance with NJ State motor vehicle codes

17.23.4 Examples38 of Vehicle Modifications
- Vehicle steering/brake controls
- Vehicle lift
- Vehicle ramp
- Raising/lowering vehicle roof/floor

17.23.5 Vehicle Modifications Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.23.5.1 Need for Service and Process for Choice of Provider
The need for Vehicle Modifications will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the use of the relevant Vehicle Modifications will be included in the Individual Service Plan (ISP).

Additional information regarding the process for an individual to access Vehicle Modifications is forthcoming.

17.23.5.2 Documentation and Reporting
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

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38 Please note that examples are not all inclusive of everything that can be funded through this service
Additional information regarding documentation of vehicle modifications is forthcoming.