Today’s Speakers

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DDD’s New Vision

- Children’s Services – Realignment
- Transition Planning Services (16-21)
- Medicaid Services

Community Care Waiver (CCW)  Supports Program
Supports Program Background

- Major DDD initiative included in the Comprehensive Medicaid Waiver (CMW)
- CMW approved by CMS on October 1st
  - Statewide reform – strategic plan for change
  - Community-based vs. institutional services
  - Allows NJ to draw down increased federal funds
Supports Program Background

- Basic Waiver Assurances
  - Administrative Authority
  - Level of Care
  - Qualified Providers
  - Service Plan
  - Health & Welfare
  - Financial Accountability
Supports Program Highlights

- Services/supports for individuals living in their own homes or with their families
- Provides Individualized Budgets (based on assessed level of need)
  - Employment/Day services
  - Individual & family support services ($5,000, $10,000, $15,000)
  - Administrative
## Supports Program Highlights

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<th>SUPPORTS (only)</th>
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Supports Program Benefits

**CURRENT**
- State-Only Funding
- Contract Reimbursement
- Limited Service Options
- Limited Support Budgets
- Limited Flexibility
- Slots/Referrals
- Waiting Lists

**THE SUPPORTS PROGRAM**
- Federal Match – Medicaid Eligible
- Fee-For-Service
- Expanded Service Options
- Expanded Support Budgets
- Increased Flexibility
- Individual Choice
- Access to Services
Supports Program Benefits

**CURRENT**
- Multiple Assessments
- Multiple Service Plans
- Inconsistent Policies
- Multiple Rates
- Case Manager

**THE SUPPORTS PROGRAM**
- Single Assessment Tool
- Single Service Plan
- Consistent Policies
- Consistent Rates
- Support Coordinator & Waiver Assurance Coordinator (WAC)
Supports Program Eligibility

- 21 years old & completed educational entitlement
- DDD eligible
  - Resident of New Jersey
  - Functional criteria – DD
- Medicaid eligibility (continually maintained)
- Live in an unlicensed setting
- Cannot be enrolled on both CCW & SP
Enrollment Process

- Determination of Eligibility
- Completed Assessment
- Assigned Budget Level
- Signed Participation Agreement
Accessing Services

- Assigned a Support Coordinator (SC)
- Develop Individualized Service Plan (ISP)
  - Based on person-centered planning process
  - Written by SC
  - Services must be based on assessed needs
- Waiver Assurance Coordinator approves the ISP and authorizes services
- Provider Selection and Delivery of Services
Services - Available

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

DHS/DDD
Services – Highlights

- Expanded employment service options
- Focus on “Employment First”
  - Raises expectations
  - Presumes that all people with disabilities can and should work in their communities
  - Benefits & day services supplement employment
Employment Services

- Supported Employment – Individual
- Supported Employment – Small Group
- Career Planning
- Prevocational Training
Other Services - Highlights

- Day Habilitation
- Community Based Supports
- Community Inclusion
- Goods & Services
- Transportation
- Fiscal Intermediary
Provider Qualifications

- Providers will need to meet qualifications and be approved to provide each service they plan to offer.
- Qualifications include but are not limited to meeting standards/regulations, staff training, licensing/certification, education & experience.
- Provider/stakeholder input needed - 12/5
Approved Providers

- All providers must meet the qualifications for each service as defined by DDD
- Providers must also be approved Medicaid providers with the following exceptions:
  - “Non-Traditional” providers (YMCA, DCA Licensed Employment Agencies, etc.),
  - “Self-Hires”
  - Certain services (environmental modifications, vehicle modifications, etc.)
Fee For Service (FFS)

- FFS is a complete transformation of DDD’s current contracting and payment model (cost reimbursement)

- Contract shift:
  - Current – contract between DDD and Provider for “slots” or level of service
  - Future – agreement between Provider and Medicaid to be paid for services authorized and delivered with DDD providing quality assurance and oversight
Fee for Service (FFS)

- Payment shift:
  - **Current** – payment during last week of the month for anticipated upcoming month of service, cost reconciliation after
  - **Future** – service authorized, service delivered, service claimed, claim paid at a standard, statewide rate (eliminates the vacancy issue)
Fee for Service – Rate Study

- National rate setting firm
- Uniform rates will be established across the Department
- Will include the following:
  - Provider workgroup
  - Multiple opportunities for provider input
  - A readiness study of both the Division and the provider community
  - Assistance with implementation - tools, training, formal guidance
Medicaid Claims Processing

- For claims to be processed by Medicaid (through Molina):
  - Claim must be submitted by an approved Medicaid provider
  - The participant must be Medicaid eligible
  - The participant must be enrolled in the Supports Program
  - The authorized service must be identified within the approved ISP
  - A prior authorization must be in place for the specific service to be delivered and claimed
  - Eligible and authorized services will be paid at a statewide, standard rates established by a formal rate study
Medicaid Processing Timelines

- Accurate claims submitted electronically are typically processed within 7-10 business days
- In select instances, paper claims are allowed but take up to 3 times longer to process
- All payments to providers are made by electronic funds transfer (except in the case of a bank routing or account number change)
Provider Deliverables

- Fiscal/Administrative
  - Documentation that each unit of service has been provided
  - Cost data
  - Proof of fiscal stability

- Program
  - Ongoing documentation that DDD standards/requirements are being met
  - Outcomes/progress data (linked to ISP)
Preparation – Things to Do Now

- Apply for National Provider Identification (NPI) #
- Assist individuals in becoming Medicaid eligible
- Assess business model (staffing, overhead, G&A, office space, vehicles, collaboration with other providers, training etc.) and adapt as needed
- Assess fiscal model (internal service/program cost analysis, cash flow, working capital, fiscal staffing, etc.) and adapt as needed
Preparation – Things to Do Now

- Develop marketing tools
- Investigate electronic claims software that interfaces with Medicaid/Molina
  - [www.njmmis.com](http://www.njmmis.com) – on the left menu, go to “Approved Vendors” for billing vendors, software vendors, combined vendors
- Arrange/Attend training provided by Medicaid/Molina
- Review services to identify those that you are interested in and areas of your current business that won’t be covered – and plan accordingly
Supports Program Roll Out - Tentative

- Initial provider enrollment
  - “Traditional” providers – 1/13–4/13
  - “Non-Traditional” providers – 3/13–5/13
- Support Coordinator training – 2/13–6/13
- Target - grads Medicaid eligibility – 2/1/13
- Fiscal Intermediary established – 3/1/13
- Support Coordination begins – 4/13
Supports Program Roll Out - Tentative

- Priority rates set – 4/13
- Rates implemented – 6/13
- Enrollment begins with 2013 grads – 6/13
- FFS conversion begins
  - Phase 2 – Residential – TBD
Additional Info Sessions

- Support Coordination – 11/27 & 12/4
- Supports Program Provider Overview-TBD
- Medicaid and Molina will provide individual or group training
We need your input!

- Provider Qualifications (Deadline 12/5)
- Individualized Service Plan (Deadline 12/21)
- Quality Plan (Deadline TBD)
- Rate Study (Between 11/12-3/13 tentatively)
- Supports Program Policy Manual (1/13)
- Development of Provider Training, TA, & Related Materials (Spring 2013)

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Don’t Forget!

- Information is continuously updated
  - Visit the SP page of the DDD website at [www.state.nj.us/humanservices/ddd/programs/supportsprgm.html](http://www.state.nj.us/humanservices/ddd/programs/supportsprgm.html)
  - Watch for updates and new information
- Deadlines for input
- Questions?
  - [DDD.SuppProgHelpDesk@dhs.state.nj.us](mailto:DDD.SuppProgHelpDesk@dhs.state.nj.us)
QUESTIONS???