



STATE OF NEW JERSEY

DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

PO BOX 726
TRENTON, NJ 08625-0726

Visit us on the web at :
www.state.nj.us/humanservices/ddd

Jennifer Velez
COMMISSIONER

Dawn Apgar
Deputy Commissioner

TEL. (609) 631-2200

CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LT. GOVERNOR

October 22, 2012

Dear Provider,

As you likely know, the New Jersey Department of Human Services (DHS) received approval from the federal Centers for Medicare and Medicaid Services (CMS) for the Comprehensive Medicaid Waiver (CMW) effective October 1, 2012. One of the reforms included in the CMW is the development and implementation of a "Supports Program" which will provide federal matching funds for a package of support services for individuals living on their own or at home with their families. The Division of Developmental Disabilities (Division) is currently in the development stages of this new program and expects to be able to begin the enrollment process in the spring of 2013. We have enclosed a packet of general information about the Supports Program for your review.

The Supports Program, which will be implemented in a fee-for-service model, will provide an expanded service array, giving current New Jersey providers the opportunity to expand their services offered as well as allowing for new providers to offer services in New Jersey. The Division is committed to enhancing our provider network to ensure that Supports Program participants will have ready access to the services and supports they need. For example, since all Supports Program participants will require monthly support coordination services, we will need an expanded pool of support coordinators to fill this need.

Ongoing collaboration with the developmental disabilities provider community will be essential to the success of the Supports Program. Your input is critical to ensuring that this program can be implemented effectively. To that end, we encourage you to stay engaged in the process as the Supports Program is rolled out. There will be multiple opportunities for input from providers and a series of meetings to provide additional information. We also encourage you to continue to visit our website at: <http://www.state.nj.us/humanservices/ddd/programs/supportsprgm.html> for the latest information and updates.

A list of "Important Dates to Remember" is included in the attached packet of information. Please take a moment to review these dates and save any important meeting dates on your calendar. The first meeting for providers – the Supports Program Provider Overview Session – will be held on **November 8, 2012 from 2:00 p.m. - 4:00 p.m. at the Hamilton Technology Center in Hamilton, New Jersey**. If you would like to attend this meeting, please **RSVP to Maria Houser at Maria.Houser@dhs.state.nj.us by November 1, 2012**.

Sincerely,

A handwritten signature in black ink that reads "Dawn Apgar".

Dawn Apgar, PhD, LSW, ACSW
Deputy Commissioner

The Supports Program: Important Dates to Remember

September 2012 (& Ongoing)

- Dissemination of Supports Program Fact Sheet, FAQ, Service Definitions, and other materials

October 2012

- Comprehensive Medicaid Waiver (CMW) Approved
- Supports Program web page added to the DDD website
- Fact Sheet on Medicaid Eligibility distributed
- Service Provider Qualifications circulated to stakeholders for feedback
Draft provider qualifications will be available for stakeholder review and input.

November 2012

Supports Program Provider Overview Session **11/8/12 2:00-4:00 at the Hamilton Technology Center**

This session will give providers the opportunity to learn and ask questions about the Supports Program and the services that will be offered through it. Space is limited, so please no more than 2 attendees per agency. RSVP attendance by November 1st to Maria.Houser@dhs.state.nj.us.

Support Coordinator Information Session **11/27/12 10:00-12:00 at DDD Central Office, Room 199A/B**

This session will give agencies and individuals who are interested in offering Support Coordination Services the opportunity to learn about the expectations of this role. This is the same session as the one being held on 12/4, so please plan to attend only one. Space is limited, so please no more than 2 attendees per agency.

- Rate Study to Begin (tentative)
DDD anticipates that the study to determine service rates for the conversion to fee-for-service (FFS) will begin in November.
- Service Plan circulated to stakeholders for feedback
Draft New Jersey Individualized Service Plan will be available for stakeholder review and input.

December 2012

Support Coordinator Information Session **12/4/12 1:30-3:30 at DDD Central Office, Room 199A/B**

This session will give agencies and individuals who are interested in offering Support Coordination Services the opportunity to learn about the expectations of

The Supports Program: Important Dates to Remember

this role. This is the same session as the one being held on 11/27, so please plan to attend only one. Space is limited, so please no more than 2 attendees per agency.

January 2013

- **Provider Medicaid Application**
The application to become an approved Medicaid provider of Supports Program services will be complete and available.
- **Provider Enrollment Begins**
Upon completion of the Medicaid application, providers will become approved to provide the indicated Supports Program services and enrolled as a provider of those services.
- **Waiver Assurance Coordinator (WAC) Training**
The WACs, DDD employees who will approve the Service Plans, authorize the funding of services, and provide ongoing oversight of services in accordance with all applicable requirements, will receive training on these responsibilities.

March 2013

- **Support Coordinator (SC) Training to Begin**
Approved providers of Support Coordination services will receive training on their responsibilities which include but are not limited to coordinating the Service Plan and assisting families in accessing the services as outlined in the Service Plan.

April 2013

- **Support Coordination for the Supports Program Begins (tentatively)**
It is anticipated that participants in the Supports Program will begin to be assigned a Support Coordinator who will coordinate their Service Plans and begin assisting families in identifying providers for the services outlined in the Service Plan.

Late Spring 2013

- **Enrollment of Individuals to Begin**



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The Supports Program

The Division of Developmental Disabilities (DDD) is in the development stages of a new program called the Supports Program, which will provide needed supports and services for adult individuals, 21 and older, living with their families or in their own unlicensed homes. It has been designed to help New Jersey better serve adults with developmental disabilities, significantly reduce the number of individuals waiting for supports and services, and enhance the State's ability to receive a federal "match" (\$.50 on the dollar) for services that are currently funded via state-only funding.

Once implemented, employment and day services, as well as all family support services – for both individuals currently being served and new individuals – will run through the Supports Program. With the exception of anyone enrolled on the Community Care Waiver (CCW), all adult individuals who are eligible for both DDD services and Medicaid will be able to access the Supports Program. The Supports Program is one of several important reforms included in the State's Comprehensive Medicaid Waiver (CMW), which was approved on October 1, 2012.

Here are some highlights of the Supports Program:

- It will provide all enrolled participants with employment and day services, which can be either self-directed or provider-directed.
- It will also provide all enrolled participants with an "up to" budget amount within one of three levels: \$5,000, \$10,000 or \$15,000 based on their assessed level of need with which they can purchase additional individual and family support services (such as respite, camp, and assistive technology, etc.) on a fee-for-service basis. This budget will not include the individual's employment and day services, which will be separately budgeted, also based on need.
- Individuals and their families will have the flexibility to choose the options and opportunities for support services that will best meet their needs.
- Individuals will have access to professionals – called Support Coordinators – to assist them in developing an individualized Service Plan and link them to appropriate services. DDD staff – called Waiver Assurance Coordinators – will review and approve the Service Plans, authorize services and provide quality assurance.
- It will offer participants the following services: Assistive Technology, Behavioral Management, Career Planning, Cognitive Rehabilitation Therapy, Community-Based Supports, Community Inclusion Services, Day Habilitation, Environmental Modifications, Fiscal Management Services, Goods & Services, Interpreter Services, Natural Supports Training, Occupational/Physical/Speech Therapies, Personal Emergency Response System, Prevocational Services, Respite, Support Coordination, Supported Employment – Individual, Supported Employment – Small Group, Supports Brokerage, Transportation, and Vehicle Modifications.

The Supports Program will help New Jersey maximize federal revenue and enhance community supports for individuals with intellectual and other developmental disabilities resulting in meaningful system improvements for all.

To learn more about the Supports Program visit the Division of Developmental Disabilities website regularly for updates: <http://www.state.nj.us/humanservices/ddd/home/index.html>.



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The Supports Program – Frequently Asked Questions:

1. How do I qualify for this program?

With the exception of individuals enrolled on the Community Care Waiver (CCW), all adult individuals 21 and older who have been determined to be functionally eligible for DDD services and who are Medicaid eligible will be able to participate in the Supports Program. Participants will be required to maintain their Medicaid eligibility while they are enrolled in the Supports Program. If, at any time, an individual becomes ineligible for Medicaid, s/he will be disenrolled from the Supports Program.

2. Why don't individuals enrolled on the CCW qualify for the Supports Program?

Individuals enrolled on the CCW receive the services and supports they need via the CCW and thus, do not require enrollment on the Supports Program. If an individual's needs can be better met on the Supports Program, s/he may voluntarily disenroll from the CCW and enroll on the Supports Program.

3. Is there a waiting list for the Supports Program?

There will be a period during the roll-out of the program in which some individuals who are interested in the program may not be able to participate. However, once statewide implementation occurs, no waiting list is anticipated.

4. What do I need to do to enroll on the Supports Program?

Once the roll-out begins, implementation of the Supports Program will be phased in over a series of months. Individuals will be notified as they are identified to be enrolled. While you do not need to do anything specific at this time, it is advisable to ensure that you are continuing to maintain Medicaid eligibility, as ineligibility for Medicaid will impede your ability to enroll in the Supports Program. Additionally, if you are currently receiving DDD-funded employment/day or family supports, you may also want to ensure that your current service provider is aware that this change is in process and that they know that they will need to become a DDD/Medicaid-approved provider for the Supports Program. This will help ensure that you will be able to continue to receive the services you are currently accessing as the Supports Program is rolled out.

5. What services can I receive in the Supports Program?

An individual's services will be determined as part of a person-centered planning process and documented in his/her individualized service plan. Services must be tied to an assessed area of need. The services available in the Supports Program include: Assistive Technology, Behavioral Management, Career Planning, Cognitive Rehabilitation Therapy, Community-Based Supports, Community Inclusion Services, Day Habilitation, Environmental Modifications, Fiscal Management Services, Goods & Services, Interpreter Services, Natural Supports Training, Occupational/Physical/Speech Therapies, Personal Emergency Response System, Prevocational Services, Respite, Support Coordination, Supported Employment – Individual, Supported Employment – Small Group, Supports Brokerage, Transportation, and Vehicle Modifications.

6. How will my budget level be determined?

All individuals in the Supports Program will be assessed and assigned an “up to” budget based on his/her assessed level of need. These levels of need are determined by the amount of support individuals require to do self-care, household and independent living activities. If the needs of individuals change after their budgets are assigned, they will be able to request a reassessment.

7. How will my services be paid for?

All services will be paid for via claims processed and paid by Medicaid through Molina (Medicaid's Fiscal Agent). Claims may be submitted to Medicaid either directly through Molina or through the Department's Fiscal Intermediary (FI).

8. Will I have a DDD case manager?

Individuals enrolled in the Supports Program will not have a DDD case manager. However, all individuals enrolled in the program will have both a Support Coordinator (SC) and a Waiver Assurance Coordinator (WAC). SCs will coordinate the Service Plan and assist families in accessing the services as outlined in the Service Plan. Support Coordination is a monthly service that will be included as an administrative cost in an individual's budget, and will not impact the funds available for services. WACs are DDD employees who will approve the Service Plans, authorize the funding of services, and provide ongoing oversight of services in accordance with all applicable requirements.

9. Who can I get services from?

Individuals in the Supports Program can access services from any DDD/Medicaid-approved provider who has met all qualifications identified by DDD for the specific service they are providing (including, but not limited to, fingerprinting and background check requirements).

10. Are there any limitations on the services I can receive?

Yes, there are specific service limits outlined for many of the services available in the Supports Program (i.e., limitations on the number of hours an individual can access a service, limitations on the settings in which services can be accessed, etc.). Your SC and WAC will be able to provide you with details about these limits as needed. Service limits will also be outlined in the *Participant Handbook*, which will be available for all participants in the Supports Program.

11. Will I still be able to keep the services I am currently receiving?

You will likely be able to choose to keep the *type* of service you are receiving. In order to continue to access services from the same provider, the provider will need to become an approved provider. There are some limited exceptions to this; whereby services that individuals are currently accessing will not be available in the Supports Program, or where there will be a change in the delivery method or service limits for the service once the Supports Program is implemented. For example, individuals will not be able to receive cash to pay privately for respite or individual supports. As the program is rolled-out, your SC and WAC will be able to assist you in navigating this process and choosing among the available services.

12. Will there be a disruption in my services?

DDD is working to roll-out the Supports Program in a deliberate way to avoid or minimize any disruption in services.

13. What happens if my needs change?

The Supports Program allows flexibility to re-assess individual needs if and when they change and make budget adjustments as needed. The need for a reassessment will be evaluated at the service plan meeting each year. Additionally, if at any time throughout the plan year, an individual's needs change, s/he can request a reassessment. If an individual is determined to have an increased need as the result of a temporary change in their circumstances (i.e. short-term health issue of caregiver, etc.), they may be able to access a "bump up" in their budget to meet that temporary need. If the change is the result of a long-term change in circumstances, this may require an actual level reassessment. If an individual's needs increase so significantly that s/ meets the emergency criteria outlined in regulation, s/he may be dis-enrolled from the Supports Program and enrolled on the CCW.

14. Will being enrolled on the Supports Program impact my status on the Waiting List for the CCW?

Individuals who enroll on the Supports Program will be able to remain on the Waiting List for the CCW.

15. Is the Supports Program replacing what is currently known as the Family Support Program?

All family support services will be administered through the Supports Program, along with individual supports and employment/day services. DDD's ongoing commitment to provide family support services designed to strengthen and support families who provide care within the family home for a family member with a developmental disability remains unchanged.

16. Does the Supports Program take the place of "Self-Directed Services" (SDS)?

Self-direction is a service model for the delivery of services and supports for people with developmental disabilities based on the principle that individuals should have the ability to exercise choice and control over the supports that they need to live in the community. The manner in which the Supports Program will be administered is consistent with this philosophy. Individuals enrolled in the Supports Program will collaborate in a person-centered planning process to develop an individualized service plan and will be assigned an "up to" budget amount, based on their assessed level of need, which can be utilized to purchase services as identified in their plan. Individuals enrolled in the Community Care Waiver (CCW) who self-direct their services will not be impacted by the Supports Program.

17. What if I do not want to enroll on the Supports Program? Can I still access my services?

Once the Supports Program is implemented, all DDD-funded services for non CCW-eligible individuals will be accessed via the Supports Program. Individuals will be required to become eligible and enroll on the program if they want to receive DDD-funded services.

18. When will the Supports Program be available?

The State received final authorization of the Comprehensive Medicaid Waiver from the federal Centers for Medicare and Medicaid Services (CMS) on October 1, 2012. Now that this authorization is granted, the State can begin implementation of the Supports Program. This is currently expected to occur in Spring 2013.

19. How do I get more information about the Supports Program?

Visit the Division of Developmental Disabilities' website for updates and additional information by going to: <http://www.state.nj.us/humanservices/ddd/home/index.html>

20. Will there be an opportunity for stakeholder input?

DDD is committed to ensuring that individuals continue to receive quality services and providers continue to receive reimbursement during this transition. This cannot occur successfully without active input from people with developmental disabilities, their families and the provider community. To that end, there will be multiple opportunities for input and dialogue.



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The Supports Program – Frequently Asked Questions for Providers:

1. Who can be a provider in the Supports Program?

In order to provide services in the Supports Program, a provider must meet the qualifications for each service as defined by the Division of Developmental Disabilities (DDD) and, depending on the service, must also be an approved Medicaid provider. In order to receive payment for services rendered, providers must claim for the services through Medicaid's Fiscal Agent (Molina) or must claim for their services through the Department of Human Services' (DHS) Fiscal Intermediary (FI). The type of service being provided and the type of provider (traditional v. non-traditional) will dictate the method by which the provider claims. Reimbursement for services in the Supports Program will be provided through a Fee-For-Service (FFS) model, which means that providers will be required to submit claims for each unit of service they provide before receiving reimbursement.

2. What types of services will I be able to provide under the Supports Program and how can I get approved to provide them?

The services available in the Supports Program include: Assistive Technology, Behavioral Management, Career Planning, Cognitive Rehabilitation Therapy, Community-Based Supports, Community Inclusion Services, Day Habilitation, Environmental Modifications, Fiscal Management Services, Goods & Services, Interpreter Services, Natural Supports Training, Occupational/Physical/Speech Therapies, Personal Emergency Response System, Prevocational Services, Respite, Support Coordination, Supported Employment – Individual, Supported Employment – Small Group, Supports Brokerage, Transportation, and Vehicle Modifications. There will be provider qualifications and standards that must be met in order to provide each service. In order to be a DDD approved provider, verification that you meet all applicable standards must be provided through the application process described in question 5.

3. How do I get paid for the services that are delivered in the Supports Program?

All claims will be processed and paid by Medicaid through Molina. Claims may be submitted to Medicaid either directly through Molina or through the FI. In order for a claim to be processed and paid: (1) the provider submitting the claim must be an approved Medicaid provider (this includes the FI who, as an approved Medicaid provider, submits claims on behalf of non-traditional providers); (2) the individual must be Medicaid eligible and enrolled in the Supports Program; (3) the service must be identified in the individual's approved Service Plan; and (4) a prior authorization must be in place for the specific service to be delivered.

4. How will rates under the Supports Program be established? Will providers have input?

DHS will be engaging a professional rate setting firm to perform a formal rate study for all DDD services. The rate study will be conducted in two phases: (1) non-residential services including all services available in the Supports Program and (2) residential services. The rate setter will utilize the reported cost related data of service providers statewide to formulate the rate and provide all stakeholders with ample opportunity to offer input throughout the process. One of the goals of the rate study is to produce rates for common services across all Divisions within DHS, to ensure that similar services are billed and paid at standard amounts across all Divisions.

The rate setter will also conduct readiness evaluations and offer training and technical expertise for the provider community in preparation for the transition into a FFS model.

5. What steps do I need to take to become an approved Medicaid provider?

The first step to becoming an approved Medicaid provider is to apply for a *National Provider Identification* number. You can apply for an NPI number at:

<https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>. The application can be completed online. Once completed, it will usually take approximately 2 weeks to receive your NPI number. After you have an NPI number, you will have to complete a Medicaid Provider Application, which will include requirements and qualifications to become an approved Medicaid provider as well as an approved DDD provider for the particular service for which you want to provide services. The Medicaid Provider Application will be available in January 2013.

6. If I am already a Medicaid approved provider, do I have to go through the application process?

Even if you are already an approved Medicaid provider, you will still need to become DDD approved for the specific services in the Supports Program that you intend to provide.

7. How is a FFS model different from a cost reimbursement model?

In a cost reimbursement model, providers receive a monthly payment, at the contracted rate, regardless of whether the services have yet been delivered. In a FFS model, providers will have to submit a claim for each unit of service that is delivered, at the standard rate, after the services have been delivered. In FFS, all providers are paid the same rate for the same service and are required to maintain documentation to demonstrate that each unit of service has been provided. FFS offers providers several advantages, including greater flexibility in managing their cash flow and budget allocations, fewer administrative/contract obligations with DDD, and the ability to build a reserve to address infrastructure, capital improvements, or other unforeseen events that carry a negative budget impact. FFS also provides added flexibility for individuals looking to access different services on the same day (but not at the same time). For example, an individual may choose to receive supported employment services for part of their day and day habilitation for the remainder of the day.

8. Will I convert from a cost reimbursement payment model to a FFS model all at once?

DDD is working on converting all services to a FFS model, but this process will take time. The first stage of the shift to FFS will include non-residential services offered by DDD. This stage will be phased in as the Supports Program is rolled out. The second stage will include all residential services. Once full implementation has occurred, all funding will be removed from contract and redirected into the fee for service model.

9. How will vacancies be treated in the Supports Program?

In a FFS model, vacancies are not claimable. Vacancies will be factored into the standard rate for a particular service.

10. How will individuals be referred to my program/services?

All participants in the Supports Program will have a Support Coordinator (SC) who will help them to identify possible service providers from which they can choose to receive their services. Individuals receiving services in the Supports Program will not be assigned to any particular program, and there will not be “program slots”. In order to advertise services and garner business, providers are encouraged to share marketing tools with SCs to highlight their services and identify the locations they serve, attend or become vendors at community events, and/or advertise in their local newspaper or other publications throughout the areas they serve. Some of the most successful providers will likely get their business through “word of mouth” referrals from other individuals and families.

11. What role will DDD play in this new structure?

Although providers will no longer have contracts with DDD for service provision, DDD will continue to have a significant role in supporting provider agencies and ensuring quality services and supports for individuals with developmental disabilities. In addition to Service Plan approval and services authorization, DDD staff will provide extensive quality assurance and ongoing technical assistance to providers.

12. What can providers do now to prepare for the Supports Program?

There are several actions that providers can take right now in order to prepare for the Supports Program. These actions include but are not limited to the following:

- Apply for a National Provider Identification (NPI) number.
- Become familiar with the services offered in the Supports Program.
- Assist individuals in becoming Medicaid eligible.
- Assess business model (staffing, overhead, G&A, office space, vehicles, collaboration with other providers, etc.) and adapt as needed.
- Assess fiscal model (internal service/program cost analysis, cash flow, working capital, fiscal staffing, etc.) and adapt as needed.
- Communicate with individuals currently served regarding future service provision.
- Develop marketing tools.
- Investigate and procure electronic claims software that interfaces with Medicaid/Molina or be prepared to bill on paper.
- Arrange/Attend training provided by Medicaid/Molina.
- Familiarize yourself with the fee-for-service system. In the new system, providers will need to pay particular attention to the management of prior authorizations, understanding billing codes, the claiming process, and documentation requirements.
- Prepare an outline for a monthly financial reporting package for your agency.
- Stay connected (attend provider meetings, contact with other providers and trade organizations, etc.).
- Identify areas of your business that you will not be able to claim for and plan accordingly.

13. As additional information becomes available, what should providers do to ensure they are ready when enrollment begins?

As more and more information becomes available, providers will be able to continue their preparation for the Supports Program in ways that include but are not limited to the following:

- Review provider qualifications and build internal capacity.
- Become an approved provider for the services you wish to provide.
- Become an approved Medicaid provider.
- Begin marketing services.
- Address any IT needs.
- Address any staffing gaps and training needs.
- Prepare for documentation & reporting requirements.
- Prepare for and begin to focus on quality indicators.

14. Will there be an opportunity for stakeholder input?

DDD is committed to ensuring that individuals continue to receive quality services and providers continue to receive reimbursement during this transition. This cannot occur successfully without active input from people with developmental disabilities, their families, and the provider community. To that end, there will be multiple opportunities for input and dialogue.

15. Who can I contact with questions?

Questions about the Supports Program can be emailed to DDD.SuppProgHelpDesk@dhs.state.nj.us.

Supports Program Services

Services	Description	Examples
Assistive Technology	<ul style="list-style-type: none"> • 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 individuals • Assistive Technology cannot be solely therapeutic • Assistive Technology requires prior approval by DDD and must meet applicable standards of manufacture, design and installation • Items covered by the State Plan cannot be purchased through this service 	<ul style="list-style-type: none"> • Evaluation of AT needs • Purchasing, leasing, acquisition of AT • Designing, fitting, customizing devices • Repairing or replacing devices • Ongoing maintenance fees • Training or technical assistance
Behavioral Management	<ul style="list-style-type: none"> • Individual 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 interaction with others • 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 • Services are distinct from treatment services for behavioral health conditions covered by the State Plan and mental health system 	<ul style="list-style-type: none"> • Behavioral assessment • Development of behavioral plan • Implementation of plan • Training and supervision of paid caregivers • Periodic reassessment of behavioral plan
Career Planning	<ul style="list-style-type: none"> • Person-centered, comprehensive employment planning and support service that provide assistance for individuals to obtain, maintain or advance in competitive employment or self-employment • Focused, time-limited service engaging an individual in identifying a career direction and developing a plan for achieving competitive, integrated employment • If an individual is employed and using supported employment services, career planning can be used to explore advancement opportunities or find other employment more consistent with the individual's skills or interests • Limited to 80 hours per Service Plan year 	<ul style="list-style-type: none"> • Situational (Community-Based) Assessments (Job Sampling) • Job preference inventories • Identification of career options/job matches
Cognitive Rehabilitation Therapy (CRT)	<ul style="list-style-type: none"> • A systematic, functionally-oriented service of therapeutic cognitive activities, based on an assessment and understanding of the person's brain behavior deficits • Frequency and duration of service must be supported by assessment and included, along with daily limits, in the individual's Service Plan • May be provided on an individual basis or in group & sessions may not exceed 60 minutes. • A group session is limited to one therapist with maximum of 5 individuals 	<ul style="list-style-type: none"> • Direct retraining • Compensatory strategies • Cognitive orthotics and prostheses

Supports Program Services

Community Based Supports	<ul style="list-style-type: none"> • Services that provide direct support and assistance for individuals 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 • Supports are delivered one-on-one • Can be individual supports to enable an individual to participate in a community activity or supports to assist an individual with (or assist them in learning about) basic self-care, social skills and ADLs 	<ul style="list-style-type: none"> • 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 of a menu, purchasing items, learning basic cooking, laundry skills, etiquette, travel training, accessing activities in the community, etc. • One on one tutoring
Community Inclusion Services	<ul style="list-style-type: none"> • Services that support and assist an individual in educational, enrichment or recreational activities as outlined in his/her Service Plan that are intended to enhance inclusion in the community • Services are delivered outside an individual's home and in a group setting not to exceed six individuals • Limited to 30 hours per week 	<ul style="list-style-type: none"> • Small group recreational activities (i.e. events, shopping, bowling) • Small group outings to community festivals, museums, books clubs, theater groups, cultural events, holiday celebrations, sporting events, etc.
Day Habilitation	<ul style="list-style-type: none"> • Services provided during daytime hours that provide education and training to acquire the skills and experience needed to participate in the community, consistent with an individual's Service Plan • Activities to support individuals with building problem-solving skills, self-help, social skills, adaptive skills, daily living skills, and leisure skills • Does not include services or training which the individual is entitled to under other federal or state programs • Limited to 30 hours per week and transportation is not included in the service 	<ul style="list-style-type: none"> • Day programs (adult training centers)
Environmental Modifications	<ul style="list-style-type: none"> • Physical adaptations to the private residence of the individual or his/her family that are necessary to ensure the health, welfare and safety of the individual or that enable the individual to function with greater independence in the home • Must be based on assessment and included in the Service Plan • Some specific exclusions apply 	<ul style="list-style-type: none"> • Ramps • Grab-bars • Widening of doorways • Modifications of bathrooms • Stair Lifts • Ceiling track systems for transfers

Supports Program Services

Financial Management Services (Fiscal Intermediary)	<ul style="list-style-type: none"> • Service that assists the individual - or the individual's family or representative, as appropriate - to: (a) manage and direct the disbursement of funds contained in the budget; (b) facilitate the employment of staff by performing (as the individual's agent) various employer responsibilities (such as processing payroll, withholding taxes and making tax payments to appropriate tax authorities); and (c) perform fiscal accounting and expenditure reporting • This service is available to any individuals who self-direct some or all of the services in their Service Plan 	<ul style="list-style-type: none"> • Fiscal agent services • Fiscal conduit services
Goods & Services	<ul style="list-style-type: none"> • Services, equipment or supplies that will decrease the need for other Medicaid services, promote inclusion in the community, or increase the individual's safety in the home environment • Only covers goods & services that are not provided through generic resources, other services in the Supports Program, through the State Plan and for which the individual can show that s/he does not have the personal funds to purchase the item/service no any other way of accessing the item • The need for the good/service must be clearly tied to assessed need and specifically documented in the Service Plan • Some specific exclusions apply 	<ul style="list-style-type: none"> • Classes • Garage door opener for easier access to home • Durable medical equipment prescribed by a physician but not otherwise covered • Admission & activity fees
Interpreter Services	<ul style="list-style-type: none"> • Service delivered to an individual face-to-face to support him/her in integrating more fully with employment or community-based activities • 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 	<ul style="list-style-type: none"> • Attendance at Service Plan meetings • Communication with SCs • Communication with providers • Communications with FI
Natural Supports Training	<ul style="list-style-type: none"> • Training and counseling services for individuals who provide unpaid support, training, companionship or supervision to individuals • Can be delivered to any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance or support to an individual • Services must be specifically outlined in the Service Plan, including who will be receiving and conducting the training 	<ul style="list-style-type: none"> • Training on use of AT device • Training on a hoier lift • 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
Occupational Therapy, Physical Therapy or Speech/Language/Hearing Therapy	<ul style="list-style-type: none"> • State Plan definition except that these services may be either rehabilitative or habilitative in nature • Services that are rehabilitative in nature are only provided when the limits of therapy services under the approved State Plan are exhausted • Services are only available as specified in the individual's Service Plan and when prescribed by an appropriate health care professional • A group session is limited to 1 therapist with 5 individuals, and may not exceed 60 minutes 	<ul style="list-style-type: none"> • OT, PT and/or Speech/Language/Hearing Therapy activities as prescribed by the appropriate health care professional

Supports Program Services

Personal Emergency Response System	<ul style="list-style-type: none"> • An electronic device that enables individuals to secure help in an emergency • The individual may also wear a portable "help" button to allow for mobility • Must meet applicable standards of manufacture, design and installation • Subject to prior approval on an individual basis by DDD 	<ul style="list-style-type: none"> • PERS equipment • Cost of installation & testing • Monthly cost of response center services
Prevocational Services	<ul style="list-style-type: none"> • Services provided for a defined period of time that provide learning and work experiences including volunteer work where the individual can develop general, non-job-task-specific skills that contribute to employability in paid employment in integrated community settings • Training in effective communication with supervisors, co-workers and customers, workplace conduct and dress, ability to follow directions, etc. • Supports are face-to-face and limited to 30 hours per week • Services must be tied to specific outcomes related to employment 	<ul style="list-style-type: none"> • Volunteer experiences (in compliance with the <i>Fair Labor Standards Act</i>) • Job Clubs • Utilizing the One Stop & other related services • Classroom style programs/training/experiences, that are administered in compliance with the <i>DHS/DDD Employment Services & Supports Policy Manual</i>, that cover topics such as: soft skills in the workplace; professionalism; time management; social media; basic computer skills; reading/writing/math literacy; or communication with customers, coworkers, or supervisors
Respite	<ul style="list-style-type: none"> • Services provided in an approved setting to individuals unable to care for themselves • Furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individual • May be delivered in multiple periods of duration • Limits may exist for specific types or settings 	<ul style="list-style-type: none"> • Individual in-home respite • Individual out-of-home respite • Weekend/evening drop-off programs • Overnight camp
Support Coordination	<ul style="list-style-type: none"> • Service provided on a monthly basis to all individuals in the Supports Program to assist them in gaining access to needed services, including Support program services, State Plan services and any other needed medical, social, educational and other services • Support coordinators work with individuals to develop the Service Plan and monitor service delivery throughout the Plan year 	<ul style="list-style-type: none"> • Monthly mandated care management service

Supports Program Services

<p>Supported Employment – Individual</p>	<ul style="list-style-type: none"> • Activities needed to help an individual 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 • Includes both intensive and follow-along supports • Services are individualized and limited to 30 hours per week 	<ul style="list-style-type: none"> • Training and systematic instruction • Job coaching • Benefit support • 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 development • Job site analysis
<p>Supported Employment – Small Group</p>	<ul style="list-style-type: none"> • Services and training activities provided to individuals in regular business, industry and community settings for groups of two - eight workers with disabilities • Services must be provided in a manner that promotes integration into the workplace and interaction between individuals with and without disabilities 	<ul style="list-style-type: none"> • Mobile crews • Group placement (enclaves) • Social enterprises in which employees are making commensurate wages • On-site job training • Job development • Job site analysis
<p>Supports Brokerage</p>	<ul style="list-style-type: none"> • Service/function that assists the individual - or the individual’s family or representative, as appropriate - in arranging for, directing and managing services • Available only to individuals who self-direct some or all of the services in their Service Plan • Intended to supplement, but not duplicate, the Support Coordination service 	<ul style="list-style-type: none"> • Providing information on recruiting and hiring workers • Developing advertisements, flyers, and other recruiting materials as needed for hiring staff • Completing applicant screenings • Interviewing potential applicants, along with the person with disabilities and/or designee • Providing assistance to complete and submit employment paperwork to fiscal agent. • Support in managing workers
<p>Transportation</p>	<ul style="list-style-type: none"> • Service offered in order to enable individuals to gain access to services, activities and resources, as specified by the Service Plan • This service is in addition to medical and State plan transportation services • Limited to distances not to exceed 150 miles one way and only within the States of New Jersey, New York, Pennsylvania and Delaware 	<ul style="list-style-type: none"> • Train/Bus fare • Taxi/car service fare • Individual provider fee • Transportation providers fees

Supports Program Services

Vehicle Modifications	<ul style="list-style-type: none">• Assessments, adaptations or alterations to an automobile or van that is the individual's primary means of transportation in order to accommodate the special needs of the individual• Must be specified in the Service Plan & requires prior approval by DDD• Must be necessary to enable the individual to integrate more fully into the community, and necessary to ensure the health, welfare and safety of the individual• Some specific exclusions apply	<ul style="list-style-type: none">• Vehicle Steering/Brake controls• Vehicle Lift• Vehicle Ramp• Raising/lowering vehicle roof/floor
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