

DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

EFFECTIVE DATE: *March 31, 2009*

DATE ISSUED: *March 31, 2009*

(Rescinds Division Circular #47, "*Skill Level Procedure*" which became effective *July 18, 2003*)

- I. **TITLE:** *"Skill Level Determination and Compensation"*
- II. **PURPOSE:** To provide guidelines to be used in determining the level of skill training and support for individuals placed in a Community Care Residence (CCR), so that an appropriate level of care and compensation can be determined.
- III. **SCOPE:** This circular applies to Division of Developmental Disabilities (DDD) components and all Community Care Providers (CCP) licensed by the Department of Human Services.
- IV. **POLICIES:** In any CCR where there are two (2) individuals assigned to Skill Level IV, the CCR will serve no other individuals, regardless of the CCP's licensed capacity.

V. **GENERAL STANDARDS**

- A. Definitions - For the purpose of this circular, the following terms shall have the meanings defined herein:

"Community Care Provider (CCP)" means an operator of a CCR, licensed in accordance with **N.J.A.C.** 10:44B.

"Community Care Residence (CCR)" means a private home or apartment in which an adult person or family, licensed in accordance with **N.J.A.C.** 10:44B, contracts to provide individuals with developmental disabilities care and/or training.

"Family Care" means a licensed home (CCR) where the licensee (CCP) provides individual(s) served with room/board and personal guidance, but does not include Skill Training.

“Interdisciplinary Team (IDT)” - Refer to DC #35 – “Service Plan”

“Leave Time” means time for the CCP to be free from caring for the individual(s), which is earned, based upon years of service.

“Level of Compensation” means the compensation given to the CCP for the training and care of an individual. The level of compensation is determined by the DDD Regional office through the Placement Review Team (PRT) based upon the level of care required by the individual. (Refer to Appendix A & B).

“Placement Review Team (PRT)” - Refer to DC #8 – “Waiting List Procedures N.J.A.C. 10:46C”

“Primary Caregiver” means a CCP assigned to care for an individual who has been assigned to Skill Level IV. (Refer to Appendix B)

“Relief person” means the person who is responsible for providing supports to an individual assigned to Skill Level IV whenever the Primary Caregiver is not available. (Refer to Appendix B)

“Relief Time” means time off available to a Primary Caregiver in a Skill Level IV CCR, which is in addition to Leave Time. (Refer to Appendix B)

“Secondary Caregiver” means an individual in a CCR who assists in the care of more than one (1) Skill Level IV individual receiving services. (Refer to Appendix B)

“Temporary Skill Level Increase” means a form of compensation provided to a CCP, which may be approved when an individual(s), other than those individuals assigned to Skill Level IV, does not work or attend a day program for ten (10) consecutive business days and there are no other DDD resources provided to the individual(s) during the day.

- B. The PRT makes the initial assignment of Skill Level, which is subject to review no less than annually by the IDT or upon request by the CCP. Skill Level assignment shall take into consideration pertinent assessments and recommendations contained within the individual’s Service Plan.
- C. Any leave time taken by the CCP shall be arranged in advance with his/her DDD Regional Office.
- D. The capacity of the CCR is established by the licensing entity.
- E. All CCPs shall meet the requirements of N.J.A.C. 10:44B.

- F. All individuals residing in a CCR shall be afforded an opportunity to participate in an organized program of habilitation, rehabilitation or employment, as outlined in **N.J.A.C.** 10:44B-4.2. The program selection shall be the result of the IDT's recommendations and shall not be based solely on the personal preference of the CCP. The program selection will be documented in the individual's Service Plan, which shall be reviewed at least every twelve (12) months, as specified at **N.J.S.A.** 30:6D-12.
1. DDD shall work with the Local Education Authority to ensure that Individuals between the ages of three (3) and twenty two (22) receive an appropriate education in accordance with Federal and State laws.

(Any exceptions to #1 above must be reviewed by the IDT and approved by the Regional Administrator in consultation with the Regional Assistant Director)
 2. Individuals over twenty two (22) years of age shall be provided with a program unless a physician certifies in writing that such activity is medically inadvisable.
 3. Individuals fifty five (55) years old or older may elect to retire; however involvement in age-appropriate activities outside the residence shall be encouraged.
- G. The licensee [CCP] shall notify the placing agency [DDD] within five (5) days of any disruption of day program, pursuant to **N.J.A.C.** 10:44B-2.1(h)1

VI. PROCEDURES

A. SKILL LEVEL DETERMINATION

1. An individual's Skill Level is determined prior to placement in a CCR by the PRT. The PRT shall use the criteria in Appendix A to determine the assignment of Skill Level.
2. If the PRT determines that an individual's needs warrant a Skill Level IV placement, a written assessment by the regional nurse is required.
3. Regional Staff shall inform the CCP of the Skill Level determination and complete all necessary paperwork.
4. The IDT shall review the Skill Level assignment no less than annually, or as needed, and make recommendations to the PRT for changes in the Skill Level assignment.

B. COMPENSATION

1. The initial compensation, for the designated Skill Level, is recorded by case management in a contract with the CCP at the time an individual is placed.
2. Any request for a change in Skill Level assignment must be directed in writing to the PRT.
3. If the PRT approves a change in Skill Level, the effective date of change in payment will be the date of the written request.
4. Each DDD Regional Office has an assigned budget to fund CCR placements. Any request to exceed that budget shall be approved by DDD's Central Office. The requesting DDD Regional Office must provide justification for any request.
5. The CCP may be **temporarily** compensated at the next higher Skill Level rate when an individual, other than those individuals assigned to Skill Level IV, does not work or attend a day program for ten (10) consecutive business days and there are no other DDD resources provided to the individual during the day. This higher Skill Level rate shall be approved by the PRT for a maximum of thirty (30) days only, retroactive to the first day of the consecutive absence.
6. All other Temporary Skill Level Increases will be approved for a maximum of six (6) months.
7. Temporary Skill Level Increases from Skill Level IIIB to Skill Level IV effect only the monetary portion of a Skill Level Rate increase and do not include other conditions or compensation as set forth in the Skill Level IV guidelines identified in Appendix B.
8. Any request for continuation of a Temporary Skill Level Increase shall require written justification to the PRT from the IDT.
9. Temporary Skill Level increases will not be given for breaks that exist normally within a regular school year, day program schedule or work schedule. Routine breaks in an individual's school, day or work program schedule shall be presented to the CCP and considered during the placement process.
10. Family Care placements in a CCR may be made available to individuals who require only room/board and personal guidance. The CCP is not required to provide Skill Training to the individual.



Kenneth W. Ritchey,
Assistant Commissioner

APPENDIX A
COMMUNITY SERVICES SKILL LEVEL CRITERIA

LEVEL I	LEVEL II	LEVEL III
<u>GENERAL</u>	<u>GENERAL</u>	<u>GENERAL</u>
<ul style="list-style-type: none"> Individual meets one or two of the criteria below. 	<ul style="list-style-type: none"> Individual meets 3 or more criteria of Level I. <p style="text-align: center;">-or-</p> <ul style="list-style-type: none"> Individual meets one or two of the criteria below. 	<ul style="list-style-type: none"> Individual meets 3 or more criteria of Level II. <p style="text-align: center;">-or-</p> <ul style="list-style-type: none"> Individual meets one or two of the criteria below.
<u>HEALTH</u>	<u>HEALTH</u>	<u>HEALTH</u>
<ol style="list-style-type: none"> Requires routine medical attention. May need to take daily medications. May have a seizure condition, which is generally controlled by medications. 	<ol style="list-style-type: none"> Requires periodic non-routine medical attention, resulting in medical appointments occurring on average twice a month. Has a seizure condition, which is partially controlled by medication. 	<ol style="list-style-type: none"> Has a serious chronic medical condition, which requires ongoing medical intervention on a daily or weekly basis. Has a seizure condition, which is poorly controlled by medication.
<u>MOBILITY</u>	<u>MOBILITY</u>	<u>MOBILITY</u>
<ol style="list-style-type: none"> Independently mobile with or without assistive devices. 	<ol style="list-style-type: none"> Needs occasional physical assistance with mobility and/or transfers with or without assistive devices. 	<ol style="list-style-type: none"> Requires full time physical assistance with transfers and mobility.
<u>SELF-CARE</u>	<u>SELF-CARE</u>	<u>SELF-CARE</u>
<ol style="list-style-type: none"> May need daily skill training or minimal physical assistance in areas of self-care. Independent or toileted by routine. 	<ol style="list-style-type: none"> With the individual participating, requires constant hands-on physical assistance in all areas of self-care. Needs physical assistance for incontinence occurring minimally twice a week. 	<ol style="list-style-type: none"> Due to the individual's inability to participate, requires all self-care tasks to be completed by the provider. Is incontinent and/or requires full physical assistance in toileting.
<u>BEHAVIOR</u>	<u>BEHAVIOR</u>	<u>BEHAVIOR</u>
<ol style="list-style-type: none"> There may be some behavioral outbursts and/or difficulty in making adjustments. 	<ol style="list-style-type: none"> Has periodic episodes of challenging behavior to the extent that it interferes with adjustment to CCR, day and community programming. 	<ol style="list-style-type: none"> Exhibits severe challenging behaviors on an ongoing basis.

APPENDIX A
COMMUNITY SERVICES SKILL LEVEL CRITERIA

LEVEL IIIB	LEVEL IV
<u>GENERAL</u>	<u>GENERAL</u>
<ul style="list-style-type: none"> • Individual meets 3 or more criteria of Level III. <p style="text-align: center;">-or-</p> <ul style="list-style-type: none"> • Individual meets one or two of the criteria below. 	<ul style="list-style-type: none"> • Individual's level of care requires the provider to be an RN or LPN. <ul style="list-style-type: none"> • Individual meets one of the criteria below.
<u>HEALTH</u>	<u>HEALTH</u>
1. Physician documented diagnosis of dementia.	<p>1. Must be considered medically frail and require continuous, close supervision and monitoring. The state of the individual's health must be considered severely impaired and uncertain. The individual's poor state of health may preclude regular attendance in a day/work program.</p> <p>The individual may require ongoing or temporary rehabilitative, restorative or post-operative care.</p> <p>2. The individual may require invasive techniques / procedures such as catherization, feeding tubes, suctioning, etc.</p>
<u>MOBILITY</u>	<u>MOBILITY</u>
Not applicable.	Not applicable.
<u>SELF-CARE</u>	<u>SELF-CARE</u>
Not applicable.	Not applicable.
<u>BEHAVIOR</u>	<u>BEHAVIOR</u>
<p>2. The individual must require a behavior intervention plan with continuous reinforcement schedule over an extended period of time.</p> <p>The individual should have a well documented history of unsuccessful behavior interventions and may have a history of multiple placements due to severity of needs.</p> <p>The individual may require constant and intensive level of supervision in all activities.</p>	Not applicable.

APPENDIX B

SKILL LEVEL IV GUIDELINES

I. PROVIDER REQUIREMENTS (In addition to those included in **N.J.A.C. 10:44B**)

A. Primary Caregiver

1. Is required to be a Licensed Practical Nurse (LPN) or Registered Nurse (RN) and there shall be an LPN or RN in the CCR whenever the primary caregiver is absent.
2. Shall receive training specific to the individual's needs as determined by the IDT/PRT.
3. Shall successfully complete and maintain CPR and First Aid Training in accordance with DDD Circular #31 – *“First Aid and Cardiopulmonary Resuscitation Training”*.
4. Cannot have full time employment outside the CCR.
5. May have part-time employment or attend school if it is limited to times that the individual(s) assigned to Skill Level IV are not in the CCR.

B. Secondary Caregiver

1. Is required to reside in the CCR if there is more than one individual in the CCR who is assigned to Skill Level IV. The Secondary Caregiver is not required to be an LPN or RN unless required by the IDT.
2. Shall successfully complete current CPR and First Aid Training in accordance with Division Circular #31 – *“First Aid and Cardiopulmonary Resuscitation Training”*.
3. Shall receive individualized training specific to the individual's needs as determined by the IDT/PRT.

C. Relief Person

1. Shall meet the requirements of the Primary Caregiver.
2. Is not mandated to reside in the CCR.

II. SUPERVISION

The level of supervision and care to be provided will be reviewed and documented annually in the individual's Service Plan.

The review must include, but is not limited to:

1. A determination as to whether an LPN/RN is required 24 hours a day;
2. A determination as to whether the Secondary Caregiver needs to be an LPN/RN;
3. A determination as to whether a one-to-one staffing ratio is required; and
4. A determination as to whether a Secondary Caregiver is required for evacuation from the CCR.

III. ABSENCE(S) FROM THE CCR

- A. Primary Caregivers earn leave time based on their years of service.
- B. Primary Caregivers who exceed their allotted leave time shall have their compensation reduced accordingly.
- C. Relief Time will not be provided in any month a Primary Caregiver uses Leave Time.
- D. Payment to the Primary Caregiver shall not be interrupted during any month in which the Skill Level IV individual is hospitalized. If the individual is out of the CCR for more than thirty (30) days annually for other than hospitalization, compensation shall be reduced accordingly.
- E. A Relief Person may be provided to the Primary Caregiver up to twenty (20) hours per month as determined by the IDT. This time cannot be accrued.