



Division Update for Individuals, Families and Providers

March 27, 2025

Agenda

- Next DDD Update Webinar
- VF/EA Transition Updates
- Quick Guide to Incident Reporting
- Agency with Choice Per-Member, Per-Month (PMPM) Rate Increase
- Changes to Processes for Prevocational Training Services
- National Core Indicators (NCI) Surveys
- Transition to Adult Life Events
- Choking Checklist
- Sharing Your Story: A Guide to Medicaid Advocacy
- Resources



Next DDD Update Webinar

- April Update Webinar:
 - Thursday, April 24, 2025 10:30 am
 - <u>Register for the April Webinar</u>
- The 2025 schedule of DDD Update Webinars, including registration links, is available on the Division's <u>Public</u> <u>Update Meetings</u> webpage



VF/EA Fiscal Intermediary Transition

- Acumen recently sent out a Participant Letter to all individuals in the Vendor Fiscal/Employer Agent (VF/EA) Self-Directed Services Model, with PPL as the fiscal intermediary, including:
 - Individuals with SDE services only,
 - Individuals with vendor services only (e.g., Goods & Services), and
 - Individuals with both an SDE service and a vendor service
- The letter provides a link for participants to volunteer for a pilot group as part of Acumen enrollment. The first 100 respondents will be selected to join the pilot group to complete the transition first and provide feedback on the enrollment experience.



VF/EA Fiscal Intermediary Transition

Support Coordinators

• Acumen also sent an introductory email and copy of the Participant Letter to all Support Coordinators serving individuals who have at least one SDE and/or at least one vendor service with PPL as the fiscal intermediary.

Participants

- Bookmark the <u>Acumen-New Jersey</u> website, as this is where resources, forms, and information related to the upcoming transition will be available.
- View the recorded February 28 <u>Acumen Introductory Webinar</u>.



NEW! Quick Guide to Incident Reporting

- DDD has published a new <u>Quick Guide to Incident Reporting</u> for individuals, families, provider agencies, and self-directed employees.
- Also available in Spanish: <u>Guía de Referencia Rápida Para La</u> <u>Notificación de Incidentes</u>



- The Division implemented the Agency with Choice (AWC) Self-Directed Services model in 2020 in response to feedback from individuals and families seeking a self-direction model that enabled employers to provide health benefits and paid time off to their employees.
- Under this model, per-member, per-month (PMPM) rates are deducted from the up-to budgets of participating individuals who employ one or more Self-Directed Employees (SDEs) through Easterseals NJ.



- Despite rising costs, these PMPM rates for participating in AWC and funding health benefits have remained unchanged over the five years since the model's inception.
- Easterseals NJ has implemented appropriate measures to insulate DDD participants from rising costs. However, DDD and Easterseals NJ have concluded that without an increase in PMPM rates, the AWC model cannot sustainably fund health care benefits.

- As a result, the four PMPM rates used in the AWC Self-Directed Services Model need to be increased. The increases will occur effective May 1, 2025, as follows:
 - DDD IT will complete iRecord backend adjustments to impacted prior authorizations (PAs) on or about May 1, 2025.
 - Updated PAs will be auto-generated, allowing iRecord to begin deducting the increased PMPM rates from AWC participant up-to budgets on or about May 1, 2025.



5/1/2025 Per-Member, Per-Month (PMPM) Rate Changes

PMPM 1

- One or more SDEs working 0-40 hours per week and not electing health benefits will increase from \$193.97 to \$266.34
- Difference of \$72.37 per month / \$868.44 per year

PMPM 2

- One SDE working less than 30 hours per week but 30+ hours per week and not electing health benefits will increase from \$340.15 to \$493.98
- Difference of \$153.83 per month / \$1,845.96 per year

PMPM 3

- One SDE working 30+ hours per week and electing health benefits --OR-- Two or more SDEs working less than 30 hours per week but 30+ hours per week and electing health benefits will increase from \$442.48 to \$646.62
- Difference of \$204.14 per month / \$2,449.68 per year

PMPM 4

- Two or more SDEs working 30+ hours per week and electing health benefits will increase from \$736.19 to \$987.82
- Difference of \$251.63 per month / \$3,019.56 per year





- Up-to budgets will remain unchanged in relation to this modification.
 - All up-to budgets have been increased in recent years to accommodate discrete rate increases such as Direct Support Professional (DSP) Wage Increases, Cost of Living Adjustments (COLAs), etc. This includes increases to up-to budgets for individuals who choose to participate in one of the Division's Self-Direction models.
 - To illustrate, the following tables show Community Care and Supports Program up-to budget growth between FY19 and FY25.



Growth in Up-To Budgets Between FY19 and FY25

Supports Program Up-To Budgets				
Tier	FY19	FY25	Difference	
А	\$19,546	\$28,303	\$8,757	
Aa	\$25,719	\$36,425	\$10,706	
В	\$28,805	\$41,457	\$12,652	
Ва	\$37,035	\$51,825	\$14,790	
С	\$32,920	\$47,735	\$14,815	
Са	\$43,207	\$60,580	\$17,373	
D	\$49,380	\$71,084	\$21,704	
Da	\$63,782	\$90,035	\$26,253	
E	\$59,667	\$86,924	\$27,257	
Ea	\$80,242	\$112,153	\$31,911	

Community Care Program Up-To Budgets				
Tier	FY19	FY25	Difference	
А	\$46,026	\$65,424	\$19,398	
Aa	\$81,982	\$104,863	\$22,881	
В	\$81,764	\$115,698	\$33,934	
Ва	\$149,562	\$188,700	\$39,138	
С	\$121,186	\$171,470	\$50,284	
Са	\$230,750	\$288,705	\$57,955	
D	\$172,954	\$244,313	\$71,359	
Da	\$326,344	\$409,410	\$83,066	
E	\$218,549	\$309,647	\$91,098	
Ea	\$417,823	\$522,778	\$104,955	

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- DDD anticipates that the up-to budgets of most individuals who participate in the Agency with Choice Self-Directed Employee Model will accommodate the PMPM rate increases without the need for Support Coordinators to adjust plans.
- Individuals whose up-to budget has already been exhausted will need to work with their SC and planning team to determine whether plan adjustments can be made to accommodate the PMPM rate increases.

- If an individual's budget is exhausted and adjustments are not possible, they can consider switching to the Vendor Fiscal/Employer Agent (VF/EA) Self-Directed Model, which does not charge a PMPM rate to the individual's up-to budget, as that model does not offer health benefits or paid time off.
- Employers of record should discuss any potential plan changes with all currently employed SDEs to assess how any changes may affect them.

Changes in Processes for Prevocational Training Services

What is Prevocational Training?

- Prevocational Training is a service available to individuals in DDD Supports Program and Community Care Program that is intended to:
 - Be accessed over a **defined** and **limited** period of time: up to 30 hours/120 units per week, and up to two plan years (with possibility for continuation with documented justification and DDD approval).
 - Have specific outcomes to be achieved in preparation for securing competitive, integrated employment in the community.
 - Help individuals learn universal, transferable skills that can be applied in any work setting (not job-specific).
 - Be provided in-person, either one-to-one or in a group of two to eight participants.



Changes in Processes for Prevocational Training Services

What is NOT NEW

 In cases where an individual and their planning team feel the individual needs Prevocational Training for more than two plan years, a Continuation of Prevocational Training Justification form must be submitted to DDD for review.

What is **NEW**

 The Continuation of Prevocational Training Justification form will now be submitted by the Support Coordinator electronically, through a new feature in iRecord.

Changes in Processes for Prevocational Training Services

What is NEW

- iRecord will not allow a Support Coordinator to add Prevocational Training beyond two plan years unless (1) the Continuation of Prevocational Training Justification form has been submitted to and approved by DDD, and (2) there is documentation that a referral to DVRS or CBVI has been submitted and is in process.
- The **Continuation of Prevocational Training Justification** should be submitted at least two weeks before the date the service is needed.
- DDD will approve continuations for periods of 4, 6, or 12 months within a single plan year, depending on the individual's needs.





Changes to Processes for Prevocational Training Services

- We anticipate the changes to the processes for Prevocational training to be implemented May/June 2025.
- Specific details will be communicated.
- DDD will schedule a live webinar for individuals and families, providers and support coordinators, to ensure they understand these changes and have an opportunity to ask questions.

National Core Indicators (NCI) Surveys

NCI State of the Workforce Survey

March 2025 – DDD emailed NCI State of the Workforce Survey invitations to eligible provider agencies that employ Direct Support Professionals (DSPs)

Invitations were sent to the email address on file in iRecord and include a survey link and instructions

All State of the Workforce Surveys must be completed by June 30, 2025

To learn more, visit <u>National Core Indicators</u>[®] or review the DDD <u>NCI State of</u> <u>the Workforce Survey Overview</u>

If providers have questions or did not receive the email, please contact <u>DDD.NCI@dhs.nj.gov</u>

National Core Indicators (NCI) Surveys

NCI March 2025 – DDD is mailing a letter to family members of individuals who receive at least one DDD-funded service in addition to Support Coordination services
 Family The letter includes a personal link and instructions for the family member to complete the Family Survey online
 All Family Surveys must be completed by June 30, 2025

To learn more, visit <u>National Core Indicators</u>[®] (NCI) or review the DDD <u>NCI Family</u> <u>Survey Overview</u> (<u>RESUMEN: Encuestas de Indicadores básicos nacionales</u>)

If you have questions or want to request a hard copy of the survey in English or another language, email <u>DDD.NCI@dhs.nj.gov</u>





New Jersey Human Services | Division of Developmental Disabilities



Transition To Adult Life April Webinars

Transition Thursdays Monthly Webinar Series	Quarterly DDD Welcome Sessions
 April 10, 6–7 PM: <u>DDD Transition to Adult Services and Intake Process</u> April 17, 12–1 PM: <u>Overview of Division of Disability Services (DDS) Programs and Services</u> 	 April 3, 12–1 PM: <u>DDD April Welcome Session</u> April 24, 6–7:30 PM: <u>DDD April Welcome Session with</u> <u>Topic Breakouts</u>





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CHOKING INCIDENT REPORT CHECKLIST

Name

Date of Incident

Please ensure the following information is included in your initial incident report. Utilize the checklist below to complete your initial incident report.

DIET

- Current prescribed diet texture and liquid consistency of the individual (food: regular, chopped, ground, puree; Item the individual choked on liquid: thin, nectar, honey, pudding)
- Food preparation at time of incident (regular, chopped, ground, puree)
 Size of food that was consumed/spit out/expelled (liquid, mucus, less than ½", between ½-1", greater than 1")
- Use eating independently (feeding self) or with assistance (physical or verbal) at time of incident

SYMPTOMS

- Signs or symptoms of choking present at the time of the incident
 - Examples: Was the individual talking,vocalizing/moaning, coughing, or gagging? Did the individualshow signs of distress? (gesturing/pointing, fatigue, sitting very still, breathing difficulty, discomfort/pain, leaving the area, etc.)

POSITIONING

Type of seating and location (regular chair, wheelchair, couch, etc.), standing, laying, etc.

If seated, the individual's body position at the time of incident (Was the individual's head in a neutral position; were they sitting upright, or does their body slouch/slide to a side during meals? Were their feet placed on the ground/ footrest or hanging without support?)

SUPERVISION

Individual's required level of supervision while eating

- Actual supervision being maintained at time of incident
- List of all individuals served and staff present at time of incident

ACTION/INTERVENTION

Immediate actions taken (back blows, abdominal thrusts, CPR, 911 called, medical evaluation, etc.)
 Safety measures or precautions utilized by the individual during meals (reminders to slow down, drink after each spoonful, use adaptive mealtime equipment, etc.)

HISTORY

□ Choking episode within the last year or prior history □ Date of last swallow study, x-ray, or endoscopy (if applicable)

STAFF TRAINING

Confirmation of staff training and date of training on the following: Meal preparation (diet texture/ liquid consistency) for the individual Signs and symptoms of choking First Aid/CPR training

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CONTACT: To schedule staff training on Dysphagia, Meal Preparation, or Mealtime Safety Techniques please get in touch with The DDD Resource Team at <u>ddd.resourceteam@dhs.nj.gov</u>. Additional choking prevention resources can be found on the **Division website at** <u>www.nj.gov/humanservices/ddd/individuals/healthsafety/</u>

Choking Checklist

As the 2nd Annual Choking

Prevention Awareness Month winds

wants to remind providers to use the

Choking Incident-Report Checklist

any time they complete an incident

The checklist is found on the DDD

down, the DDD Resource Team

report that involves choking.

Incident Reporting web page.





Sharing Your Story: A Guide to Medicaid Advocacy

 The Boggs Center on Disability and Human Development has created a new resource, <u>Sharing</u> <u>Your Story: A Guide to Medicaid</u> <u>Advocacy</u>, available in English, Spanish, Portuguese, Chinese, Japanese, Tagalog, and Gujarati

SHARING YOUR STORY: A GUIDE TO MEDICAID ADVOCACY



Medicaid provides funding for services that help millions of people with disabilities and their families across the country. This guide has information to help you share your lived experience with policymakers so they understand the importance of Medicaid and the services it provides to people with disabilities.



The Boggs Center on Disability and Human Development Robert Wood Johnson Medical School





Resources

Community Resources

- <u>Disability Rights New Jersey</u> 800-922-7233 (toll-free in New Jersey only)
- <u>Ombudsman for Individuals with</u> <u>Developmental Disabilities and their Families</u> 609-984-7764
- <u>New Jersey Council on Developmental</u> <u>Disabilities</u> 800-792-8858
- <u>The Boggs Center</u> 732-235-9300

DDD Resources

- For issues, call the DDD <u>Community</u> <u>Services Office</u> for your county or 800-832-9173.
- For routine questions:
 <u>DDD.FeeForService@dhs.nj.gov</u>
- To report suspected abuse, neglect or exploitation: call 800-832-9173, then press 1.