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| cid:image002.jpg@01DA9C9B.873348C0 | **Addressing Enhanced Needs Form**  **Instructions and Requirements** |

# Instructions

The Addressing Enhanced Needs Form is completed for individuals assigned an acuity factor and interested in receiving any of the following acuity-differentiated services: Community Based Supports / Individual Supports, Day Habilitation or Respite.

1. This form is required to be completed for each acuity-differentiated service, even if multiple services are rendered by the same provider.
2. The form is required to be completed prior to service delivery and updated as needed, or, at a minimum, annually.
3. The Support Coordinator completes **Identifying Information,** **Column A** (based on a review of the individual’s NJCAT), and the **Support Coordinator Attestation**, then sends the form to the provider. The individual/legal guardian shall have the opportunity to be involved in this process.
4. The provider completes **Column B** (describing the supports they will implement to meet the identified enhanced needs of the individual), and the **Service Provider Attestation**.
5. The provider keeps a copy of the form and returns the original to the Support Coordinator.
6. The Support Coordinator reviews the completed form with the individual/guardian, then uploads the form in iRecord.

# DDD Policy Requirements

**Acuity Factor Requirements** - **Section 3.4.1**

Service Provider staff are responsible to provide the needed behavioral and/or medical services. This includes assessment, development and monitoring of a behavior support plan. Therefore, when acuity is factored into the rate for a service (i.e., Community Based Supports/Individual Supports, Day Habilitation, or Respite), the needed behavioral supports, including those described as “Behavioral Supports” in section 17.2 of the CCP/SP Manuals, must be provided and cannot be claimed for separately/concurrently during the time for which the service is provided.

**Behavioral Support Provider Qualifications - Section 17.2.3**

All providers of Behavioral Supports services must comply with CCP/SP Manual standards, including meeting all staff qualifications, passing all background checks, successfully completing required trainings and holding a relevant license/certificate as described in section 17.2.5.3 of the CCP/SP Manuals.

Staff who conduct assessments, develop behavior support plans, and evaluate their effectiveness must:

* have demonstrated experience in positive behavior support and/or applied behavior analysis -AND-
* have at least one year’s experience working with people with developmental disabilities -AND-
* meet or be under the supervision of at least one of the following:
  + Board Certified Behavior Analyst – Doctoral (BCBA-D) -OR-
  + Board Certified Behavior Analyst (BCBA) -OR-
  + With one year of supervised experience working with individuals with developmental disabilities involving behavioral assessment and the development of behavior support plans:
    - Master’s degree and the completion of requisite coursework from a BACB approved course sequence program -OR-
    - Clinician holding NADD Clinical certification -OR-
    - Master’s or Bachelor’s degree in applied behavioral analysis, psychology, special education, social work, public health counseling, or a similar degree AND under the supervision of a BCBA-D or BCBA.

Staff responsible for monitoring the implementation of behavior support plans and training/supervising caregivers must have demonstrated experience in positive behavior support and/or applied behavior analysis and one year’s experience working with people with developmental disabilities and meet the following criteria or be under the supervision of someone who does:

* Board Certified Assistant Behavior Analyst (BCaBA) in accordance with BACB standards -OR-
* Registered Behavior Technician (RBT) in accordance with BACB standards -OR-
* Direct Support Professional (DSP) holding NADD DSP Certification -OR-
* Bachelor’s degree in applied behavior analysis, psychology, special education, social work, public health, or a similar degree.

**Specialized Staff Training Requirements** - **Appendix E**

Prior to assuming sole responsibility of one or more individuals, within 90 days of hire, and as needed, staff who work with individuals with medical restrictions, special instructions, or receive specialized support shall receive training to meet those needs. Training topics to meet individuals’ needs 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).

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| **Identifying Information** - *completed by the Support Coordinator* | |
| Name: Enter text.  DDD ID: Enter text. | NJCAT Score: Self-Care, Behavioral, Medical  Tier: Choose an item. |
| Acuity factor and enhanced needs are present for the following: Behavioral  Medical  Both | |
| Service Type: Community Based Supports  Individual Supports  Day Habilitation  Respite | |
| Name of Service Provider: Enter text. | |
| **Column A** - *completed by Support Coordinator* | **Column B** - *completed by Provider* |
| **Enhanced Behavioral Needs** | **Addressing Enhanced Behavioral Needs** |
| **Support Coordinators**: List each current and historic behavioral concern which may require specialized support to mitigate risk to the safety of this individual and others while receiving services.  *(To add rows, click on the last row and click the plus sign.)* | **Providers**: Describe how the agency will address the identified behavioral needs to mitigate risk. This may include environmental modifications, clinical staffing, adaptive equipment, specialized training or other specialized support. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| **Enhanced Medical Needs** | **Addressing Enhanced Medical Needs** |
| **Support Coordinators**: List each medical diagnosis which may require specialized support to mitigate risk to the safety of this individual while receiving services.  *(To add rows, click on the last row and click the plus sign.)* | **Providers**: Describe how the agency will address the identified medical needs to mitigate risk and meet support needs. This may include environmental modifications, clinical staffing, adaptive equipment, specialized training or other specialized support. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |
| Enter text. | Enter text. |

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| **Support Coordinator Attestation** | |
| **By submitting this form, the Support Coordinator attests to the following:**   * **A review of the NJCAT was conducted.** * **To the best of my knowledge, all areas for which the individual requires enhanced supports while receiving services, have been identified.** * **The individual/guardian was offered the opportunity to participate in the AENF process.** | |
| Support Coordination Agency: Enter text.  Support Coordinator: Enter text. | |
| Date Completed and sent to Provider: Enter a date. | Date Received back from the Provider: Enter a date. |
| **Service Provider Attestation** | |
| **By submitting this form, a representative of the Service Provider attests to the following:**   * **The provider is aware of DDD policy requirements regarding staff qualifications, background checks, requisite training, specialized training, experience and credentialing as summarized and described on pages 1 and 2.** * **DDD has approved the provider to deliver supports to individuals with medical or behavioral acuity.** * **The provider has properly trained and credentialed staff to address the individual’s enhanced needs.** | |
| Service Provider: Enter text. | |
| Staff Member: Enter text. | Title: Enter text. |
| Date Received from the SC: Enter a date. | Date Completed by the Provider: Enter a date. |