NEW JERSEY HUMAN SERVICES

Division of Developmental Disabilities

ISP Plan Reviews:
Guidance for Support Coordination Agencies

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Plan Review Criteria

This document was developed as an additional resource for Support Coordination Agencies (SCAs) to use and reference during plan development and supervisory review. It offers information beyond the standardized criteria and expectations as outlined within the ISP and PCPT Submission Criteria to facilitate quality improvement across all areas of the Individualized Service Plan (ISP) and Person-Centered Planning Tool (PCPT). Following each category, there is an Additional Guidance section which contains quality expectation reminders and important information pulled by the SC Best Practice Guide, Division training materials, and resources published by The Boggs Center on Developmental Disabilities. Also included are suggestions for conversation prompts and leading questions that can be used during the discovery phases of service plan development. These suggestions are meant to provide a starting point for discussions and are not exhaustive. SCs are encouraged to rephrase and use their own questions based on their own experience and knowledge of the person.

ISPs and PCPTs should not be developed by simply reading the iRecord tile headings and filling in the fields. SCs should engage in deep conversations with the individual, work in partnership with the planning team, and use information gathering tools to learn more about the person's wants, needs, preferences, and vision for life.

During each plan review, ask yourself the following questions:
- If I never met this person, would I feel comfortable being left alone to support them based on how the plan is written?
- Do supporters have all the information they need to keep the person safe? Would any missing information put the person at risk?
- Do you have a clear picture of who the person is and what is important to them?
- Does the plan contain language that you would find acceptable if it was used to describe yourself or a loved one?
- Is there a clear connection throughout all service planning documents? (i.e. ISP, PCPT, NJCAT, Employment Documents, MH Prescreening Checklist, Provider ISP Worksheets, etc.)

If the answer to any of these questions are *no*, the submission criteria should be utilized to revise the plan until all questions can be answered *yes*. Please reach out to your assigned Quality Assurance Specialist if additional clarity or technical assistance is needed.

Please note: This is a living document and is subject to change. Changes to the previous edition (December 2024) are noted in bright blue at the opening of the applicable heading. Examples: **New!** or **Updated!**

General Reminders	- The PCPT is a strength-based document that focuses on the individual's positive attributes, interests, long/short-term hopes and dreams, and various areas of importance; support and supervision needs should not be included. - The ISP is used to identify and describe the individual's support and supervision needs as well as to identify all Division funded services, natural/generic supports, and/or community resources currently being utilized or needed. - The NJCAT is a supporting document that provides a snapshot of the individual's support/supervision needs at the time of assessment. Pertinent/relevant information learned from the NJCAT should be summarized in the corresponding NJISP tiles. Please be mindful of the date the NJCAT was completed and that changes may have occurred since these responses reference the individual's support/supervision needs during that time period. - When entering information into the iRecord tiles, SCs should use the category/dropdown option that best matches the information being entered. If none of the dropdown options apply, the "other" category should be used. - All service planning documents must be signed and dated by the individual and legal guardian (if applicable) for plan approval. - Information provided on the Mental Health Pre-Screening Checklist, Provider ISP Worksheets, and NJCAT must be reflected and align with what is documented in the NJISP. Support and supervision needs must be consistent throughout all service planning documents. - Provider ISP Worksheets are not required when an individual is starting a new day program or moving into a new residential placement since these providers do not have the history of the individual's support and supervision needs required for completion. Service providers who provide other services are also not required to use these worksheets although they may if interested. - Review Service Detail Reports for all funded services to verify correct service entry prior to plan approval. - Excluding waiver requirements for PT, OT, and ST services, annual medical and dental forms, and Behavioral Support Plans, Support Coordinators are not required to obtain or upload medical prescriptions (i.e. prescribed diets, adaptive equipment) or medical protocols into iRecord although they may. Securing these documents is a provider responsibility. However, all related information must be included and documented in detail within the ISP. - The ISP must not prioritize the provider's preferences over those of the individual. If the provider is not willing or able to provide services in a way that aligns with the person's needs, preferences, and goals then alternate service options should be examined. - SCs are responsible for distributing copies of the completed ISP and signature page (and PCPT if consent is given by the individual) to all team members and service providers within 3 working days from the date of ISP approval. - If changes are needed to plan content or the iRecord tiles following plan approval, the SC will need to complete a formal plan revision and get the plan approved in order for the changes to be reflective on the live ISP. - Guidance for Individual Reassignments – If an individual is reassigned to a new SCA, the new SCA should treat the plan as a brand new assignment. The ISP and PCPT should be reviewed and updated where needed, a new R&R (under the new SC signature) must be obtained, and a new MH Checklist and SCS Checklist would need to be completed. The plan should be approved within 30 days of assignment.

ISP Submission Criteria

There are Nine (9) Components of the ISP that are evaluated. Each component is valued at three possible points, totaling a possible 27 points.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Outcomes	- Not individualized or specific to the person - Disrespectful language - Disability-based (would only apply to an individual with a disability) - Not connected to the PCPT or what the individual wants to achieve - Does not demonstrate critical thinking about individual's vision for life, hopes, and dreams, interests - Unclear as to what is being pursued - Not written in future tense - PCPT not updated from previous year; unable to determine what the individual wants to achieve	- Clear, but not individualized - Some connection to the areas identified in the PCPT - Some jargon used - Multiple areas of achievement combined in some outcomes - Refers to a program or service	- Individualized; specific to the person - Respectful language - Not disability based (would apply equally to an individual without a disability) - Connected to the PCPT and what the individual wants to achieve - Demonstrates critical thinking about individual's vision for life, hopes, and dreams, interests - Clear as to what is being pursued - Written in future tense - Singular, each outcome focuses on one area of achievement - No reference to a program or service
Outcomes Additional Guidance	Outcomes must be specific to the person, linked back to the PCPT, and reflect what the person wants to accomplish, improve, change, and/or maintain in their life. They should be written as the end result, in the future tense, and using person-centered language. Outcomes should be reviewed and agreed upon with all parties including the individual, family, and service provider prior to plan approval. At a minimum, SCs should be reviewing and following up on the success/progress of outcomes during monthly monitoring and at service planning meetings. • Division training recommendations: NJISP Related: New Jersey Individualized Service Plan Process and Documentation & Charting the LifeCourse: A Method of Ensuring Person-Centeredness **Disability/Skill based outcomes** – Outcomes should not be disability-based (would only apply to an individual with a disability) or contain jargon. Skill based outcomes are acceptable if the person expresses a desire to learn a specific skill as described in the PCPT (i.e. John will gain financial skills). **Individualized** – Outcomes must be individualized and specific to the person. Please do not use the same or similar outcomes across all the individuals you support as this shows little effort being made during the discovery phases of the planning process and the SC's attempts in getting to know what the person wants to achieve. SCs should be trained to ask more meaningful questions regarding the individual's long/short term hopes and dreams (PCPT) to assist in drafting quality outcomes.		

Singular outcomes – Outcomes should focus on one area of achievement. However, multiple areas of achievement combined in one outcome are acceptable if the areas are similar (i.e. Jane will increase socialization and make new friends).

Reference to a Program or Service – Outcomes should not include the name of the service or service provider. However, if the individual is in the process of identifying a service or service provider (i.e. day habilitation, CBS/SDE, etc.), it is acceptable to have the service listed in the wording of the outcome.
- **Acceptable** – John will find a day program near his house, Jane will hire a self-directed employee that shares common interests.
- **Unacceptable** – John will attend ABC Day Program 5 days a week, Jane will receive SDE services in the community.

Voting Outcomes - Voting outcomes are not mandatory, regardless of needing assistance to vote. However, if the individual would like a voting outcome included in their ISP it should be added.

Please do not attach a service provider to an outcome they cannot support or help achieve. For example, if the individual's day habilitation provider is not assisting the individual to progress towards employment, the briefcase icon should not be checked to designate the outcome as the employment outcome. Remember, outcomes are broad-based objectives that allow service providers to develop planning goals. Service providers are responsible for working collaboratively with SCs to develop strategies that can be used to progress toward reaching the outcome related to the service they are providing and maintaining documentation of the individual's progress using the Division's required service delivery documentation.
Questions to consider before approving the plan:
- Is this truly what the person wants to achieve?
- Does the outcome(s) reflect the vision for the person's life?
- Does the outcome(s) connect back to information found in the PCPT?
- Would the outcome(s) only apply to a person with a disability?
- Is the outcome written respectfully?

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Employment	• No outcome related to employment • Outcome does not move the individual towards desired employment goal • Conflicting information or no connection between the employment outcome, ISP, PCPT, and employment document • Barriers to employment (i.e. behavioral, medical) not addressed	• At least one outcome is related to employment, but is not individualized • Outcome has some connection to the PCPT or Pathway • Demonstrates some understanding of the definition and role of competitive employment	• At least one outcome is related to employment even if the individual is not currently pursuing employment • Outcome is individualized/unique to the person, connected to the PCPT, and clearly relates to strengths, skills, preferences, and interests • Outcome moves individual towards goals, dreams, meaningful community participation, and individual choice

	• The reason given for not pursuing employment only focuses on the individual's disability • Incorrect Pathway selected • F3, F6, or DVRS referral not appropriate for the individual's needs or employment goals • Inappropriate use of Retirement		• Demonstrates an understanding of the definition or role of competitive employment • Shows advocacy; barriers to employment are addressed • Effectively addresses individual/family fears and concerns about employment • Correct Pathway selected; includes detailed information regarding current and history of employment • F3, F6, or DVRS referral appropriate for the individual's needs and employment goals • Clear connection between the employment outcome, ISP, PCPT, employment document, and employment tiles • Creative use of resources outside DDD • Appropriate use of Retirement
Employment **Additional Guidance**	**Having Conversations about Employment** – Historically, individuals with disabilities have had limited access to opportunities when pursuing employment outcomes for themselves. Because employment has not always been an expectation, some people with disabilities or their families may not believe employment will work for them. Support Coordinators will need to navigate difficult conversations tactfully to address concerns about employment, including: perceptions of risks to safety, fear of losing benefits, cultural considerations, significant medical needs or challenging behavior, and any other barriers. This involves a combination of listening, observing, validating concerns, and educating. While some people may already be employed, or are very open to finding immediate employment, others may prefer to take smaller steps on the path to achieving employment. • Division training recommendations: NJISP Related: Employment Expectations and Overview, Overview of Division of Vocational Rehabilitation Services (DVRS), and Employment Highlights and Updates and New Initiatives. **Employment Outcomes** – Every NJISP must contain at least one employment related outcome to assist the individual towards work experience, exposure, or attainment even if the individual is not pursuing employment at the time of the NJISP (unless the individual is 65 years of age or older). All Outcomes, including Employment Outcomes, must reflect reality for the individual. If the individual is not going to work, stating that he/she will get a job is not realistic and should not be used as an Employment Outcome just to meet the Employment requirement in the plan. An Employment Outcome is not necessarily about getting a job. It can include getting ready to work, learning about interests for possible employment, discussing job opportunities, developing skills to progress towards successful employment, learning how to interview or write a resume, etc. For individuals who are already competitively employed, the outcome can relate to maintaining their current employment or working toward further development of a career. As with any outcome included in the ISP, it is understood that employment outcomes may take years to achieve and involve lifelong skill development.		

Crosswalk Documents – The employment outcome, ISP, PCPT, and employment document must all connect and mirror one another. Remember to review and crosswalk each document to ensure they all align. For example, if the individual wants to pursue employment, a DVRS/CBVI referral should be submitted and his/her employment outcome should move him/her towards this goal. If the individual does not wish to pursue employment, a DVRS/CBVI referral should not be submitted and the outcome should not reference getting a job. The F6 should be completed and barriers to employment should be addressed in the Pathway.

One of the 3 employment documents will need to be completed and uploaded under the Employment Tab; DVRS Decision tile for plan approval:

1. **Employment Non-Referral Form (F6)** – The Employment Non-Referral Form to DVRS or CBVI - (F6) is completed only if the individual is not going to be referred to DVRS/CBVI for any of the below listed reasons:
   ➢ The individual is already competitively employed in the general workforce and does not need employment supports at this time, **or** has moved onto Long-Term Follow-Along (LTFA), Division funded Supported Employment services.
   ➢ The individual is of retirement age (65 or older).
   ➢ Medical condition or behavioral support need exceeds the supports or services available from DVRS/CBVI at this time (due to substantiated concerns about harm to self or others, which cannot be appropriately mitigated by supports/services).
   ➢ The individual/legal guardian understands that employment is the preferred post education outcome. The individual/LG is not interested in pursuing employment at this time.

   ❖ **NOTE:** The last two options on the F6 require additional, detailed information explaining what is preventing the individual from pursuing employment and what would assist them to be ready in the future. SCs should not be documenting the individual's intellectual or developmental disability as the reason for not pursuing employment or exploring DVRS/CBVI services. Examples of additional unacceptable/inappropriate reasons for not pursuing employment include utilizing a wheelchair, using non-verbal communication, requiring support while using the bathroom, requiring assistance with self-care, not being able to read or write, etc.

2. **DVRS/CBVI Referral** – If the individual expresses an interest in pursuing employment or getting a job, a referral to the appropriate Vocational Rehabilitation (VR) agency, the Division of Vocational Rehabilitation Services (DVRS) or the Commission for the Blind and Visually Impaired (CBVI), should be submitted. The SC should document the referral submission in a case note and within the comments section of the Employment Pathway. The online confirmation page from of the referral submission should also be uploaded into iRecord. DVRS/CBVI will automatically reject a referral if the individual or family refuses employment services so please do not send someone to DVRS/CBVI if they are not ready or interested in working at that time.

3. **Employment Determination Form (F3)** – The Employment Determination Form - (F3) is completed when an individual is interested in working and is referred to DVRS/CBVI. The SC must complete the first and last sections of the form before forwarding it to DVRS/CBVI at the time of referral. The VR Counselor will complete the remainder of the form based on the information gathered during the meeting with the individual and return it the SC so it can be uploaded into iRecord. A blank or incomplete F3 should not be uploaded. It is only valid when completed/signed by a VR counselor.

- If the individual/family does not hear from DVRS/CBVI after 2 weeks following the referral submission, the SC should email DVRS/CBVI to confirm that the referral was received and upload the email chain into iRecord. A case note should also be entered.
- If the individual is already working with DVRS/CBVI or has utilized their services in the past, the SC should contact DVRS/CBVI directly to request a copy of the F3 if the form is not already on file in iRecord. Remember to document all attempts to obtain in case notes.

Employment Pathways – Documentation in this section should include the annual discussion that identifies the individual's employment status; where the individual is on his/her path to employment (if not presently employed); identifies potential barriers, concerns, fears, and reasons that the individual isn't working or pursuing employment (if applicable); and/or establish next steps in the employment process. Employment outcomes should be developed based on this annual discussion.

1. **Employed** – completed if the individual is currently competitively employed (making minimum wage or above) in the general workforce. Information documented in the notes section should include the name of the employer, details regarding the individual's job responsibilities and overall satisfaction, support needed, any wanted changes, etc.

2. **Unemployed – Experience/Training** – completed if the individual is currently unemployed but has had previous paid/unpaid training and experience (competitive employment, internships, job sampling, participation in work crews, etc.). Information documented in the notes section should include details of previous experience and training, results of any situational assessments or vocational evaluations, address any barriers to employment, and identify any areas of interest.

3. **Unemployed – No Experience/Training** – completed if the individual is currently unemployed and has no previous paid/unpaid training and experience but is interested in pursuing employment. Information documented in the notes section should address any barriers to employment and include any discussions had regarding the benefits of employment and seeking employment services.

4. **Unemployed – Not Pursuing** – Only completed if the individual has chosen to retire (65 or older) or will not be currently pursuing employment as a result of a medical condition or behavioral issue that precludes them from working due to substantiated concerns about harm to self or others which cannot be appropriately mitigated by supports/services.

Employment Services - Employment services offered through DVRS/CBVI must be accessed before utilizing any Division-funded employment service. If DVRS/CBVI services are not available or if the individual is ineligible, Division-funded employment services including Supported Employment, Career Planning, and Prevocational Training can be added to the ISP. If the individual is eligible for DVRS/CBVI services, funding shifts to the Division once the individual is stable on the job site and moved into Long-Term Follow-Along.
- ❖ The **Supported Employment budget component** can be accessed in situations when the individual's budget is unable to sustain the level of Supported Employment services needed in order for the individual to find or keep a competitive job in the general workforce. The individual must make every effort to utilize his/her individual budget to cover his/her Supported Employment needs prior to requesting this additional funding. To request the Supported Employment budget component, the SC must

submit a completed Supported Employment Funding Request form to DDD Employment Helpdesk at DDD.EmploymentHelpdesk@dhs.nj.gov for Division review/approval.

Prevocational Training – Limited to 30 hours per week and for two years. If the individual needs to continue these services beyond two years (for activities other than volunteering or college programs/classes), the SC and Prevocational Training service provider must submit the completed Continuation of Prevocational Training Justification form to the Division at DDD.EmploymentHelpdesk@dhs.nj.gov for review/approval. If approved, justification needs to be submitted every year thereafter in order to continue extending the need for Prevocational Training.

Career planning – Limited to a maximum of 80 hours per plan year. If the individual is eligible for services from DVRS/CBVI, these services must be exhausted before Career Planning can be utilized.

Retirement – SCs should not automatically select or use the iRecord Retirement feature just because the individual is 65 years or older as this will cause a major plan issue. It should only to be used if an individual is 65 years of age or older AND decides to retire from both employment and Employment/Day Services. Once the individual is "iRecord Retired" Employment Pathways and employment-related outcomes are no longer required.

When an individual retires and the iRecord retirement checkbox is used, the Employment Pathway will need to be updated to reflect "Unemployed – Not Pursuing." Any other entry on the Employment Pathway Assessment tile will cause a red litmus indicator to prompt an update to this tile. If the individual is 65 or older and wishes to retire from employment but wants to continue attending Day Program or utilize day services, the iRecord Retirement feature should not be checked. In this scenario, the SC should update the Employment Pathway Assessment to "Unemployed – Not Pursuing" and select "Retirement" and complete the F6 form with the second option checked (Participant is of the Retirement Age). For those who are retired, the employment briefcase will no longer appear.

❖ **Note:** iRecord is still going to prompt the SC to enter an employment outcome. This iRecord requirement only becomes disabled if the retirement feature is checked. If the individual is retiring from employment, the outcome should not reference the individual getting a job or pursuing employment in any way. It should reference how the individual wishes to spend their days.

Volunteerism – An individual may not stand beside another employee who is being paid and call it "volunteering". This is considered to be a form of exploitation. Appropriate forms of volunteerism include volunteering for the good of the community and standing alongside other volunteers on site (i.e. soup kitchens, food banks, dog shelters, nursing homes, etc.). If the person wishes to volunteer to see if there is an interest vocationally, the focus of the volunteer work should align with their PCPT and shift towards competitive employment or a vocational assessment that is based on their specific interests. This should be time limited and the person should not replace a paid employee.

Extended Employment - When an individual is attending an Extended Employment (EE) or Workshop program, there should be ongoing conversations to seek Competitive Integrated Employment (CIE). If the individual expresses they are content with their placement, then

option #4 of the F6 (not interested in employment) would apply and an F3 would *not* be required. The Division does *not* recognize an EE as employment, therefore, this would not be added to the employment tile in iRecord.

- F6/Option #4 can be documented as – XXXX attends XXXX Program and has chosen not to pursue CIE through DVRS at this time. XXX will be provided continued encouragement to pursue CIE through monthly contacts and annual employment discussions. XXXX will be referred to DVRS when they are ready to work competitively.
- All Extended Employment (EE) programs are funded through DVRS and just because an individual is attending an EE does not mean they should automatically have an F3 completed. An F3 is only completed after individuals are referred to DVRS and have been determined eligible/ineligible for services. To ensure we are following Employment First, if an individual has expressed an interest in CIE, they are considered "work ready" and would then be referred to DVRS.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Updated! Services	• Not individualized or appropriate for the individual's needs • Inconsistent with and not connected to PCPT and/or NJCAT • Does not support the outcome(s) they are listed under • Known obstacles to receiving appropriate services not documented and/or addressed • Under "Provider" in the EVV Checkbox feature, an EVV status (Yes, No, Intermittently) has not been identified for an applicable service or is inconsistent with the note entered in the EVV Description text field. (See Electronic Visit Verification (EVV) Guidance.)	• Services not always individualized or clearly linked to the PCPT and/or NJCAT • Some connection to outcome • Demonstrates some knowledge of services and how they can be uniquely applied to the individual • Known obstacles to receiving appropriate services partially identified • Natural/generic services (Not Division funded) referenced in PCPT but not included in the ISP, if applicable • No billable services entered or exploratory services identified	• Individualized; appropriate for the individual's needs • Clear connection to PCPT and NJCAT • Reflects choice and moves the individual towards meaningful community participation • Support the outcome(s) they are listed under • Demonstrates knowledge of services and how they can be uniquely applied to the individual • Known obstacles to receiving appropriate services identified and included in plan, with preliminary plan to overcome • At least one billable service entered; or exploratory services entered for a maximum of 90 days to allow time for service identification • Creative use of community resources and services outside of DDD • Natural/generic services (Not Division funded) included in the ISP and referenced in the PCPT, if applicable

			• Under "Provider" in the EVV Checkbox feature, an EVV status (Yes, No, Intermittently) has been identified for an applicable service and is consistent with the note entered in the EVV Description text field. (See [Electronic Visit Verification (EVV) Guidance](#).)
Services **Additional Guidance**	**Services** – Services must always connect to the PCPT and/or NJCAT, support the outcome they are listed under, reflect individual choice, and move the individual towards meaningful community participation. Continuous services should also be entered for the full plan year to avoid gaps in supports. **Exploratory Services** - Plans should contain at least one billable service or have exploratory services entered for a maximum of 90 days to allow time for service identification. Exploratory services should be entered in circumstances where time is needed to further explore service needs, research and confirm the appropriate service providers, hire Self-Directed Employees, determine eligibility with other State agencies or funding sources before determining the need for Division-funded services (i.e. DVRS services), etc. **Natural/Generic Services** (not funded through the budget) should be included in the ISP and referenced in the PCPT to reflect any ongoing services that are provided through different funding sources such as PPP/PCA, DVRS/CBVI employment services, Medical and Partial Care Day Programs, Private Duty Nursing, natural supports, etc. Per the manual, "All services, including those services that are not Division-funded, that are required to meet an assessed need must be included within the ISP". Natural/Generic services ~~These~~ are not considered exploratory services so the 90 day duration does not apply. SCs must select the correct service type for what is being provided. For example, if an individual is attending an Adult Medical Day Program 5 days a week, the SC should select "Day Habilitation" as the service type, "Generic" as the payment source, "Day(s)" as the unit type, and enter "5" as the average weekly units. The SC should include the name and location of the program in the Service Description box and document the individual's support/supervision needs under the Support Settings / Work tile in the ISP. ❖ **Note:** The Natural Supports Training service type should not be confused with natural/generic services. Natural Supports Training has a specific service description (see CCP/SP waiver manuals) and should not be used when entering natural/generic services unless it applies to the outcome. If an individual is pending residential placement and residing in a nursing home, psychiatric hospital, boarding home, etc. at the time of the initial or annual ISP, the SC should enter this as a generic service. **Electronic Visit Verification (EVV)** – EVV is a federal mandate that helps ensure provider visits for personal care services are actually occurring and that individuals with disabilities are truly getting the care that they need. **EVV Statements** must be entered within the EVV Checkbox Feature in iRecord under the "Provider" tab when any of the following services are listed in the ISP: Community Based Supports, Individual Supports (15 min. rate), In-Home Respite, Behavioral Supports, Physical Therapy, Occupational Therapy, and Speech, Language, & Hearing Therapy). EVV statements are not required for Individual Supports (Daily Rate) or for non-Division funded		

services.   Additional details, including the list of exemptions and link to the EVV Checkbox Feature Quick Reference Guide, can be found under the Electronic Visit Verification – Guidance section (last two pages of this document).

  ❖ **Note:** SDEs through PPL are not yet billing through EVV, so EVV statements are not required for PPL SDEs at this time. However, they are required for SDEs through Easter Seals.

As a reminder, SCs must check the EVV Provider Compliance Report on the Division website (see link below) before adding a new service provider to an individual's service plan to ensure the provider is EVV compliant. Providers that are noted as disengaged, should not be added. Division of Developmental Disabilities | Electronic Visit Verification (EVV) for Providers (nj.gov)

  • Division training recommendation: Electronic Visit Verification (EVV)

EVV Live-in Worker Attestation Form – SCs are responsible for confirming with the individual/family which staff, if any, are live-in caregivers paid by DDD through the individual's budget. Should a live-in caregiver exist, the SC must complete the Live-In Caregiver Attestation form at the time of service plan development, whenever there is a change in live-in caregiver status, and annually thereafter. The completed form should be uploaded into iRecord and a notation should be listed in the service description box indicating that the service is being provided by a live-in caregiver.

Overlapping Services / Appendix K – Please ensure SCs are using and referencing Appendix K (Quick Reference Guide to Overlapping Claims for Services) in both the Supports Program and Community Care Program Policies and Procedures Manual. Remember, if an individual is assigned an acuity factor, Behavioral Supports cannot be claimed while providing the following services because those supports are already included within the rate: Individual Supports, Community Based Supports, Day Habilitation, and Out of Home Overnight Respite.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Health & Nutrition	• Health and nutrition needs/concerns not identified • Medical, Health, Dietary, Allergy, and Self-Care needs/concerns not fully addressed • Supervision requirements for all life threatening health and medical needs not fully addressed. • Information lacks detail for proper support in relation to diet, aspiration/choking concerns, seizure management, diabetes management, and supervision regarding self-care • Information inconsistent with the NJCAT	• Health and nutrition and self-care needs that do not put the individual at risk are partially identified or not fully addressed; more individualized detail is needed • Some minor inconsistency with the NJCAT in relation to health and nutrition and self-care needs that do not put the individual at risk	• Health and nutrition needs/concerns clearly identified • Medical, Health, Dietary, Allergy, and Self-Care needs/concerns fully addressed • Supervision requirements for all life threatening health and medical needs fully addressed • Information contains essential detail for proper support in relation to diet, aspiration/choking concerns, seizure management, diabetes management, and supervision regarding self-care • Information consistent with the NJCAT

	• All areas from the ISP worksheets not captured in NJISP		• All areas from the ISP worksheets captured in NJISP

Health & Nutrition
 	
Additional Guidance
	The Health and Nutrition category only relates to the following iRecord tiles: Self-Care, Allergies, Dietary, and Health Hazards/Concerns.
	
	While reviewing this section, ask yourself - Do supporters have all the information they need to keep the person safe? Would any missing information put the person at risk? Do these sections align with the NJCAT (discrepancies should be noted) and Provider ISP Worksheets?
	
	Self-Care Tile – All iRecord drop down options in this tile require a response, even if the individual is independent. If support is needed, it is not sufficient to just state "needs assistance" or "lots of assistance." The SC should elaborate on what this support looks like (physical assistance, hand over hand, verbal prompting, reminders, etc.) and be as specific and individualized as possible. The NJCAT should be used to drive conversations regarding the individual's support needs as it relates to self-care and hygiene but responses from the NJCAT should not just be copy/pasted into the ISP.
	   ❖ **iRecord dropdown options**: Adjusting Water Temperature, Blowing Nose, Chewing & Swallowing, Dressing, Drinking on own, Feeding self, Toileting-Bladder, Toileting-Bowel, Using Microwave, Using Stove, and Washing Hands.
	
	Allergies – The SC must describe all known allergies (Environmental, Food, Medications, & Other), identify any interventions, protocols, or precautions, and illustrate what an allergic reaction looks like specific to the person. Individualized support needs should be documented accordingly (i.e. assistance needed to use EpiPen). See considerations below:
	
	   ➢ **Allergies to Medications**: What medications is the individual allergic to? What should the caregivers/staff look for or do? Should 911 be called? Should the PCP be called?
	   ➢ **Allergies to Environmental:** What environmental allergens cause a reaction? What symptoms does the individual experience during an environmental allergic reaction? What are the prescribed or approved over-the-counter (OTC) medications used to relieve symptoms? Is there an added diagnosis of Asthma (Allergy Induced Intermittent Asthma)? Does the person experience itching, a burning sensation, hives, rash, redness, throat closing up, etc.? What is the protocol (inhaler, Benadryl, call 911, call PCP, EpiPen, Steroid? Cortisone/Benadryl cream)? What are the care and support needs regarding their reactions and/or symptoms?
	   ➢ **Allergies to Food:** Is the person allergic to any foods? What is the reaction, signs/symptoms, protocol if ingested or exposed? What should a supporter do (EpiPen, call 911, call PCP, Benadryl or other OTC medication?) if the individual were to have a reaction?
	
	Dietary Tile – This tile is designed to capture the individual's dietary preferences, doctor prescribed diets, specialized meal or liquid preparations, medical restrictions or guidelines, and/or mealtime supervision. Information reflected in each dropdown should summarize the information learned through the discovery process (NJCAT, ISP worksheets, PCPT, Team discussions). Successful completion of this tile will require team review and determination in reference to food preparation and mealtime supervision. The diet described in the ISP must match what is documented on the prescription (which the provider ensures matches the menu in the residence).

- ❖ **iRecord dropdown options:** Food Prep (Diet), Food Prep (Liquids), Mealtime Supervision, Special Diet, and Tube Fed
  If the SC selects **Special Diet**, a note box will appear. Response should address and clarify the following:
    - o Doctor Prescribed Restrictions – Parameters and script available
    - o Diet Preference – Individual or family driven guidelines, favorite foods or foods to be avoided
- ❖ **Documentation Examples:** If doctor prescribed, the SC should write "James is prescribed a 1500 calorie diet for weight management. If preference, the SC can write "James stated that he is avoiding high calorie and sugary foods in an effort to lose weight."

Mealtime Supervision – The individual's supervision needs during mealtime must be documented in detail and measurable (line of sight, 1:1, seated next to, verbal reminders to eat more slowly or to take smaller bites, etc.). Only stating "mainly supervised" or "requires supervision" is too ambiguous and increases the risk for choking incidents. Information regarding risks during mealtime should be listed under the Dietary and/or Health Hazards/Concerns tile (i.e. at risk for aspiration, choking, dehydration). Support needs at mealtime should be listed under the Self-Care tiles (i.e. feeding self, drinking on own, chewing and swallowing.
- • Division training recommendation: Mealtime Safety and Documentation

- ➢ **Questions to ask yourself:**
  Special Diets- What foods should be avoided? Is there a script or is this a preference?
    - o Chewing & Swallowing/food preparation- Does the individual have a special diet? Regular foods, moist foods, chopped diet or pureed diet? Is this documented for supports in all settings?
    - o Mealtime Supervision- What does the supervision level look like (reminders, 1:1, line of sight, arm's length or visual oversight during food intake or when food is present). What support is the staff providing? Avoid using 'mainly supervision' in ISP. This language is likely taken from the NJCAT and is not specific or measurable. The description of support needs should be clear to anyone who doesn't know the individual well.
    - o Is something new noted in the ISP or MTs? Have there been episodes of coughing or swallowing? Should an appointment be schedule with the individual's doctor? Should a referral be made to the DDD Resource Team for review by a Speech Pathologist?

- ➢ **Documentation Examples:** Individual is at risk for choking and is prescribed a specialized diet: Food chopped in half inch pieces, thin liquids. Staff should be seated next to the individual, visually monitoring, during mealtime and when food is present. As the individual may become distracted during mealtime and walk away, staff should verbally prompt the individual to return to the table to finish eating. Staff should ensure the individual doesn't walk away with food in his mouth; verbally prompt individual to take his time and finish chewing and swallowing.

Health Hazards/Concerns – Information learned through the NJCAT, Provider ISP Worksheets, and discussions with the planning team must be documented in detail within this tile. Information should describe the specific health concern, indicate if it's a new, current, or no longer present, identify any precautions or interventions, and explain how it is managed. For example, if the individual has a seizure disorder, the SC should document the frequency of occurrence, describe the type of seizure and what they look like specific to the

person, and if there is a seizure protocol in place. While preferred, the actual protocol does not need to be uploaded into iRecord, however, all details should be included in the ISP.

- ❖ **iRecord dropdown options:** Aspiration, Bowel Impaction, Choking, Constipation, Dehydration, Falling, Seizures, Swallowing Disorder, and Other.
  - o SCs should use the "Other" option to describe any other diagnosis or health concern (i.e. high/low blood pressure, high/low cholesterol, Skin Conditions, Diabetes, Respiratory or Breathing Conditions, Heart Conditions, Digestive Conditions, Bladder or Kidney Conditions, Musculoskeletal Conditions, etc.).

- ➢ **Seizure Management:** Document the frequency of occurrence, and history if currently controlled. Describe the type of seizure and what they look like specific to the person. Are they taking any medication or is a PRN needed at onset? Is there is a seizure protocol in place and what actions or supervision must be provided by staff? When should 911 be called?

- ➢ **Diabetic Management:** Does the individual have a special diet? What medications do they take? Does the individual utilize any diabetic tools (pump, glucometer, etc.)?   How do they check their blood sugar and how often? What support is needed? What should the care giver/individual do if the individual's blood sugar is too high or too low? Does the individual experience symptoms when their sugar is too high/low? When should 911 be called?

All "yes" answers for Questions 28 in the NJCAT must be reflected within the corresponding ISP tiles (primarily under the Health Hazards tile) and any discrepancies should be clarified (Respiratory or Breathing Conditions, Heart or Circulatory Conditions, Digestive Conditions, Swallowing Conditions, Bladder or Kidney Conditions, Conditions of the Nervous System, Hormone or Endocrine Conditions, Chronic Conditions related to Skin, Hair, or Nails, and Musculoskeletal Conditions).

Per the Division's waiver manuals, SCs are responsible for "Ensuring that there has been a discussion regarding the medical needs of the individual and that these needs are documented in the ISP. This is to include the need for data collection of bowel movements, urine output, seizure activity, etc. Should the planning team agree that such data collection is medically necessary, and the individual's primary care physician provides a prescription for it, this shall also be documented in the ISP along with the responsible party who will record and store the information."

Provider ISP Worksheets – ISP Worksheets are completed by the Residential Provider and/or Day Hab Provider with the individual prior to and in preparation for the anniversary ISP meeting. It is used to communicate services and support needs as well as additional regulatory / required information to the SC for discussion and inclusion in the ISP.   Information provided on the Provider ISP Worksheets must be consistent with and align with what is documented in the ISP. If there are any contradictions, the planning team should reconvene via an IDT to clarify. If issues are encountered with securing these documents, please refer to the instruction page on the back of the document and follow the steps accordingly.

- • Division training recommendation: Using the ISP Individualized Service Plan Worksheet for Residential and Day Habilitation Providers and Support Coordinators

Medical Practitioner – SCs should utilize the Medical Practitioner tile in iRecord to list all the individual's medical professionals and specialized physicians including but not limited to PCP, Cardiology, Chiropractor, Dentist, Dermatology, Endocrinology, Gastroenterology, Gynecology, Infectious Disease, Neurology, Optometrist, Podiatrist, Psychiatry, Urology, etc. SCs are responsible for keeping this list up to date and completing changes in a timely manner. SCs must select the "NJISP" checkbox in the upper right hand corner for each specialist entered in order to have their information populated on the ISP. View the Medical Practitioner section of the iRecord User Guide for additional details and step-by-step instructions.

Diagnosis Tile – The information contained within the individual's Diagnosis tile in iRecord was inputted by Division staff based on the psychological/medical documentation that was submitted during the intake process. The Intake Unit is the only entity that can revise this information so if an individual/legal guardian/family member reports that the primary and/or secondary diagnosis is incorrect or requests a modification, the SC should complete and submit the ICD-10 Diagnosis Change Request Form following the instructions on the form. Please note that the Division's ICD-10 coding focuses on ID/DD related diagnoses. The system does not accommodate general medical diagnoses or mental health diagnoses other than "F99, Psychiatric Disorder or Problem". For this reason, requests to change or add a more specific mental health diagnosis, or to add any diagnosis that is not ID/DD related cannot be processed. Please also note that the primary and/or secondary diagnosis listed within this tile does not need to be reentered under the Health Hazards/Concerns tile.

Other Medical Tiles – While completion is strongly encouraged, the following medical tiles are not required for plan approval: Primary Care Physician, Preferred Hospital, ASO, MCO, Private Insurance, Additional Specialists, and Preferred Pharmacy.

HIV Disclosure and Documentation – Division Circular (DC) #45 indicates that individuals must give consent to disclose HIV related information which is subject to a higher degree of confidentiality. As per Division Circular (DC) #53: "Information concerning the status of individuals who are HIV positive shall not be included in the client record and shall be available in accordance with DC #45." Therefore, if applicable, HIV should not be mentioned anywhere in the ISP. Instead, the ISP should indicate that the individual is diagnosed with an auto-immune disorder that requires the use of universal precautions. Any medications prescribed for HIV should be listed within the medication tile with the reason for administration being: auto-immune disorder.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Safety & Supports	• Safety needs/concerns not identified • Information lacks detail for proper support in relation to Mental Health concerns, behavioral/sensory needs, mobility, adaptive equipment, meal time, medication administration, money management	• Safety and Support needs that do not put the individual at risk are partially identified or not fully addressed; more individualized detail is needed • Some minor inconsistency with the NJCAT and/or Mental Health Pre-Screening Checklist in relation to safety and support needs that do not put the individual at risk	• Safety needs/concerns clearly identified • Information contains essential detail for proper support in relation to Mental Health concerns, behavioral/sensory needs, mobility, adaptive equipment, meal time,

	• Information is inconsistent with NJCAT and/or Mental Health Pre-Screening Checklist • Mental health issues related to suicidality and/or harming self or others are not addressed or do not include follow up planning. • Support and supervision needs in each support setting (Home, Community, Work) are unclear and/or not identified • Support/supervision needs during emergencies not identified (Required for all individuals) • All areas from the ISP worksheets not captured in NJISP • If BSP, information does not reflect annual discussion regarding the need of a BSP or review of progress • If acuity for behavioral needs but no BSP, information does not reflect annual discussion regarding the need for a BSP and/or behavioral support services • HCBS, privacy, and rights restrictions are not appropriately documented or in accordance to the wavier manuals, if applicable. • If applicable, does not identify people who the individual chooses to assist with Supported Decision Making or the appointed guardian		• medication administration, money management • Information is consistent with NJCAT and Mental Health Pre-Screening Checklist • Mental health issues related to suicidality and/or harming self or others are addressed and include follow up planning (services, behavior support plan, medical follow up; psychiatrist/psychologist) • Support and supervision needs in each support setting (Home, Community, Work) are clearly identified • Support/supervision needs during emergencies clearly identified • All areas from the ISP worksheets captured in NJISP • If BSP, information reflects annual discussion regarding the need of a BSP and review of progress • If acuity for behavioral needs but no BSP, information reflects annual discussion regarding the need for a BSP and/or behavioral support services • HCBS, privacy, and rights restrictions are appropriately documented and in accordance to the wavier manuals, if applicable • Identifies people who the individual chooses to assist with Supported Decision Making or the appointed guardian
Safety & Supports **Additional Guidance**	The Safety and Supports category only relate to the following iRecord tiles: Support Settings, Mobility/Adaptive Equipment, and Behavior/Sensory Needs.	

While reviewing this section, ask yourself - Do supporters have all the information they need to keep the person safe? Would any missing information put the person at risk? Do these sections align with the NJCAT (discrepancies should be noted) and Provider ISP Worksheets?

Support Settings (Home, Community, Work) – SCs must complete the Home and Community options for <u>all</u> individuals. The Work option must be completed for all individuals currently employed, utilizing employment services, and/or attending a day program. The individual's support and supervision needs must be documented in detail for each setting. The reason for the support/supervision need must be further described in the associated tile (i.e. Behavior/Sensory, Mobility/Adaptive equipment, Self-Care, Dietary, Health Hazards/Concerns).

- **<u>Areas that should be addressed</u>**: Supervision/alone time, evacuation plan; support/supervision needed during an emergency. SCs must complete the Home and Community options for <u>all</u> individuals no matter their level of independence.
- **<u>Areas for consideration:</u>** assistance with finances/purchases/money management, household chores, travel (not self-care needs; these should be documented under the Self-Care tile)

**Support and Supervision needs during an emergency need to be clearly noted in the service plan for ALL individuals and should be included in ALL support settings regardless of their level of support noted in other areas. Please state the level of independence or the level of support needed for all individuals.

For individuals who reside in a provider managed setting and/or who attend a provider managed day program, the support and supervision needs documented on Provider ISP Worksheets must be included and consistent to the information documented in the ISP. SCs are not required to obtain or review any completed assessments or scripts for licensing. This is a provider responsibility. SCs are responsible for ensuring the individual's support and supervision needs are documented properly and in accordance to the information reported by the provider.

Emergency Back-up Plan tile – Section 13.2 (Plan Review Elements) of the Division's waiver manuals discusses the need for Support Coordinators to develop an emergency back-up plan with individuals and families in the event that current supports are no longer available and to determine the need for a proxy decision-maker, if appropriate. Advanced planning reduces the risk to an individual's health and safety and ensures their wishes are respected. For individuals who reside in their own or family home, it is especially important to discuss and document the plan if the primary care giver(s) is unfortunately unable to provide support due to illness, injury, hospitalization, death, or other reasons. Support Coordinator conversations with individuals and families should include the identification of a proxy decision-maker, additional emergency contacts (i.e. family members, friends, neighbors), potential alternatives to current supports, preferences/wishes, location of important documents (i.e. insurance cards, driver's license/non-driver identification card, birth certificates, healthcare proxy/advance directive documents), medication, adaptive equipment, favorite items needed for the individual's daily routine, etc. This information should be documented within the notes section of the Emergency Back-up Plan tile and verified before approving any macro plan (i.e. initial plan, anniversary plan, NJCAT reassessment plan, waiver transition plan).

Proxy Decision-Maker – For individuals without a court-appointed guardian, a proxy decision-maker is a person appointed by the individual to make health-related decisions on their behalf in the event they become unable to do so. Ideally, proxy decision makers have been formally designated by the individual and documentation exists for the scope and type of decision-making being designated. Typical types of formal decision designation documentation may include Durable Power of Attorney for Healthcare, Medical Power of

Attorney, or a living will. If these documents do not exist, it is acceptable at this time for the Support Coordinator to enter in iRecord a name and contact information as a proxy decision-maker that the individual designates without documentation. Individuals and Support Coordinators are strongly encouraged to develop supporting documentation, such as the NJ Department of Health's Designation of Healthcare Representative Form. For individuals with a court-appointed guardian, guardianship can be general or limited to certain types of decisions, therefore, it should not be assumed that a legal guardian is the proxy decision-maker. Guardianship documents should be reviewed before making this designation.

Questions asked within the Emergency Back-up Plan tile in iRecord:
1. Does the individual live in a provider managed setting with 24-hour access to staff?
2. Does the individual have a Personal Emergency Response System (PERS)?
3. Does the individual have a Will or Advance Directive?
4. Does the individual have a proxy decision-maker for health-related decisions in the event that usual decision-makers are not available?
   o NOTE: SCs will not be able to select "Yes" for this question until a proxy decision-maker is designated within the Contact Tab/Contact Attribute tile. If a proxy decision-maker contact(s) is added, the person's name and contact information will auto-populate on the Emergency Back-up Plan tile and ISP. If an individual does not have a proxy decision-maker, this step is not needed.

SCs must ensure that all emergency contact information, including those designated as part of an emergency back-up plan or proxy-decision maker, are kept up to date in iRecord. This includes the emergency contact's full name, relationship to the individual, address, phone number (i.e. home, cell, work), and email address. In order to designate a contact as an emergency contact, the SC needs to check the applicable box within the Contact Tab/Contact Attribute tile. If more than one emergency contact is identified, the SC must list them in order of priority, with number 1 being the highest priority contact.

Updated! Guardian or Supporter with Decision Making – At the annual Planning Team meeting, which includes the individual with I/DD, the Support Coordinator must initiate a discussion about decision-making. The discussion needs to address whether Supported Decision Making (SDM) or other options that are less restrictive than legal guardianship may be appropriate to support the individual in their decision-making. In the relationships tile, the Support Coordinator needs to enter information about either (a) the individual's relationship with the person or people whom the individual has identified to help with SDM, or (b) the person or people appointed by the court as legal guardian(s). When a person appointed as a legal guardian is no longer viable or available, action is required which may include a family member applying for substitute guardianship or a BGS referral. When an action related to guardianship is needed, the SC and planning team should develop a related outcome.
possible language may include:
• <Name of Individual> is able to make informed decisions for themselves at this time, however if needed, <Contact> is available to assist with Supported Decision Making.
• <Contact> has applied to become <Name of Individual's> legal guardian and is pending a court date.
• <Name of Individual> appears to need a legal guardian and has chosen <Contact> for this role. <Contact> has initiated the process for applying for guardianship. (Best practice is to develop an outcome.)

- <Contact> is <Name of Individual's> legal guardian and it remains appropriate at this time.
- <Contact> is <Name of Individual's> legal guardian but the planning team supports the individual's request to become autonomous, with Supported Decision Making as needed. (Best practice is to develop an outcome.)

Mobility and Adaptive Equipment – All prescribed adaptive equipment should be listed under the mobility tile and details should include specifics regarding where and when the equipment may be used (i.e. the person may use a cane in some instances and a wheelchair in others). Information should include details specific to the person in relation to assistance needed with mobility, ambulation, stairs, transfers, getting in and out of a vehicle, equipment maintenance, etc.
- ➤ iRecord only has dropdown options for crutches, walker, and wheelchair. Other prescribed adaptive equipment should be listed under the "Other" dropdown category and some examples include: Glasses, hearing aids, Hoyer Lift, orthotic shoes, helmet, bed rails, adaptive bed, grab bars, ramps, CPAP Machine, commode, etc.
- ➤ Division training recommendation: Adaptive Equipment and Documentation

Behavior/Sensory Needs – Behaviors learned through the NJCAT (questions under 27), Mental Health Pre-Screening Checklist, Provider ISP Worksheets, and discussions with the planning team must be documented in detail within this tile. Information across these documents should be consistent and align with one another. Information should describe the specific behavior, indicate if it is a new, current, or past behavior, list the frequency, duration, and identify any antecedents, interventions, and behavioral support strategies. Information/language should not just be copied/pasted directly from the NJCAT; details should be individualized and specific to the person. For example, if the individual engages in verbal aggression, it is not sufficient for the SC to only document "XXX makes noises, curses, or other inappropriate vocalizations."

All current and past behaviors should be addressed in the ISP. If the NJCAT respondent answered "yes" to a behavior that is no longer presenting, the behavior should still be listed in the ISP but noted as a past behavior. While allowed, it is not necessary to use the term "NJCAT discrepancy" or "Contrary to the NJCAT" if any changes have occurred. For example, if the respondent answered "yes" to physically and verbally threatens others in the NJCAT but clarifies during the planning meeting that these behaviors occurred in the past, a recommended way for the SC to document this in the ISP is "XXX has a prior history of physically and verbally threatening others, however due to medication adjustments and effective redirection strategies, these behaviors are no longer present". If a true NJCAT discrepancy is identified, a recommended way to document this is "NJCAT indicates that XXX physically and verbally threatens others, however the planning team reports that this is inaccurate."

When adding a new behavior or sensory need, iRecord will list the following dropdown options under "Type of Need" – Aggression, Behaviors, Elopement, Fears/Phobias, Interactions, and Sensory Issue.
- ➤ If **Aggression** is selected, the following supplemental dropdown options will appear; Target of Aggression (Self or Others) and Type of Aggression (For Self; bites, scratches, hits and for Others; bites, grabs/scratches, hits, kicks, uses objects against.
- ➤ If **Behaviors** is selected, the following supplemental dropdown options will appear; Eats or mouths inedible objects (i.e. PICA), Smears Feces, Takes Clothes off in Public, Masturbates in Public, Sexually Touches Others, Sexual Predatory Behavior, and Other.
- ➤ If **Interactions** is selected, the following supplemental dropdown options will appear; Adults (Same Sex), Adults (Opposite Sex), Children, Pets, Strangers, and Other.

➢ If **Sensory Issue** is selected, the following supplemental dropdown options will appear; Lights, Proximity/Touch, Scent, Sounds, Temperature, and Other.

Behavior Support Plan (BSP) Review (if applicable) – All approved Behavior Support Plans must be uploaded into iRecord using the "BSP-Behavior Support Plan" document upload type and documented within the Behavior tile of the ISP. This tile should also include information and discussions regarding the need for a BSP and the review of progress of existing BSPs. For individuals who do not have a BSP but have an acuity for behavioral needs and/or presenting behavioral concerns, discussions regarding the need for a BSP and/or Behavioral Supports services should also be documented. Information and answers to the questions under the Behavior Support Plan Review section of the Provider ISP Worksheets (Residential and Day Hab) should be included in the Behavioral tile.
- NOTE: This guidance applies to all individuals regardless of residential setting.

Pica – Pica is defined as the compulsive and recurrent consumption of non-nutritive/non-food items. A pica event occurs when the non-food item is swallowed/ingested. Mouthing items is not considered pica as it involves placing non-food items in the mouth and manipulating them without the intent to ingest the item. Non-food items commonly ingested include batteries, gloves, cloth items, paper clips, hair, dirt, cigarette butts, buttons, thread/strings, pebbles, and bottle caps. Serious and life-threatening risks of pica include choking/aspiration, poisoning, perforation of the esophagus and/or stomach, bowel obstruction/blockage, and dental and mouth injuries. To reduce the risk of these events from occurring, the ISP must include details specific to the individual, clearly identify all items the individual is known to ingest, locations and frequency of occurrences, supervision levels, behavioral interventions, environmental management and/or sweep protocols, and all strategies outlined in the individual's Behavior Support Plan (if applicable). Only stating "Eats/Mouths Inedible Objects" (generic language from the NJCAT) or "requires supervision" is too ambiguous and may put the individual at significant risk. Information should be documented within the Behavioral/Sensory Needs tile under the Safety & Supports tab.
- Note: All choking and pica incidents require an incident report (Medical Event: MD103) and evaluation by a medical professional. Available resources including prevention handouts, monthly training calendars which offers the "Understanding Pica from a Behavioral Perspective: Managing the Environment for Prevention" training, and consultations from the DDD Resource Team can be found on the Division website at https://nj.gov/humanservices/ddd/individuals/healthsafety/
- Division training recommendation: Behavior Supports and Documentation

Medication Tile – All doctor prescribed medications, including vitamins and over-the-counter (OTC) medications, must be included in the ISP and entered within the Medication tile. Dosages, frequency, and times of administration should be entered as listed on the prescription or vial from the pharmacy. Notes in the comments section should describe why each medication is prescribed, the level of assistance needed, and any special instructions (if applicable). The "Self-Medicate" box should be individually checked for each medication the individual can independently self-administer. Leave the box unchecked if any supervision or assistance is required. Each diagnosis must also be referenced in the applicable section of the ISP. For example, if the individual is taking medications for high cholesterol and diabetes, these diagnoses must also be described in the Health Hazards tile. OTC medications that are not prescribed

and are only taken as a PRN (i.e. aspirin for a headache, lotion for occasional dry skin, cough medicine for a cold, etc.) do not need to be added to the ISP. For individuals living in their own homes, times are not required for medications if the information states AM/PM.

Provider ISP Worksheets – ISP Worksheets are completed by the Residential Provider and/or Day Hab Provider with the individual prior to and in preparation for the anniversary ISP meeting. It is used to communicate service and support needs as well as additional regulatory / required information to the SC for discussion and inclusion in the ISP.   Information provided on the Provider ISP Worksheets must be consistent with and align with what is documented in the ISP. If there are any contradictions, the planning team should reconvene via an IDT to clarify. If issues are encountered in securing these documents, please refer to the instruction page on the back of the document and follow the steps accordingly.
- Division training recommendation: Using the ISP Individualized Service Plan Worksheet for Residential and Day Habilitation Providers and Support Coordinators

Home and Community Based Services (HCBS) Final Rule Guidance
(See end of document for additional details regarding HCBS)

The HCBS Final Rule applies only to settings that receive HCBS funding. The expectation is for the SC to document restrictions and/or modifications to the individual's rights. If the individual does not have restrictions to Privacy, Visitation, and Access to Food this does not need to be reflected in the service plan. The expectation is for the SC to review the HCBS Final Rule to ensure each individual is delivered HCBS.

Privacy Restrictions: Lockable Doors - In a shared living setting, such as a group home, the individual must have a key to the entrance of their home and a door knob with a lock and key that is unique to their bedroom. Documentation is required only if there is an assessed need and documented risk to the individual's health or safety that requires rights modification. The staff determined as necessary to have a key to an individual's living unit or bedroom must be decided by the individual and their planning team and documented in the service plan. Restrictions must be reviewed and approved by the Human Rights Committee (HRC) or Behavioral Management Committee (BMC). The ISP must include the following seven (7) elements only if restrictions or modifications are in place:
1. Description of the specific assessed need and why the modification or restriction is needed.
2. Description of the positive interventions and less intrusive methods that were attempted but unsuccessful.
3. Description of the intervention that is directly proportionate to the specific assess need.
4. Description of the data collection and review to measure the ongoing effectiveness of the modification.
5. Description of the established time limits for periodic reviews of the modification to determine if it's still necessary or can be terminated.
6. Documentation that informed consent was received from the individual (and legal guardian if applicable)
7. Documentation of assurance that the modification will not cause to the individual.

- ❖ Restrictions (if applicable) and the designation of the staff determined to hold keys should be listed under the Support Settings/Home tile. This information should be bulleted or entered separately so it's easily identifiable. Information in the ISP must align and be consistent to the information documented under the HCBS Modification Review section of the Provider ISP Worksheet.

Privacy & Rights Restrictions: Privacy in Home and Bedroom and Visitation Rights – Every individual has the right to privacy within their home and bedroom and right to have visitors of his/her choosing at any time unless there is an assessed need and documented risk to the individual's health or safety that requires rights modification. Restrictions must be reviewed and approved by the Human Rights Committee (HRC). The ISP must include the following seven (7) elements only if restrictions or modifications are in place:

1. Description of the specific assessed need and why the modification or restriction is needed.
2. Description of the positive interventions and less intrusive methods that were attempted but unsuccessful.
3. Description of the intervention that is directly proportionate to the specific assess need.
4. Description of the data collection and review to measure the ongoing effectiveness of the modification.
5. Description of the established time limits for periodic reviews of the modification to determine if it's still necessary or can be terminated.
6. Documentation that informed consent was received from the individual (and legal guardian if applicable)
7. Documentation of assurance that the modification will not cause to the individual.

❖ Restrictions (if applicable) should be listed under the Support Settings/Home tile. This information should be bulleted or entered separately so it's easily identifiable (if not, list as best practice). Information in the ISP must align and be consistent to the information documented under the HCBS Modification Review section of the Provider ISP Worksheet.

Rights & Autonomy Restriction: Access to Food – Individuals must have access to food at all times. This requirement applies to both Residential and Day Habilitation Providers. Providers may not limit an individual's access to food, even if they make poor food choices, unless there is an assessed need and documented risk to the individual's health or safety that requires rights modification. Restrictions must be reviewed and approved by the Human Rights Committee (HRC). The ISP must include the following seven (7) elements only if restrictions or modifications are in place:

1. Description of the specific assessed need and why the modification or restriction is needed.
2. Description of the positive interventions and less intrusive methods that were attempted but unsuccessful.
3. Description of the intervention that is directly proportionate to the specific assess need.
4. Description of the data collection and review to measure the ongoing effectiveness of the modification.
5. Description of the established time limits for periodic reviews of the modification to determine if it's still necessary or can be terminated.
6. Documentation that informed consent was received from the individual (and legal guardian if applicable)
7. Documentation of assurance that the modification will not cause to the individual.

❖ Restrictions (if applicable) should be listed under the Support Settings/Home tile. This information should be bulleted or entered separately so it's easily identifiable (if not, list as best practice). Information in the ISP must align and be consistent to the information documented under the HCBS Modification Review section of the Provider ISP Worksheet.

Accessibility – Individuals have the right to live in a setting that is physically accessible, to move freely about, and not be confined to any one area of the setting. Restrictions or modifications to this rule are not permitted.

Human Rights Committee (HRC) Approval Document – While not required, SCAs are encouraged to obtain and upload the HRC Approval Document in iRecord. • Division training recommendation: Putting Home and Community Based Services (HCBS) Rules into Practice		

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Person-Centeredness	• Language is inappropriate, outdated, disrespectful, and/or deficit-based • Person-first language not used • Does not reflect the individual's hopes, dreams, and aspirations • Jargon used throughout	• Person-first language used, some outdated language identified • Some jargon	• Person-centered language used throughout • Language is appropriate, current, respectful, and strength based • Reflects the individual's hopes, dreams, aspirations, and preferences • No use of jargon
Person-Centeredness **Additional Guidance**	All service planning documents must be written using person-centered, age appropriate language and avoid jargon. This practice is a concrete and respectful way to focus on the individual rather than the disability. Examples of disrespectful and disability-based language that should not be used or included in the service plan: Consumer/client/patient, high/low functioning, limitations, suffers from, unemployable, trainable, non-verbal, wheelchair bound, confined to a wheelchair, bed bound wears diapers/pull-ups, orthopedically handicapped, well-behaved, compliant, throws tantrums, etc. Information from the NJCAT that reference the individual's ability to recognize shapes, colors, etc. should not be included in the plan. Information should only be relevant, current, and age appropriate. If an individual does not have any documented mobility needs or ambulation issues, the following irrelevant information from the NJCAT should not be included or referenced in the ISP: the ability to independently roll from back to stomach, pull herself up from a standing position, go up the stairs, pick up small objects, transfer an object from hand to hand, scoot if necessary, and stand without support. While reviewing this section, ask yourself – Would I be offended if this language was used to describe myself or my loved one? • Division training recommendation: Charting the LifeCourse: A Method of Ensuring Person-Centeredness		

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Writing Quality	• Excessive grammatical, spelling or punctuation errors found throughout service planning documents • Plan is poorly written, hard to follow, and contains excessive redundancy	• Some minor grammatical, spelling or punctuation errors found throughout service planning documents	• No grammatical, spelling or punctuation errors found throughout service planning documents • Plan is written in a clear and concise manner

	• Information is not clear or understandable to individuals and families	• Plan is understandable but improvement to writing quality is needed	• Plan contains specific details regarding the individual's support and supervision needs outside of the generic language from the NJCAT • Information is clear or understandable to individuals and families
Writing Quality **Additional Guidance**	The criteria for this category expands beyond the review for spelling and grammatical errors. SCs must ensure the plan content is clear, concise, and understandable to individuals, families, and providers. SCs should not copy/paste the same information into multiple sections of the ISP. Excessive redundancy causes important information to be overlooked and reduces the overall effectiveness of the plan. Information should never just be copied/pasted directly from the NJCAT. Support and supervision needs should be individualized and specific to the person. NJCAT numbers should not be included in the ISP. **Questions to consider before approving the plan:** • If I never met this person, would I feel comfortable being left alone to support them based on how the plan is written? • Are the individual's support and supervision needs easily identifiable? • Is the information clear and understandable to individuals, families, and providers? • If this plan was written for you, would you consider the quality of writing acceptable? Division training recommendation: Best Practice in Documentation		

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Budget Accuracy	• Incorrect procedure/billing codes, frequency, durations, units, provider information, and/or rates used • Exception weeks edited incorrectly (Day Program closures, one-time cost services) • Incorrect use of the retirement feature due to the individual attending Day Program, if applicable • Budget inappropriately utilized; does not support 12 months of service • Services not entered in accordance to the waiver manuals	N/A	• Correct procedure/billing codes, frequency, durations, units, provider information, and/or rates used • Exception weeks edited correctly (Day Program closures, one-time cost services) • Correct use of the retirement feature, if applicable • Budget appropriately utilized; supports 12 months of service • Services entered in accordance to the waiver manuals

Budget Accuracy
 	
Additional Guidance
	Service Detail Reports (SDRs) must be reviewed for every funded service to ensure service entry and budget accuracy.
	
	Service dates for all continuous services should match the plan term. The budget should be allocated appropriately, support 12 months of services (i.e. the budget should not be frontloaded to only support 6 months' worth of services), and all services, current and projected, must fall within the individual's annual budget.
	
	    • <u>Division training recommendation:</u> Service Entry and iRecord Overview
	
	Initial ISPs and Service Duration Dates – ISP plan terms have a duration of 365 days. For any initial ISP (Plan 1.00), plan term dates are established following plan approval. When the SC enters a new service in an initial plan, iRecord automatically sets the service duration dates for 18 months. This functionality was implemented to prevent service gaps towards the end of the plan in the event of plan delays. iRecord will automatically adjust the service end date once the plan is approved.
	
	Day Habilitation Services – Day Habilitation services only draw funding from the Employment/Day budget component and is limited to 30 hours (120 units) per week. Service entry must match the information documented on the Provider ISP Worksheet completed by the Day Hab provider.
	    ➢ 6 hours a day = 24 units a day = 120 total weekly units
	    ➢ 5 hours a day = 20 units a day = 100 total weekly units
	
	Exception weeks must be edited (units removed) to account for program closures/holidays. For example, if the individual attends Day Hab at 120 units a week and the program is closed for a holiday (one day), 24 units should be removed from that week making the total units equal 96. If the Employment/Day budget component remains over-obligated after all units for program closures are removed, SCs should remove/zero-out units from the last exception weeks backwards until the service is within budget. This allows any unused units to roll over for future use.
	    ❖ **Note**: The annual Employment/Day budget component is calculated based off the individual's tier and a 5% absentee rate is factored into the Day Habilitation rates to account for time that the individual may not attend program.
	
	The "Exclude Weekends" checkbox is an optional iRecord feature but its use is strongly encouraged. Once selected, iRecord will automatically adjust the units for the first and last exception weeks. Please note that once the plan is approved the SC will not be able to check or uncheck the Exclude Weekends checkbox.
	
	Duplicative Services – The State cannot provide funding for duplicative services so adjustments must be made to the individual's Employment/Day Services budget component in situations where funding is being provided for day services through other State Agencies such as Adult Medical Day programs, Extended Employment Programs, or Mental Health Partial Day Programs. Budget deductions are based on the percentage of time (a 30 hour week) the individual attends the non-Division funded day program. For example, if someone attends a Medical Day program for 15 hours per week, 50% of the employment/day budget component must be deducted. The remaining 50% of budget can be utilized to fund additional services as needed. If someone attends a Medical program for 30 hours per week, 100% of the employment/day budget component must be deducted. This means that the entire employment/day budget component cannot be utilized to fund additional services, including services that are considered "non-duplicative" (i.e. Community Based Supports and Individual Supports (15 min rate).

The service should be entered into the ISP as a natural/generic service using "Day Habilitation" as the service type, "Generic" as the payment source, and "Hour" as the unit type. The average weekly units should be entered as the number of hours the individual attends the non-Division funded day program. The name and location of the program should be listed in the Service Description box. Since the service is entered as a natural/generic service, the funds in the employment/day budget component will not appear as obligated.

One-Time Cost Services (ex. annual gym membership, item, service evaluation) – Should be entered using "zero" as the average weekly unit, service duration dates matching the plan term, and by adding one unit to the second or third full exception week to allow roll over. Do not enter this unit in the last exception week or anywhere other than the beginning of the service as the provider will not be able to submit billing/receive payment until the unit becomes available. However, if the unit is placed too early and plan approval is delayed, it may result in the unit being lost. SCSs must ensure the unit is available before approving.

Classes via Goods & Services – When developing a plan that might include one or more classes available to the public, it is important that the individual and support coordinator understand how the classes are offered and priced. For example, some classes are offered and priced as 'individual sessions', with a per-session cost. Other classes are offered and priced as 'seasonal semesters' or 'bundled/group packages', where multiple sessions are included in one package with a per-package cost. It is also important to understand the community vendor's policies about class attendance and refunds, in case the individual needs to miss a session or decides they no longer want to attend sessions. When entering classes into a plan under the Goods & Services category, it is essential that the support coordinator knows and correctly enters the details about how the classes are offered and priced. Below are two examples.
- Example 1: A community vendor offers 10 class sessions at a cost of $25 per class or session. In this case, the support coordinator adds ten units of service at the unit rate of $25.
- Example 2: A community vendor offers 10 class sessions per semester at a cost of $150 per semester. In this case, the support coordinator adds a single unit of service at the unit rate of $150.

In all cases, the support coordinator should enter the community vendor's name and contact information and a brief description of the service (e.g., 10 sessions of virtual cooking class) into the service description field.
- Division training recommendation: Accessing Division Resources for Goods and Services

Habilitative Therapies (PT, OT, ST) – These therapies are only funded through the Individual/Family Supports Budget component. The SC must upload a copy of the medical prescription and documentation that specifies the applicable therapy is necessary for habilitation provided by an appropriate health care professional directly into the service line for plan approval. Service entry must match the parameters on the medical prescription. New prescriptions are required annually and the dates must align with the service plan. For example, if the prescription for PT services is only written for 6 months, the service should not be entered beyond this parameter.

Retirement Feature – "iRecord Retirement" is different than employment retirement. Retirement should only to be used if an individual is 65 years of age or older and decides to retire from both employment and Employment/Day Services. It should NOT be selected if the individual attends any sort of Day Program, including Non-Division funded day programs (Medical and Partial Care Day

Programs, DVRS funded workshops). If the Retirement option is checked in error, please email the SC Help Desk (DDD.SCHelpdesk@dhs.nj.gov) right away for assistance. A JIRA ticket should not be submitted as this is not an IT related issue.

Self-Directed Employee (SDE) Services – The name of the SDE(s) must be included in the service line and the rate entered in the ISP must be the billable rate received by the applicable FI (not the hourly wage). Service Approval is triggered when the billable rate is below minimum wage or exceeds $25.00 per hour. An SDE may not be paid a wage above $25.00 per hour unless they meet the standard for an Enhanced Reasonable and Customary wage as outlined in Section 8.3.2.0.1 of the Division's waiver manuals. Multiple SDEs can be included in one service line if they are all receiving the same billable rate. SCs are encouraged to include all SDEs into one service line so they can share hours or cover one another in an event of a call out but this practice is not required.

Fiscal Management Services (Workers' Compensation) – iRecord automatically creates a service line for Workers' Compensation when one or more SDEs under the Vendor Fiscal/Employer Agent SDE model (PPL serving as FI) are added to the plan for a period of 365 days. This does not occur for SDEs under the Agency with Choice SDE model (Easter Seals serving as the FI). The start date of the Workers' Comp service line is identical to the start of the SDE service line and continues for 365 days, which can exceed the plan term and crossover to the following plan if added mid-plan year. The next Workers' Comp service line will start on the following day after 365 days, provided there is still an SDE service at that time. SCAs are unable to make edits to this service line.

Overlapping Services / Appendix K – Please ensure you are using and referencing Appendix K (Quick Reference Guide to Overlapping Claims for Services) in both the Supports Program and Community Care Program Policies and Procedures Manual. Remember, if an individual is assigned an acuity factor, Behavioral Supports cannot be claimed while providing the following services because those supports are already included within the rate: Individual Supports, Community Based Supports, Day Habilitation, and Out of Home Overnight Respite.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Plan Development and Submission	• Required documents and/or signatures missing (SCS Checklist, Mental Health Pre-Screening Checklist, R&R, F3/F6, ISP Signature page, Annual Medical/Dental form, Addressing Enhanced Needs Form (if acuity), ISP Worksheets (if applicable), and Behavior Support Plan (if applicable) • Legal Guardianship Judgement not uploaded and the individual's signature is not present • Outdated/incorrect forms used • Documents not accurately dated	• Documents are dated accurately • If Provider Documents are not present (Provider ISP Worksheets, Addressing Enhanced Needs Form (if acuity)), documentation supports SC follow up to obtain • If the individual has a legal guardian but the Guardianship Judgement is not uploaded, the individual's signature is also present • Required plan revision(s) needed • SCA requested expedited plan review to avoid late plan approval	• All required documents and signatures are present • If the individual has a legal guardian, the individual's signature is also present • Legal Guardianship Judgement uploaded, if applicable • No required plan revisions • Current/correct forms used • All documents are dated accurately • Plan submitted within required timeframe

	• Anniversary Plan submitted after the previous plan expired • NJCAT Reassessment, Waiver Transition, or Retirement plan submitted after the iRecord due date • Plan contains service or plan term gap • Incorrect waiver chosen	• 7 business day plan submission criteria not met (Unreleased SCAs) • Plan submitted after 30 days of enrollment	• Best Practice recommendation(s) from prior anniversary plan completed, if applicable • Correct waiver chosen

Plan Development and Submission
 	
Additional Guidance
	Updated! **Use of Electronic Signatures on Service Planning Documents** – The NJISP may be signed through E-sign or by signing a printed copy, scanning, and then uploading the document. If SCAs have electronic signature capabilities and are able to successfully obtain verified electronic signatures from individuals/legal guardians using software from a reputable company, verified electronic signatures may be used on the following service planning documents: Individualized Service Plan (ISP), ISP Review Checklist for SC Supervisors, Participant Enrollment Agreement (PEA), Rights and Responsibilities (R&R), F6, Mental Health Pre-Screening Checklist, and the Addressing Enhanced Needs Form (if acuity). Typed names in script or other fonts are not acceptable.
	• Division training recommendation: E-Signature in iRecord: Responsibilities and Functionality
	
	Documents Needed for Service Plan Approval:
	
	1. **ISP Review Checklist for SC Supervisors** (Current version May 2022) – The use of this checklist is required by all SC Supervisors when reviewing macro plans (initial and anniversary service plans, waiver transitions, NJCAT reassessments) and plans of individuals newly assigned to their Agency. It is not required for plan revisions. Please use the ISP Review Checklist as intended and for the purposes of conducting a thorough plan review to ensure quality. Physical signatures not required; verified electronic signatures and typed names for attestation are accepted.
	2. Signed/Dated **Participant Enrollment Agreement** (PEA) (Current Version November 2017) – ONLY required for initial waiver enrollment. Physical signatures and verified electronic signatures are accepted. Typed names in script or other fonts are not accepted.
	   E-sign for Enrollment is a new iRecord feature that allows individuals and/or legal guardians to electronically sign Participant Enrollment Agreement (PEA) documents. Support Coordinators may select signer(s) for E-sign as well as a signing method for each. A signer with a validated email address will have two E-sign methods available: sign via email or sign via the iRecord interface. Signers without a validated email address must E-sign via the iRecord interface only.
	   • The only time a new PEA is needed (after initial enrollment) is for a waiver transition plan (i.e. the individual transitioning from SP to CCP). A new PEA is not needed if the individual has a change in guardianship or SC Agency.
	3. **Rights and Responsibilities** (R&R) (Current Version September 2022) – New Individualized Service Plans (ISPs) will include the Participant Statement of Rights and Responsibilities embedded within the ISP. The acknowledgement of the individual/legal guardian that they have read and/or understand these rights and responsibilities will be indicated through their signature on the ISP. A signed/dated R&R is required for individual reassignment plans; must be signed by the SC and Individual/legal guardian (if applicable); both pages of the form are uploaded as one document. Physical signatures and verified electronic signatures are accepted. Typed names in script or other fonts are not accepted.

4. **F3, F6, or DVRS/CBVI Referral** – (Current Version March 2023) Depending on the individual's employment status and intentions, one of the 3 employment documents will need to be completed. Not required annually; updated as needed or when the individual's employment status has changed. Physical signatures on the F6 form are not required; verified electronic signatures and typed names for attestation are accepted.

5. **Mental Health Pre-Screening Checklist** (Current Version April 2017) – Required for all initial plans, anniversary plans, and individual reassignment plans. The form must be completed in its entirety; all yes responses require explanation, and all follow up actions must be described in the comments section (i.e. continue with current supports or arrangements for new interventions/referrals). The information documented on this form must align and be mentioned in the ISP. The form must be signed by both the SCS & SC. Physical signatures and verified electronic signatures are accepted. Typed names in script or other fonts are not accepted.
The Mental Health Pre-screening Checklist will continue to be completed as usual, but with the iRecord enhancements it can now be uploaded through a tile under the Medical tab.

6. **Person-Centered Planning Tool** (PCPT) – Must be comprehensive and updated annually

7. Signed/Dated **Individualized Service Plan** (ISP) – Completed and updated annually; revisions throughout the plan year as requested. Information provided on the Mental Health Pre-Screening Checklist, Provider ISP Worksheets, and NJCAT must be incorporated. Physical signatures, verified electronic signatures, and electronic signatures through the eSign iRecord feature are permitted.

8. **Addressing Enhanced Needs Form** (if acuity) (Current Version October 2024) – Completed for individuals assigned the acuity factor and interested in receiving any of the following services: Community Based Supports / Individual Supports, Day Habilitation, Respite. The form must be completed prior to service delivery and updated at least annually. It is not required for SDEs, community vendors/FI services, funded services that do not include the acuity rate, or for exploratory plans (no services). The information documented on this form must align and be mentioned in the ISP. Plans can be approved with only the SC portion completed if case notes reflect the SC's attempts to obtain the form back from the service provider. Physical signatures not required; verified electronic signatures and typed names for attestation are accepted

9. **ISP Worksheets for Residential Providers and Day Habilitation Providers** (if applicable) (Current version December 2022) – Required annually for residential and day habilitation providers only. ISP Worksheets are not required when an individual is starting a new day program or moving into a new residential placement since these providers do not have the history of the individual's support and supervision needs required for completion. Service providers who provide other services are also not required to use these worksheets although they may if interested. Physical signatures not required; verified electronic signatures and typed names for attestation are accepted.
   - **Note:** Service providers are able to create and utilize digitized versions of these forms as long as the form contains all required Division components.

10. **Behavioral Support Plan (BSP)** (if applicable) – Required for individuals on a BSP.

11. **Annual Medical and Dental Forms** – Required for all Individuals residing in a licensed residential setting. Not required but highly recommended for Individuals residing in their own home or in a non-licensed residential setting including those who attend a day program and/or receive other waiver services. For individuals who are edentulous an annual oral exam is required. This may be conducted by a physician and must clearly document that the individual's mouth and gums were examined.

As per Section 7.4.1.2 (Optional Discovery Tools) of both waiver manuals, Support Coordinators are reminded to discuss the importance of annual medical and dental exams on the SC monitoring tool and to collect/upload these documents to iRecord when they are available. All SC attempts to obtain the forms should be documented within case notes.

All annual documents and forms expire at the one year mark. The expectation is that there is always a valid form on file. In the event of a new macro plan being generated (i.e. NJCAT Reassessment, Waiver Transition, Retirement), all annual documents (i.e. R&R, MH Prescreening Checklist, and SCS Checklist) should be signed/obtained even if the documents are technically current.

As per section 17.18.5.12 of the waiver manuals: There are serious consequences to fraudulent documentation; thus, providers must take precautions with all applicable laws and regulations. Common documentation errors include missing signatures. (Please consult the manuals for more detail.)

Guidance for Individual Reassignments – If an individual is reassigned to a new SCA, the new SCA should treat the plan as a brand new assignment. The ISP and PCPT should be reviewed and updated where needed, a new R&R (under the new SC signature) must be obtained, and a new MH Checklist and SCS Checklist would need to be completed. The plan should be approved within 30 days of assignment.

Guidance for Securing ISP Worksheets from Providers – Providers are responsible for completing the ISP worksheet <u>with the individual</u> prior to and in preparation for the anniversary ISP meeting. Upon completion, the Provider must send a copy of the completed worksheet along with any assessments used to inform the development of the service plan (i.e. Unsupervised Time Assessment, Medication Administration Assessment, etc.) to the SC, Legal Guardian, and/or involved family member(s) at least 30 days prior to the meeting to allow time for review and preparation for meeting. The revised process for Support Coordinator requests for the form is outlined below:
12. If this worksheet is not received within 20 days prior to the annual meeting, the SC, with the SCS in copy, will email the Provider requesting the completed form within 2 days, using the subject line: **<DDD ID#> - request for ISP Worksheet.** Follow-up efforts should be documented in a Case Note.
13. If the worksheet is not received within 2-3 days, the SC, with the SCS and DDD.PPMU@dhs.nj.gov in copy, will email the provider, utilizing the same email chain, requesting the completed form within 2 days. Follow-up efforts should be documented in a Case Note.
14. If after 2-3 additional days, a response is not received, the SC will move forward with development of the service plan.
    - The SC, or their SCS, will email DDD.PPMU@dhs.nj.gov and DDD.SCHelpdesk@dhs.nj.gov for follow-up with the Provider and ensure that case notes reflect all requests for information.

Guidance on ISP Signature/Unable to reach Guardian – If a private guardian (not applicable to public guardian) is unreachable (e.g. out of the country), documentation of three separate attempts on varying dates and times over a two-week period to contact them should be made and memorialized in case notes. In this instance, as long as there is documented approval of the planning team and individual, the individual may sign or mark the ISP for approval and the ISP can be approved. The Support Coordinator will clearly note on the signature page the following: "I have attempted to reach [GUARDIAN NAME], legal guardian, on [ENTER THREE DATES/TIMES] and was unsuccessful. Services outlined in the plan are appropriate as per the Planning Team. Plan approval moving forward."

	Timeframes – Initial plans (brand new assignments) should be approved within 30 days of enrollment. Anniversary Plans should be submitted at least 7 business days prior to the current plan expiring (unreleased SCAs). NJCAT Reassessment, Retirement, and waiver transition plans should be approved within 30 days of plan creation (iRecord due date). Individual reassignment plans should be approved within 30 days of assignment.

PCPT Submission Criteria

There are Eight (8) Components of the PCPT that are evaluated. Each component is valued at three (3) possible points, totaling a possible 24 points.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Relationships	• Does not identify people or relationships that are important to the individual • Reviewer is unable to determine the importance or closeness of these relationships • Quality of information provided is poor	• Information is present but lacks specific detail; requires more in-depth information gathering • Partially identifies people or relationships that are important to the individual	• Identifies people that are important to the individual and/or relevant in their lives, including but not limited to family, friends, neighbors, coworkers, members of community groups, paid and natural supports, and others that play a role • Reviewer is able to distinguish the importance and closeness of these relationships
Relationships **Additional Guidance**	This section should identify the people who are important to the individual and their circle of support including but not limited to family, friends, neighbors, coworkers, members of community groups, paid and natural supports. The SC should include details specifying why the relationship is important in the notes section. Examples may include what the individual likes to do with the person, what role the person takes in their life, how often they spend time together, methods of communication (i.e. phone calls, social media, text messages, letters/cards) etc. **Conversation starters:** • Who are the most important people in your life and why? What role do they play in your life? • Who do you like to spend time with? What do you enjoy doing with them? Where do you like to go with them? How often do you spend time together? • Who do you like to talk to when you are happy/sad/lonely? Who do you like to share jokes with? • Who do you want to share your achievements with? • Who do you turn to when you need help or don't feel well? • Who do you trust and rely on? • Is there a person absent from your life that you miss? If so, who are they?		

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Strengths & Qualities	• Does not focus on the individual's positive qualities or talents	• Information is present but lacks specific detail; requires more in-depth information gathering	• Focuses on the individual's positive qualities, achievements, talents, and areas that they like about themselves

	• Does not capture information from the individual's perspective • Does not list any achievements • Quality of information provided is poor	• Partially captures information from the individual's perspective	• Captures information from the individual's perspective as well as the point of view of others

Strengths & Qualities Additional Guidance	This section should describe what is liked and admired about the person from his/her perspective as well as from the point of view of others. This tile contains four (4) dropdown options: Like about self, Others like about you, Achievements, and Things you do well. Achievements must be defined and individualized to the person. **Conversation starters:** • What do you like about yourself? • What are some of your greatest achievements (something you've won/completed/conquered) and proudest moments? • What are some of your talents and things you do well? • What are some of your positive qualities? • How would a friend describe you? • What do others like and admire about you? • What do others think you are good at?

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Important to You	• Reviewer does not have a clear picture of the individual or what's important to them • Does not capture information from the individual's perspective • Information does not reflect choice and preferences of the individual • Quality of information provided is poor	• Information is present but lacks specific detail; requires more in-depth information gathering • Partially captures information from the individual's perspective • Information partially reflects choice and preferences of the individual	• Describes routines, personal preferences, areas of interests, dislikes, recreational pursuits, and other activities that are enjoyed by the individual • Captures information from the individual's perspective as well as through observations • Information reflects choice and preferences of the individual
Important to You Additional Guidance	This section describes what is important to the individual shared through conversations as well as through observations. This tile contains nine (9) dropdown options: Personal Preferences/Routines, Places to Go, Interests, Things to Do, People to See/Relationships, Recreational Pursuits, Dislikes, Pets, and Others. In addition to asking questions, the SC should use the person's environment to generate conversations about what may be important to him/her. **Informed Choice: Selection of Residential Setting** – Individuals have the right to choose their preferred residential setting among setting options, including non-disability specific settings and an option for a private unit within a provider managed residential setting.		

Residential settings options should be identified, discussed with the person, and documented in the ISP. Personal Preferences/Routines is the recommended dropdown option to capture this information.

- NOTE – If the individual expresses an interest in moving or changing residential settings, a planning team meeting should occur to discuss the individual's request and alternative residential options. The ISP should be updated at the time of the request. If the move is being pursued due to a change of need (i.e. ambulation issues), this should be documented under the Support Settings/Home tile as well.

Informed Choice: Roommates, Furnishings and Decorations, Schedules, and Activities – Individuals have the right to choose their roommate(s) if sharing a bedroom and to request a private unit if they no longer wish to share a bedroom. They also have the freedom to furnish or decorate the unit according to their unique preferences and have control over their own schedules and activities. Information should be added to the most applicable dropdown option.

Conversation starters:
- What are some things you enjoy doing at work, home, community, in your free time?
- What are some things you don't enjoy doing? Are there places you prefer to avoid?
- What are some of your favorite activities and recreational pursuits? Are their new things you want to explore?
- Do you prefer to do things with other people or by yourself?
- What would you like to change in your life? What would you like to stay the same?
- Are you living in your preferred residential setting? Are you interested in moving or making a change to your living situation?
- Do you like your roommate and/or the people you live with (if applicable)? Are you interested in making any changes or have alternative preferences?
- Are you attending your preferred day program? Are you interested in attending a different program or utilizing another day service?
- Describe your morning, day, and nightly routines. Is your routine on the weekend different than your routine during the week? If so, in what way?
- Do you feel like you have control over your own schedules and activities? How so?
- How do you like to decorate/furnish your bedroom and home? Are your decorations/furnishing preferences being met? Are you interested in making any changes?
- Do you have any specific hobbies or rituals that make you feel happy, calm, and comfortable?
- How would you describe your perfect day? Worst day?
- Do you have a pet? What type? Name?
- Do you collect anything (DVDs, CDs, movie posters, stamps, coins, etc.)?
- If the person says they like to go out to eat, ask what their favorite restaurants are, if they want to try someplace new, who they like to go out with, what their favorite foods are, etc.
- If the person says they like to shop, ask where they like to go, names of their favorite stores, who they like to shop with, etc.
- If the person says they like to watch TV and/or movies, ask names of favorites shows/movies, if they prefer or dislike a specific genre, if they are looking forward to any new releases, if they prefer to watch movies at home, in a movie theater, with friends or by themselves, etc.

	• If the person says they like music, ask what type of music, favorite artists, their favorite place to listen to music, if they ever attended a live concert, do they play any instruments, etc.? • If the person says they like to travel, ask where they have traveled to and with whom? Ask if they have any upcoming travel plans or places/destinations they wish to see.

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Hopes & Dreams	• Long/short-term hopes and dreams for the future are not identified • Not written from the individual's perspective • Quality of information provided is poor	• Information is present but lacks specific detail; requires more in-depth information gathering • Partially written from the individual's perspective	• Includes long/short-term hopes and dreams written from the individual's perspective, either through their own words or based on the observations of those closest to them • Provides a sense of how the individual sees him/herself in the future
Hopes & Dreams **Additional Guidance**	This section captures information about the individual's long/short term hopes and dreams and should be written from the individual's perspective, either through their own words or based on the observations of those closest to them. There are only two (2) dropdown options for this tile: Short-term Hopes & Dreams and Long-term Hopes & Dreams. This section should have a direct connection to the individual's Outcomes. Conversations should take place to determine if the person would like to use the supports and services available to them to pursue their hopes and dreams. **Conversation starters:** • Describe how you envision your future. • What are your hopes and dreams for yourself? • How would you like your life to be different? Is there anything you would like to change? Anything you want to remain the same? • What new things would you like to learn or explore? • What is your dream job? Living situation? Relationship goals? • Is there any place you would like to travel to? • What kind of relationships do you want to have in your life? • If you won the lottery, how would you spend the money?		

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Supporter Qualities **(Note:** This section can be	• Does not provide desired personality characteristics for a potential supporter • Information is primarily focused on the individual's support and supervision needs	• Information is present but lacks specific detail; requires more in-depth information gathering • Some reference to the individual's support and supervision needs	• Illustrates personality traits and/or other characteristics that the individual would like to see present in those that support him/her

used to inform a job description for a Self-directed employee)	• Quality of information provided is poor		• Includes interests and/or other valuable information that facilitates longevity and the development of a genuine bond between the individual and person providing support • Identifies preferences for special skills, experience, and/or training (if applicable)
Supporter Qualities **Additional Guidance**	This section describes personality traits and/or other characteristics that the individual would like to see present in those that support him/her and any preferences for special skills, experience, and/or training (if applicable). The section should not focus on or contain details regarding the individual's support and supervision needs. There are only two (2) dropdown options for this tile: Characteristics of Supporters and Other. Examples for Scoring Scenarios: • Score 1 – John has a history of becoming physically and verbally aggressive when his routine changes. He will curse, hit and scratch others, try to elope, and bang his head. Supporters should be aware of these behaviors. • Score 2 – Supporters should calmly redirect and provide reassurance to John if he becomes physically and verbally aggressive when his routine changes. • Score 3 – Supporters should be prompt, time conscious, patient, and have a calm demeanor. If a plan or schedule needs to be changed, staff should let John know well in advance and provide alternatives that he enjoys. Experience and training with redirection techniques are preferred. **Conversation starters:** • Describe your ideal supporter. • What qualities would you like this person to have? • What kind of people do you like/don't like to be around? • What are your characteristics and personality type preferences? What characteristics and personality types would you like to avoid? • What are some common interests that you would like to share? • What would you like your supporter to do that makes you feel valued and respected? • Are there any special skills, experience, and/or training you would like your supporter to have? • Do you have a schedule preference? If so, please elaborate. • Is it important for the supporter to have a driver's license? Their own vehicle? • Are there any particular places you would like your supporter to take you?		

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Community Integration	• Does not include details regarding the individual's community experiences or extent of interactions • Does not include information regarding new experiences and activities the individual may enjoy or find meaningful • Quality of information provided is poor	• Information is present but lacks specific detail; requires more in-depth information gathering • Partially includes information regarding new experiences and activities the individual may enjoy or find meaningful	• Describes what the individual likes to do in the community; includes information and specific details regarding current and previous experiences and the extent of interactions with people in the community • If the individual has not had many opportunities to participate in the community, information identifies potential opportunities to expose them to new experiences and activities they may enjoy or find meaningful
Community Integration Additional Guidance	This section describes what the individual likes to do in the community and includes information and specific details regarding current and previous experiences and the extent of interactions with people in the community. There are only two (2) dropdown options for this tile: Previous/Current Experiences and Extent of Interaction with the Community. This section should include places and activities that are open to the general public, not just programs that only serve individuals with disabilities. **Rights & Autonomy: Community Integration** – Individuals must have full access to the community and given opportunities to explore new experiences and activities they may enjoy or find meaningful. Information and answers to the questions under the Community Integration Review section from Provider Worksheets (Residential and Day Hab) should be included in this section of the PCPT. **Conversation starters:** • Where do you like to go for fun? Who do you like to go with? How often? • Where do you like to shop and run errands? • How do you like to socialize? Would you like the opportunity to meet more people? • Do you work or volunteer? Have you worked or volunteered in the past? If so, where? • Are you a part of any social clubs or community groups? How often do you meet? • Are there new places, activities, and/or experiences you would like to try or learn more about? • Are there things you did/places you went in the past that you enjoyed? Would you like to resume these activities? • How would you like to be more engaged in your community? • Do you prefer places with lots of people or fewer people? • Do you prefer busier/louder places or quieter places? • Are their places/community activities that you don't like?

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Communication Styles	• Does not provide a clear or accurate description of how the individual communicates • No information or details provided regarding how emotions, health status, or wants/needs/choices are communicated and/or the individual's ability to read/write. • Quality of information provided is poor	• Information is present but lacks specific detail; requires more in-depth information gathering	The following information is present and descriptive: • Information regarding how the individual communicates (verbal, limited verbal, nonverbal communication through words gestures, facial expressions, body language, behaviors, communication devises, etc.) • Information regarding the individual's ability to read/write • Detail on how emotions are communicated (satisfaction, frustrations, etc.) • Details on how the individual communicates health status (hunger, thirst, illness, discomfort, pain, etc.). • Details on how wants/needs/choices are communicated
Communication Styles Additional Guidance	This section describes how the person communicates, including information regarding non-verbal communication. This tile contains seven (7) dropdown options: Read/Write, Express emotion, Express illness, pain, discomfort, Express wants/needs/choices, Express understanding, Express lack of interest/desire, and Other. Aside from the "Other" option, SCs are expected to complete each of the remaining dropdown options for all individuals, even those who communicate verbally. There are non-verbal cues/gestures/facial expressions used by everyone. **Conversation starters:** • What is your preferred language? Are you bi-lingual? • How do you prefer to communicate? How do you prefer others to communicate with you? • How do you let someone know that you're happy, sad, scared, excited, or any other feeling? • How do you let someone know that something is wrong? • How do you let someone know you are not feeling well or you're in pain? • How do you let someone know you want to do something? don't want to do something? • Do you use any communication devices or other technology to communicate? • Do you read or write? To what extent? • Do you use any non-verbal means of communication?		

Category	Unacceptable 1	Needs Improvement 2	Meets Minimum Standard 3
Annual Review of Changes	• PCPT has not changed from the previous year (shows no evidence of review or revision) • Reviewer does not have a clear picture of who the individual is or what is important to them • Quality of information provided is poor	N/A	• PCPT grows with the individual and reflects annual updates • The information provided is detailed and the reviewer has a clear picture of who the individual is and what is important to them
Annual Review of Changes **Additional Guidance**	PCPTs must be comprehensive and updated annually. The PCPT is a document that is intended to grow with the individual and should reflect changes, updates/additions to current content, and details regarding any new information learned throughout the planning year. New/learned information should be added and existing information should be expanded on. Information that no longer applies or is no longer relevant should be removed. In order to improve with drafting quality PCPTs, it is recommended to create or use an information gathering guide to assist SCs with having more meaningful conversations, making better observations, and asking deeper follow up questions to build on each section of the PCPT. The Monitoring Tool should be used to refine the plan based on progress and changes in the person's life. **Questions to consider prior to approving the plan:** • Does the reader have a clear and thorough picture of who the person is and what is important to them? • What else do we need to know about the person? • What new information learned and discussed during monthly monitoring can be added to the PCPT? (i.e. family trips, new friends, new community experiences, new skills learned, new achievements, etc.? • Are outcomes being addressed? Achieved? Does the person still want to achieve them? • What additional probing questions can be asked to gather more relevant information? • Is the PCPT strength-based (as opposed to deficient-based) and written using person-centered language in a way that is respectful?		

Score Clarifications

If Division staff has provided ISP feedback and plan review scores, the agency is advised to first refer to the [ISP Plan Reviews: Guidance for SCAs](#) to better understand the criteria and expectations, prior to outreach to the Division.

For additional guidance and clarification, the SCA is advised to follow the outlined process:

1. SCAs shall reach out to the SCU-EQC Monitor responsible for giving the score in question.
2. SCU-EQC Monitor and SCU-EQC Supervisor will discuss the score and feedback given to ensure both align with ISP/PCPT Guidance Document and the waiver manuals and then provide a response to the SCA with the EQC Supervisor in copy. 3.
3. If the SCU-EQC Monitor and SCU-EQC Supervisor are still uncertain, SCU-EQC Supervisor will seek guidance from the (Q&C) EQC SCU-Unit Director.
4. If clarity is still required SCU-EQC Unit Director will reach out to the assigned QAS for input.

Home and Community Based Services (HCBS) Guidelines

The Home and Community Based Services (HCBS) Final Rule, issued by the federal Centers for Medicare and Medicaid Services, states that all HCBS must be delivered in settings that are integrated in and support full access to their community. This includes opportunities to seek employment and work in competitive settings within the community, engage in a community life, control personal resources, and receive services in a similar way as individuals who do not receive HCBS. The HCBS Final Rule applies to all settings that receive HCBS funding and requires that:

- The setting is integrated in the greater community;
- The setting supports the individual's full access to the greater community, including opportunities to seek employment, work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community;
- The setting is selected by the individual from among different setting options, including non-disability specific options and an option for a private unit in a residential setting;
- The setting ensures an individual's rights to privacy, dignity, respect, and freedom from coercion and restraint;
- The setting optimizes individual initiative, autonomy, and independence in making life choices, including in daily activities, physical environment, and personal associations; and
- The setting facilitates individual choice and supports people to have control over their own lives in the same manner as those not receiving Medicaid HCBS funding.

In addition to the above requirements, individuals who reside in provider-owned or controlled settings must:
- Have a lease or other legally enforceable agreement providing similar protections;
- Have privacy in their unit, including lockable doors, choice of roommates, and freedom to furnish or decorate the unit;
- Have the right to control their own schedule including access to food at any time;

- Have the right to visitors at any time; and
- Have a setting that is physically accessible.

Any restriction or modification to the HCBS requirements must be supported by a specific assessed need, justified in the service plan, and be reviewed and approved by the Human Rights Committee (HRC). The rationale for all modifications must relate to the individual and not the facility. The ISP must include the following seven (7) elements if restrictions or modifications are in place:

1. Description of the specific assessed need and why the modification or restriction is needed.
2. Description of the positive interventions and less intrusive methods that were attempted but unsuccessful.
3. Description of the intervention that is directly proportionate to the specific assess need.
4. Description of the data collection and review to measure the ongoing effectiveness of the modification.
5. Description of the established time limits for periodic reviews of the modification to determine if it's still necessary or can be terminated.
6. Documentation that informed consent was received from the individual (and legal guardian if applicable)
7. Documentation of assurance that the modification will not cause to the individual.

If restrictions are in place for another member of the household, an IDT meeting should be held with any "impacted individual" and their planning team to discuss whether or not they agree with the restriction. If there is agreement, a HRC review would not be necessary but the planning team's discussion and the individual's (and legal guardian if applicable) informed consent must be documented in the ISP. If the planning team of an "impacted individual" does not agree with the restriction and feels that the restriction unduly restricts the rights of the "impacted individual", a HRC referral must be initiated and the planning team's discussion should be clearly documented in the ISP.

March 17, 2023 is the final compliance deadline. SCs are responsible for reporting issues related to HCBS non-compliance to the Division's HCBS Helpdesk at DDD.HCBShelpdesk@dhs.nj.gov or by calling the Division at 1 (800) 832-9173. The Division will review the submission and contact the service provider to address areas of non-compliance.

Human Rights Committee (HRC) – As per Section 15.5.3 Human Rights Committee (HRC) of the Division's Waiver manuals, the Division requires an objective review of issues that may infringe upon human or civil rights of individuals with Intellectual Developmental Disabilities through a Human Rights Committee review. Approved providers can opt to develop an internal HRC or utilize the Division's established Human Rights Committee. Internal HRC's must align with the requirements outlined in Division Circular #5 https://www.nj.gov/humanservices/ddd/assets/documents/circulars/DC5.pdf and be identified in the agency's approved Behavior Policy and Procedure Manual. All minutes from HRC meetings are required to be submitted to DDD.HRC@dhs.nj.gov for review.

The referral form for the Division's HRC can be found at https://www.nj.gov/humanservices/ddd/providers/providerinformation under Provider Toolkit. Referrals and any HRC related questions regarding requirements or an individual's rights should be submitted to DDD.HRC@dhs.nj.gov

HCBS Guidance Created by the Boggs Center can be found at the link below
Your Right to a Community Life

Electronic Visit Verification (EVV) – Guidance

Providers are required to have Electronic Visit Verification (EVV) in place for all services and procedure codes listed below when the service is <u>delivered partially or fully in the home</u>. Failure to comply will impact payment to the provider.
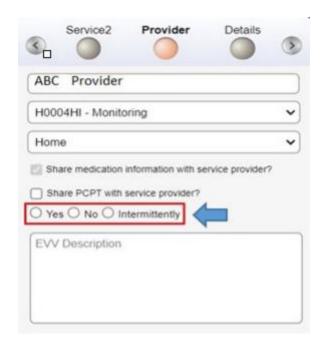
Services requiring EVV Statements	Unit of Service	Procedure Code
Phase 1: Compliance date January 2021		
DDD Individual Supports (Base Rate)	15 minutes	H2016HI
DDD Individual Supports (With Acuity Rate)	15 minutes	H2016HI22
DDD Individual Supports (Reasonable and Customary/Self-Directed Employee)	15 minutes	H2016HIU8
DDD In Home Respite (Base Rate)	15 minutes	T1005HI
DDD In Home Respite (Reasonable and Customary/Self-Directed Employee)	15 minutes	T1005HIU8
DDD Community Based Supports (Base Rate)	15 minutes	H2021HI
DDD Community Based Supports (With Acuity Rate)	15 minutes	H2021HI22
DDD Community Based Supports (Reasonable and Customary/Self-Directed Employee)	15 minutes	H2021HI52
Phase 2: Compliance date January 2023		
DDD Behavioral Supports (Assessment & Monitoring)	15 minutes	H0004HI22 H0004HI
DDD Physical Therapy (Group & Individual)	15 minutes	S8990HIUN S8990HI
DDD Occupational Therapy (Group & Individual)	15 minutes	97535HIUN 97535HI
DDD Speech, Language, and Hearing Therapy (Group & Individual)	15 minutes	92507HIUN 92507HI

Exemptions to the EVV requirement include:

1. Service is delivered by a live in caregiver. This exemption applies to both family members and non-family members living with the person receiving care. Under this circumstance, an EVV Live-In Worker Attestation must be completed.
2. Service is fully delivered in the community. However, if any part of the EVV service is performed in the home the exemption no longer applies.
3. Service is delivered in a congregate residential settings where 24-hour services are available. This includes settings such as group homes, supervised apartments, and supported living settings.
4. Service is delivered virtually due to the public health emergency. Please Note: Once the service returns to in-person service delivery it will no longer fall in the "exempt" category.

In ALL circumstances when any of the above procedure codes are listed in the ISP, the Support Coordinator (SC) must indicate whether the service is EVV applicable or exempt directly within the EVV Checkbox Feature in iRecord. When entering a procedure code that requires EVV, the SC must select one of the three available options under the "Provider" tab (shown below) and include service description note in the EVV Description text field.

- Yes – indicating EVV is always required.
- No – indicating EVV is never required.
- Intermittently – indicating some visits require EVV while some visits are exempt.

The **EVV Checkbox Feature Quick Reference Guide** can be found on the Division's SC Webpage: EVV Checkbox Quick Reference Guide. Questions or inquiries related to EVV can be directed to Division's EVV helpdesk: DDDEVV@DHS.NJ.GOV.