

NJ DEPARTMENT OF HUMAN SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES

Support Coordination Agency (SCA) Update Webinar October 12, 2023







Webinar Agenda

- 1. Support Coordination Unit (SCU) Updates
- Support Coordination Agency (SCA) Landscape
- 3. Support Coordination Evaluation Updates
- 4. Spotlight On:
 - Support Coordinator Deliverables
 - Medicaid Fraud
- Incident Reporting: Guest Speaker- Lauren Chodack Chief, Office of Risk Management
- 6. Questions



Webinar Survey

Attendees will have the opportunity to participate in a survey related to this webinar.

The survey should appear immediately when the webinar has ended.











Upcoming Support Coordination Agency (SCA) Update Webinar

December 14, 2023, 1:00pm – 2:00pm Register

Past webinar slide decks and recordings may be found on the <u>Support Coordinator Information</u> webpage.



Register for the 2024 Support Coordination Agency (SCA) Update Webinars

In 2024, the SCU will implement a <u>quarterly</u> webinar schedule with Support Coordination Agency (SCA) Update Webinars held on the dates below.

Thursday, February 8, 2024, 1:00 pm – 2:00 pm Register

Thursday, May 9, 2024, 1:00 pm – 2:00 pm Register

Thursday, August 8, 2024, 1:00 pm – 2:00 pm Register

Thursday, November 7, 2024, 1:00 pm – 2:00 pm Link Coming Soon!



October New Learning Opportunities!

NEW! New Jersey Division of Aging Services: Respite Supports (Part 1 of 2 from the Division of Aging Services)

October 17, 2023, 10:00 am - 11:00

Register

NEW! New Jersey Division of Aging Services: Respite Supports (Part 1 of 2 from the Division of Aging Services)

October 23, 2023, 2:00 pm – 3:00 pm

Register

NEW! Developmental Disabilities and Community Integration

A Brief History

October 24, 2023, 10:00 am-11:30 am

Register



Now Available on The College of Direct Support

The Education & Training Team announces a new training now available on The College of Direct Support (CDS).

NEW! DDD Service Review Overview: Accessing Division Resources for Goods and Services

CDS is available to all registered learners 24 hours per day, 7 days per week.

Listing of trainings is updated monthly and can be found here





Form Feedback Requested

The Support Coordinator Monitoring Tools were released in the fall of 2022, with required use starting on January 1, 2023.

As planned, the Division is offering the opportunity to provide feedback. The Monitoring Tools Survey will be open until October 31, 2023, and can be accessed here.





SCA Landscape	As of October 2, 2023
Total SCAs	147
Released SCAs	131
Unreleased SCAs	16
New SCAs in 2023	4





Support Coordination Census

32,045

25,204

As of October 2, 2023



SCA Census	As of October 2, 2023
Total SCAs with Census under 60	52 (38 Released, 14 Unreleased)
SCAs with Census between 0 – 10	4 (1 Released, 3 Unreleased)
SCAs with Census between 11 - 20	5 (2 Released, 3 Unreleased)
SCAs with Census between 21 - 30	13 (9 Released, 4 Unreleased)
SCAs with Census between 31 - 40	9 (6 Released, 3 Unreleased)
SCAs with Census between 41 - 50	7 (7 Released, 0 Unreleased)
SCAs with Census between 51 - 59	14 (13 Released, 1 Unreleased)





Documentation Indicators

SC Monitoring Tools
ISP

PCPT

Retroactive Change Requests

NJCAT reassessments

Care Management Issues and Follow Up

Field Visit Notification Follow Up

Second Waiver Service

Operations

Policies & Procedures Manual

24-Hour Availability and Response

Adherence to Conflict-Free Requirements

Appropriate iRecord Utilization

Staff Conflict of Interest Issues

Census Plan (if less than 60)

DRAFT Indicators for 2023 SCA Evaluation

Quality

Quality
Improvement/Quality
Management Plan
Satisfaction
Measurement by SCA
Satisfaction calls by
Division

Staff Qualifications

Criminal Background Checks

Staff Education

Staff Experience

Staff Initial and Annual Training Requirements



Published August 2023!

Support Coordination Agency Evaluation Guidebook

The guidebook for Support Coordination Agencies explains the SCU evaluation process in detail, including methods and indicators used, as well as remediation strategies when performance issues are found.

A survey link for providing feedback can be accessed <u>here.</u>

The survey will be open until November 30, 2023.





Also available!

Support Coordination Agency Evaluation Trainings

Preparing for Support Coordination Unit Evaluation: A Training for Support Coordination Agencies

October 25, 2023, 10:00 am -11:30 am

Register

AND

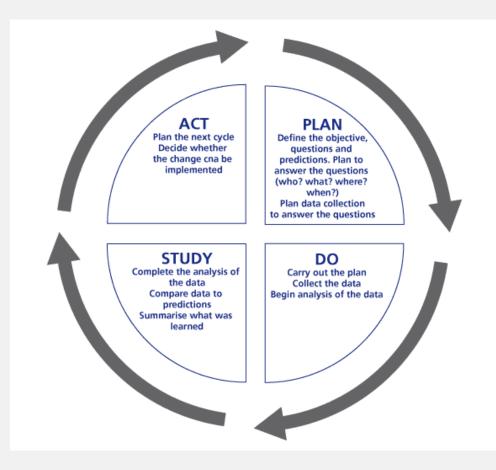
Support Coordination Agency (SCA) Staff Qualifications (Updated September 2023)

October 25, 2023, 2:00 pm - 3:00 pm

Register



- Evaluation in the Support Coordination
 Unit is an intentionally dynamic and
 fluid process.
- The Unit actively uses a Plan-Do-Study-Act quality improvement model.
- The SCU gathers feedback from involved SCAs after each evaluation cycle AND refines the evaluation process.
- The Support Coordination Unit has begun planning for 2024 evaluations.





Spotlight On: Support Coordinator Deliverables



Support Coordinator Deliverables 1/4

6.4; 17.18.5.5 Support Coordinator Deliverables

The deliverables listed below must be documented to show services were provided within the month in order for a Support Coordination Agency to claim for services.

- Monthly contact documented on the SC Monitoring Tool
- Quarterly face-to-face contact documented on the SC Monitoring Tool
- Annual face-to-face home visit documented on the SC Monitoring Tool



Support Coordinator Deliverables 2/4

6.4; 17.18.5.5 Support Coordinator Deliverables

- Completed PCPT and approved ISP within 30 days of waiver enrollment or when iRecord generates a new plan due to the following:
 - anniversary plan is due
 - changes to the budget
 - a change in tier assignment
 - a change in waiver enrollment (Example: going from the Supports Program to the Community Care Program)
- In circumstances when a new plan is generated, the SCA is expected to continue meeting deliverables, such as completing the monthly contacts, but will not be able to claim for services unless/until the newly generated ISP is approved.



Support Coordinator Deliverables 3/4

6.4; 17.18.5.5 Support Coordinator Deliverables

- If there is a delay in meeting deliverables due to the individual (or family) failing to comply with attending meetings, participating in mandated contacts, allowing access to the home for visits, etc., the Support Coordinator shall let the individual know that the Division is informed of non-compliance with Division policy.
- If there is ongoing non-compliance, the Support Coordination Agency shall upload a Seeking Out Support (SOS) Form and email the Support Coordination Helpdesk at DDD.SCHelpdesk@dhs.nj.gov for assistance.



Support Coordinator Deliverables 4/4

6.4; 17.18.5.5 Support Coordinator Deliverables

- Information regarding these incidents of non-compliance, attempted or successful contacts with the individual (or family), reasons for noncompliance, etc. shall be documented through case notes entered into iRecord.
- Updates related to any and all significant events should be documented in case notes by the Support Coordinator. Documentation should be timely and frequent for high-risk or high-acuity situations. Case notes shall be up to date at all times with the most recent contact or events occurring with the individual.



Spotlight On: Medicaid Fraud

Medicaid Fraud



What is Medicaid Fraud?

Medicaid fraud is any instance of non-compliance with Division waiver requirements. *Examples* include:

- Billing for deliverables without having provided the service.
- Dishonest documentation and subsequent claiming (for example, documenting that a face-to-face visit was completed when it was a phone call).
- Unethical behavior in referral patterns to providers.
- Work completed by staff that do not meet staff qualification requirements.



Medicaid Fraud

Medicaid Fraud 1/2

15.5.2 Fraud Detection

The Division policy on fraud, waste, & abuse includes sanctions for providers when fraudulent claims are made, as well as whistleblower protections for staff reporting: <u>Division Circulars #54</u>.

Agencies where potential fraud is detected are subject to Medicaid Fraud & Abuse investigations and may be subject to sanctions, including disenrollment as described in chapter 16 of the waiver manuals.

Additional information:

- Medicaid Fraud Division information: Medicaid Fraud Control Unit
- Provider Compliance Program information: <u>New Jersey Office of the State Comptroller</u>



Medicaid Fraud

Medicaid Fraud 2/2

16.2 Involuntary Provider Disenrollment – System Initiated

The provider may be immediately dis-enrolled and excluded from rendering supports and services to individuals, without the opportunity for corrective action, whenever it is determined that a provider has:

- jeopardized the safety and welfare of program participants
- materially failed to comply with the terms and conditions of the Provider Agreement
- compromised the fiscal or programmatic integrity of the Provider Agreement, including evidence of fraudulent activity reportable to the Medicaid Fraud and Abuse Unit
- impeded or failed to cooperate with state or federal investigation(s)



Lauren Chodack Chief, Office of Risk Management



Purpose of Incident Reporting

- The Office of Risk Management utilizes a database called the New Jersey Incident Reporting & Management System (NJIRMS).
- Incident Reports are entered into NJIRMS.
- The primary purpose of incident reporting is to:
 - Track incidents, which promotes monitoring and trend analysis with the goal of improving service delivery
 - Facilitate data analysis for future work in the prevention and remediation of critical incidents
 - Identify factors, personnel, and service recipients associated with each incident or cohort of incidents



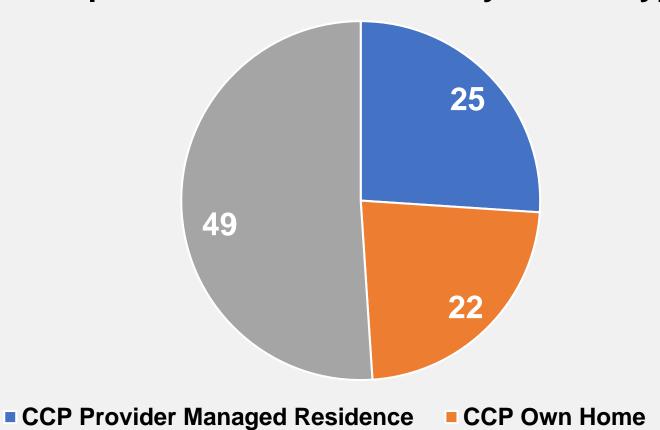
Unreported, Unplanned Hospitalizations

- The Office of Risk Management (ORM), Data Analysis Unit conducted a project on unplanned hospitalizations.
- Hospitalization claims to Medicaid from January through June 2022 for DDD waiver participants were compared to Unplanned Hospitalization Incident Reports (IRs), code MD102, submitted during that same time frame.
- The project revealed shortfalls in Incident Reporting regarding unplanned hospitalizations.
- Claiming discrepancies can lead to deficiencies during a Medicaid audit resulting in the need to pay back claims.
- The Office of Risk Management reached out to providers and SCAs that had unreported, unplanned hospitalizations.



<u>Unreported, Unplanned Hospitalizations</u>

Hospitalizations without IRs by Waiver Type



■ SP





Storage of Incident Reports

- Incidents are not a part of the individual's file and should not be uploaded in iRecord.
- All related incident information is confidential and cannot be released without a court order.



IR: Reportable Hospital Visits

Code MD101- Hospital Treatment: Medical, Behavioral/Psychiatric (1/2)

- Applies when an individual under services receives treatment in the hospital regardless of injury, diagnosis, or admission
- Treatment must be more than basic first aid
 - Basic first aid Can be performed by staff and includes but is not limited to, cleaning, bandage/ Band-Aid, over-the-counter medications (Bacitracin), ice pack, monitoring/observation.
 - Beyond basic first aid Can only be performed by a medical professional and includes but is not limited to, stitches, casting, IV administration, invasive diagnostic treatment, and prescription medications.
 - Invasive diagnostic treatment When an individual requires sedation, contrast, or any other invasive order for a test to be performed regardless of diagnosis.



IR: Reportable Hospital Visits

Code MD101 - Hospital Treatment: Medical, Behavioral/Psychiatric (2/2)

- This does not apply to treatment given at an Urgent Care or Doctor's office.
- 911 called in compliance with Danielle's Law should be reported as an MD101 even if the individual was not transported to or receive treatment from the hospital.



IR: Unplanned Hospitalization

Code MD102 - Hospital Treatment: Medical, Behavioral/Psychiatric:

- Applies when an individual under services has a nonscheduled hospital admission regardless of the waiver program.
- Applies to both medical and psychiatric hospital admissions.
- Planned admissions are not reportable. Examples include but are not limited to sleep studies, planned surgery, and admission, scheduled tests.



IR: Unplanned Hospitalization

Who Reports Unplanned Hospitalizations

- If an individual is unexpectedly admitted to the hospital while under the supervision of an approved provider, it is the approved provider's responsibility to submit the Incident Report to DDD.
- If an individual is unexpectedly admitted to the hospital while under their own supervision or the supervision of a non-approved provider, it is the Support Coordinator's responsibility to submit the incident report to DDD.
 - This includes but is not limited to while under the supervision of families, Rehab centers, Medicaid-funded day programs, and Skilled Nursing Facilities.
- *There may be extenuating circumstances when the Division will request an SCA to submit a report. In these cases, the SCA is expected to comply.



IR: Unplanned Hospitalization

<u>Unreported Unplanned Hospitalizations</u>

- All unplanned hospitalizations must be reported.
- Information regarding Incident Reporting can be found on the <u>Division's</u> website.

The comprehensive incident reporting training:
Incident Reporting Responsibilities and Death Verification Process Is
available on The College of Direct Support.





Please complete survey post webinar!



Questions