

NJ DEPARTMENT OF HUMAN SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES

Updates for Support Coordination Agencies

June 9, 2022



Webinar Agenda

- Welcome and Purpose
- Emergency Preparedness and Response Plan Requirements
- Review: Face-to-Face Visits
- Review: Vaccination and Testing Requirements
- Update: Support Coordination Agency Landscape
- Manual Reviews: Second Service Requirements, Claiming
- Field Visit Data and Action Plan
- E-signature Updates
- Support Coordination Unit Updates
- Questions



Welcome and Purpose



Welcome and Purpose

The Support Coordination Unit has launched an updated communication plan, which includes more frequent communications to Support Coordination Agencies.

This presentation is the third in the 2022 series.



Welcome and Purpose





New! Emergency Preparedness and Response Plan



Emergency Preparedness and Response Plan

Emergency Preparedness and Response Plan for Licensed Providers of Services to Individuals with Intellectual and Developmental Disabilities

On May 25, 2022, the Division, in accordance with P.L. 2021, Chapter 292, the NJ Department of Human Services (DHS) published an Emergency Preparedness and Response Plan for Licensed Providers of Services to Individuals with Intellectual and Developmental Disabilities (EPRP) on its website.



Emergency Preparedness and Response Plan

- This document is available to each unique Licensed Service Provider (LSP) to assist them in developing an EPRP that will address the specific needs, geographic area and population they serve. An LSP is any entity licensed, certified, or otherwise authorized by DHS to provide services to individuals with intellectual and developmental disabilities.
- A webinar for impacted LSPs was held on June 2, 2022 at 10am. The EPRP, webinar recording, and webinar slide deck can be found here.



Emergency Preparedness and Response Plan

EPRP requirements DO apply to Support Coordination Agencies!



Review: Face-to-Face Visits



Updated guidance indicates face-to-face visits were required to resume on March 1, 2022.

Inability to complete face-to-face visits and the reason why should be documented in iRecord.



- On March 24, 2022, the Division updated the <u>SC Visit</u> <u>Guidance</u>.
- The changes are not substantive and are intended to align with the <u>Residential and Day Screening Policy</u>.



- Support Coordinator (SC) attempts face-to-face visit.
- For each month that an individual/family declines, the SC documents it in iRecord.
- If three months or more are reached without a face-to-face visit for COVID-related issues, the SC will:
 - Complete the <u>Support Coordinator Face-to-Face Visit Declination</u> <u>Form</u> and upload it to iRecord.
 - Email <u>DDD.SCHelpdesk@dhs.nj.gov</u> of the issue.
- The Support Coordination Unit (SCU) will contact individual/family, as per <u>Support Coordinator Field Visits</u>.



•	Individual/Family - Support Coordinator Face to Face Visit Declination Form			
Instructions for Support Cod	ordinator Use			
If an individual experiences 3 or more consecutive months without a face to face visit, comple				
"Individual/Family - Support Coordinator Visit Declination Form".				
Upload the Declination Form to iRecord. Ensure Case Notes are up to date and include outreach attempts to schedule visits.				
		outreach attempts to schedule visits. • with the individual's name and DDD ID# indica		
		lination Form is uploaded.		
Individual Name:		DDD ID#:		
Click or tap here to enter text.		Click or tap here to enter text.		
SCA Name:		SC Name:		
Click or tap here to enter text.		Click or tap here to enter text.		
Dates of Contact to Individual/Fa	amily to request	Does individual have external Self-Directed		
Face-to-Face Visit as documente	d in iRecord notes:	Employees (SDEs) coming into the home?		
Month 1: Click or tap to enter a	date.	□ Yes		
Month 2: Click or tap to enter a		□ No		
	1	L 140		
Month 3: Click or tap to enter a	date.	Typically has SDE but none in place at this:		
	date.			
Date of Last Face to Face Visit:	date.	☐ Typically has SDE but none in place at this ☐ Other Click or tap here to enter text.		
Date of Last Face to Face Visit: Click or tap to enter a date.				
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/f	amily for Declining \	Other Click or tap here to enter text. Fisit (check as best applies):		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/f	amily for Declining N	Other Click or tap here to enter text. Visit (check as best applies): omised/other health issues		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/f Individual medically fra Family member in hon	amily for Declining V agile/immunocompr ne medically/fragile/	Other Click or tap here to enter text. Fisit (check as best applies):		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/f Individual medically fra Family member in hon Individual unvaccinate	amily for Declining V agile/immunocompr ne medically/fragile/	Other Click or tap here to enter text. Visit (check as best applies): omised/other health issues		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/f Individual medically fra Family member in hon Individual unvaccinated	amily for Declining N agile/immunocompn ne medically/fragile/ d	Other Click or tap here to enter text. Visit (check as best applies): omised/other health issues		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/f Individual medically fra Family member in hon Individual unvaccinated Individual vaccinated	amily for Declining N agile/immunocompr ne medically/fragile/ d out no booster	Other Click or tap here to enter text. Visit (check as best applies): omised/other health issues		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/fa Individual medically fra Family member in hon Individual unvaccinated Individual vaccinated Family unvaccinated but	amily for Declining N agile/immunocompr ne medically/fragile/ d out no booster no booster	Other Click or tap here to enter text. /isit (check as best applies): omised/other health issues immunocompromised/health issues		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/fa Individual medically fra Family member in hon Individual unvaccinated Family unvaccinated Individual vaccinated but Gramily vaccinated but Unsure of Support Cod	amily for Declining N agile/immunocompr ne medically/fragile/ d out no booster no booster	Other Click or tap here to enter text. /isit (check as best applies): omised/other health issues immunocompromised/health issues		
Date of Last Face to Face Visit: Click or tap to enter a date. Reason provided by Individual/fa Individual medically fra Family member in hon Individual unvaccinated Individual vaccinated Family unvaccinated but	amily for Declining N agile/immunocompr ne medically/fragile/ d out no booster no booster	Other Click or tap here to enter text. /isit (check as best applies): omised/other health issues immunocompromised/health issues		

SC Face-to-Face Visit Declination Form



Results of Declination Forms Received

59 Declination forms from SCAs

50 Declination forms are complete and COVID-related

53 Division contacts to individuals/families

28 individuals/families agreed to SC visit



Use of Declination Form

The Face-to-Face Visit Declination Form is to only be used for *COVID-related* Face to Face declinations.

When NOT to submit a Face-to-Face Visit Declination:

- Individual declines a Face to Face (F2F) due to illness other than COVID related.
- Individual declines a F2F due to hospitalization due to an illness other than COVID related.
- Individual declines a F2F due to scheduling conflict.
- Individual declines a F2F due to the visit being scheduled at the last minute.



If a face-to-face visit is not completed for a non-COVID reason, the SCA should do the following:

- Document the reason that a F2F visit could not occur on the MMT
- SC Supervisor should ensure that the proper Icon is used (i.e. Changing F2F to phone call when uploading).
- The expectation would be that the F2F visit be completed the following month.



Review: Vaccination & Testing Requirements



Vaccination and Testing Requirements

- Providers are reminded that licensed community residences for individuals with intellectual and developmental disabilities (IDD), certified day programs for individuals with IDD and support coordinators are required to comply with <u>Executive Order No. 283</u> and <u>Executive Order No. 283</u> and
- This requires them to be at least two weeks past having completed their primary vaccine series and up- to-date with their COVID-19 vaccinations (including booster).
- Employers may consider exemptions as applicable.



Vaccination and Testing Requirements

Vaccination Survey for Support Coordination Agencies

June Survey – Issued on June 7th and Closes June 13th

July Survey – Issued on July 4th and Closes July 8th

August Survey – Issued on Aug. 8th and Closes Aug. 12th



Vaccination and Testing Requirements

Vaccination Survey Participation

March Survey Participation Compliance Rate: 94%

April Survey Participation Compliance Rate: 86%

May Survey Participation Compliance Rate: 98%



Support Coordination Agency Landscape



SCA Landscape	May 2022
Total Number of SCAs on Last Day of Month	181
Total Number of Released SCAs	131
Total Number of Unreleased SCAs	50
Total Number of New SCAs	2



SCAs on a Corrective Action Plan	May 2022
Total Number of SCAs on CAP	32
# of Released SCAs on CAP	1
# of Unreleased SCAs on CAP	31



Support Coordination Capacity

Support Coordination Census

33,563

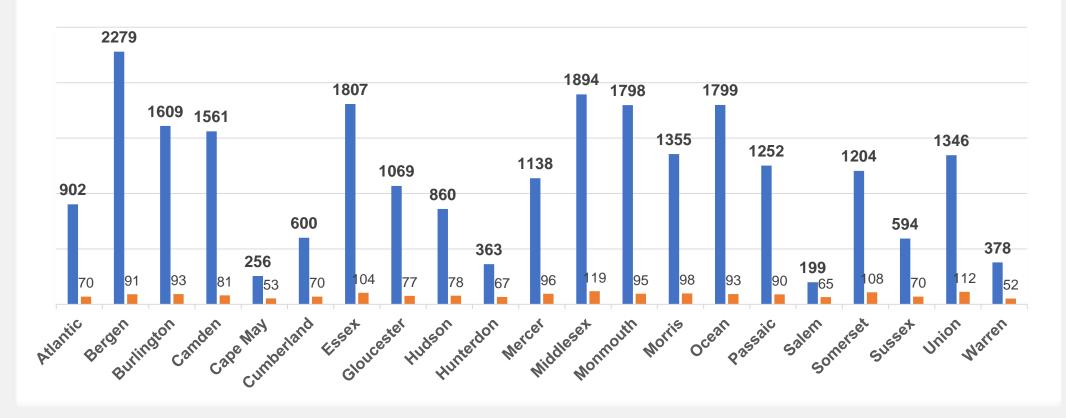
23,854

Data as of June 5, 2022



Blue = Number of Individuals Orange = Number of SCAs

of Individuals Receiving Services in the Community by County





Manual Language Re SCA Census

A SCA must provide services in at least one county and for a minimum of 60 individuals.

The Division will start to move toward broad enforcement of this requirement. While a deadline is not yet established, any Support Coordination Agency that serves below 60 individuals is directed to take steps to meet that minimum requirement.



Support Coordination Agencies considering options are welcome to attend a training on this topic.

Please see Education and Training <u>Calendars</u> for upcoming trainings.



Manual Highlights



Manual Highlights

- This and future webinars will review selected manual requirements for SCAs.
- The goal of these reviews is to ensure that SCAs are utilizing the manuals as a tool for meeting Division requirements.
- Manual requirements, while sounding administrative in nature, are directly related to the ability to provide excellent service to individuals.





- As per section 5.4 of both the Supports and CCP manuals, remaining on the waiver is contingent on accessing at minimum two waiver services (Support Coordination being one).
- Agencies that claim for Support Coordination services are responsible to ensure waiver compliance is met in this area.



5.4 Individual Disenrollment from the Community Care Program

...the State may dis-enroll an individual from the program and/or discontinue all payment, as applicable, to a provider/self-directed employee, if one or more of the following circumstances occur....(I) The participant is not accessing CCP waiver services other than Support Coordination for greater than 90 days.

5.4 Individual Disenrollment from the Supports Program

...the State may dis-enroll an individual from the program and/or discontinue all payment, as applicable, to a provider/self-directed employee, if one or more of the following circumstances occur...(I) The participant is not accessing Supports Program services other than Support Coordination for greater than 90 days.



The Second Service Project

- As part of a collaborative effort with the Service Case Management Unit, the SCU will be sending SCAs lists of everyone whose plan is approved without a DDD funded service included.
- Service Case Management will systematically review the individuals on the waiver who currently have not had a service claimed on (other than Support Coordination) for a period greater than 5 months and provide follow up to the SCAs that support them.



Identification

• SCU will identify individuals with no funds obligated (No services entered into their plan).

Communication

SCU will send communication to each SCA.
 Communication will disclose the ID numbers
 for the people in question and instructions on
 required actions.

Resolution

- SCA will provide support and document actions in iRecord.
- Ongoing monitoring by Service Case Management on funds being expended.



Goals of Second Service Project (1/2)

- Each individual in waiver programs are identifying and receiving the support they require to increase independence/participate meaningfully in their communities.
- Each individual receiving, and desiring to receive, Division services via waivers will remain program eligible as it relates to second service requirements.



Goals of Second Service Project (2/2)

- Individuals who do not desire services connected to waivers will be disenrolled from waivers. Such individuals remain eligible for Division services, if desired, via the Service Case Management Unit.
- Support Coordination Agencies will have a clear understanding of waiver eligibility requirements and ensure that all individuals on waivers have at least one additional service to Support Coordination.



Support Coordination Agency Expectations

- Every 2 months, SCAs will receive correspondence from the Support Coordination Unit related to individuals on the SCA's roster that do not have a second service entered into the plan.
- Support Coordinators would need to complete an outreach to individuals/families of the people identified.
- Support Coordinators should update ISPs and/or add notes to iRecord, as appropriate.
- It is noted that the current health emergency may allow for flexibilities.



Communication with Individuals/Families/Guardians

The following should be reviewed during the outreach:

- Explain the waiver requirement of having a second service added into the service plan.
- Complete a review with the individual/family on the services that can be accessed through the waiver.
- Support the individual/family in identifying Providers.
- Complete an iRecord note with the follow up steps taken for resolution (Service added/voluntary disenrollment/not interested in services or disenrollment).





Support Coordination Agencies are directed to review section 12.3 of the waiver manuals.



Claim Submission

As per Section 12.3 of the Waiver Manuals, claim submission requires:

- Compliance with the requirements outlined in Section 12 of the manual.
- Proper documentation of service delivery along with any deliverable documents necessary to substantiate the claim in the case of an audit.
- The service that was provided has a valid prior authorization.
- Staff are properly trained, vetted, and credentialed to deliver services rendered.



SCA Deliverables

The deliverables listed below serve as documentation that services were provided within the month in order for SCAs to claim for services:

- Monthly contact documented on the Monthly Monitoring Tool.
- Quarterly face-to-face contact documented on the Monthly Monitoring Tool.
- Annual face-to-face home visit documented on the Monthly Monitoring Tool.
- Completed PCPT & approved ISP by 30 days of waiver enrollment or when a new ISP is generated.



SCA Documentation and Claims (1/2)

As per Section 12.3 of the Waiver Manuals, there are serious consequences to fraudulent documentation; thus, SCAs must take precautions to ensure compliance with all applicable laws and regulations.

- Billing for services not rendered such as billing for canceled appointments or no shows.
- Billing for misrepresented service such as services provided by unqualified staff or incorrect dates of service.
- Billing for duplicate services.



SCA Documentation and Claims (1/2)

- Serious record keeping violations such as falsified records or no record available.
- Missing signatures.
- Developing a service plan that does not relate to the assessment/evaluation.
- Reusing identical content in multiple notes, plans, tools, documents, etc.
- Documentation is considered unacceptable if it is missing altogether (such as missing notes) or illegible.



Claims submitted without adherence to standards outlined in the manual(s) will require Medicaid repayment.

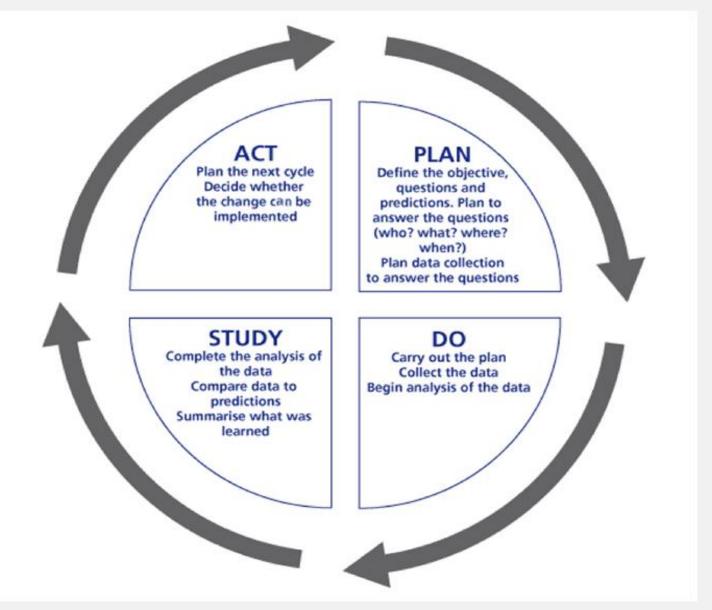


Field Visit Findings and Next Steps



Field Visit Findings and Next Steps

The PDSA Cycle





Field Visit Findings

DHS makes unannounced visits to licensed providers.

Findings shared with provider and SCU.

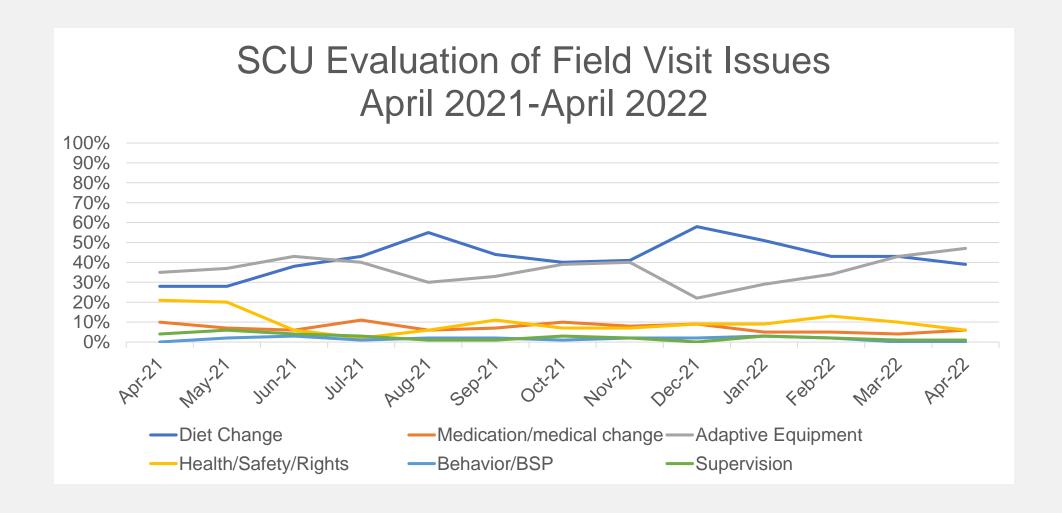
SCU communicates with SCA, tracks, analyzes findings.

• SCU determines training needs, communication issues and opportunities for overall improvement.

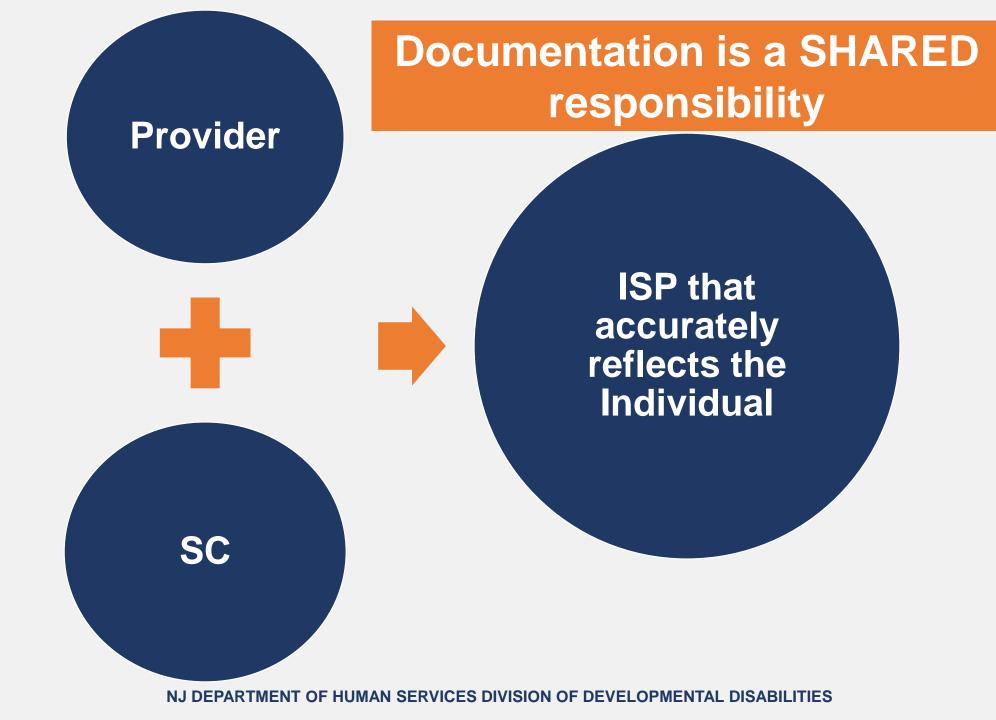
SCU maintains data and tracks trends of SCAs.



Field Visit Findings









Field Visit Next Steps

- 1. ISP Worksheet (recently updated): A communication tool between providers and SCA.
- **2.Communication.** Support Coordinators should ask about changes to diet, adaptive equipment, medications, behavior, health/safety/rights and supervision during monthly contacts and document in the MMT.



Field Visit Next Steps

- 3. Routinely Update ISP. Support Coordinators should update the ISP as needed the Support Coordinator does not need to wait until the annual ISP.
- **4. Trainings**. Trainings on diet/nutrition and related documentation are forthcoming from Division.
- **5. Quality Improvement.** Consider tracking and action planning within SCA if issues are communicated from Division.



E-Signature Updates



E-Signature Updates

What Is E-Signature?

- The E-Sign feature allows for Individualized Service Plans (ISPs) to be electronically signed via an email link or through iRecord.
- It has been successfully utilized to sign over 5,000 plans since implementation.
- The feature is intended as a method for signature only and should not be initiated as a method for distribution of the plan for review/comment/revision.



E-Signature

Plan Distribution and Signatures

- The "Send Plan" tile allows for easy electronic distribution of the draft plan via email for DDD providers listed in the plan and anyone who has been identified as a contact with HIPAA authorization (check box selected).
- E-Sign should only be initiated after the plan has been reviewed and revisions completed.
- All that are required to sign (Individual, Guardian, or both) the document should be selected <u>concurrently</u> by selecting the check box next to their names.



E-Signature

Identifying Who is Responsible to Sign the Document

- Prior to initiating a signature (wet or E-sign) the Support Coordinator is required to ensure that iRecord accurately represents the individual's guardianship status.
- If an individual has a guardian, documentation of the adjudication must be uploaded to the iRecord. The legal guardian field must be checked in the contact tile.
- If the individual has multiple guardians and both wish to sign the document, the guardians should "wet sign" the signature page and the SC would upload the signed plan into the plan signature tile. **Multiple guardians cannot E-Sign.**



E-Signature

Frequently Asked Questions

The <u>Electronic Signature FAQ</u> has been revised to address questions received by Support Coordination Agencies. It can be found on the Division's <u>Support Coordinator Information</u> Web Page.





Evaluation

Evaluation of UNRELEASED SCAs continues quarterly.

Reviews are documentation reviews only

Goal is to support SCAs in achieving released status

Majority of unreleased SCAs have a CAP

Evaluation of RELEASED SCAs has begun in a pilot manner.

Selected SCAs have been notified for current projects

Evaluation indicators are being added



Education & Training

Month	Audience	Number of Trainings	Number of Attendees
January 2022	SCAs	8	779
February 2022	SCAs	6	1,110
March 2022	SCAs	10	807
April 2022	SCAs	10	513
May 2022	SCAs	15	1073



Education & Training

- The Support Coordination Unit Monthly Calendar Link.
- The College of Direct Support is available to Support Coordination Agencies 24 hours' day/7 days' week.
 College of Direct Support <u>link</u>.
- Elizabeth M. Boggs Center on Developmental Disabilities <u>link</u>.
- Helpdesk for Education and Training: <u>SCUTraininghelpdesk@dhs.nj.gov</u>



Support Coordination Unit Communication Updates

Next Support Coordination Agency Webinar: Thursday, August 11, 1-2pm.

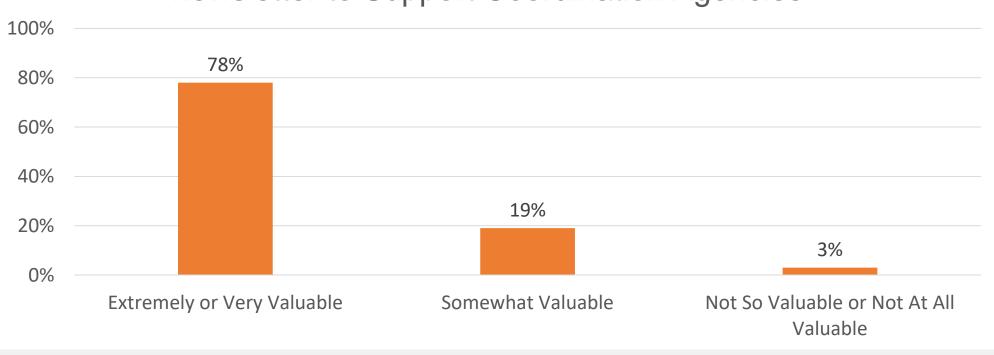
Register here

The Divisions SC Webpage now lists all SCA Webinars for the remainder of the year. 2022 SCA Webinars may be found here.



Newsletters for Support Coordination Agencies







Care Management Update: Status of Inactive Cases

- Individual remains eligible for DDD services.
- Individual will need to contact local Intake Office if they become interested in services in the future.
- Individual's DDD waiting list status remains unchanged.
- Individual maintains BGS worker, if one is assigned as guardian.



Webinar Feedback

Participants attending this webinar will have the opportunity to provide feedback related to this presentation. The feedback tool should immediately appear when the webinar has ended.



Questions?