New Jersey Department of Human Services
Division of Developmental Disabilities
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Q&A for Support Coordination Webinar

What is Support Coordination? Do we have to have a Support Coordinator?

In the Division of Developmental Disabilities' contract-based service system, Case Management was the model used to plan and manage an individual's services and supports. In the new Medicaid-based, fee-for-service system, Support Coordination through a Medicaid/DDD approved Support Coordination Agency will be the care management model.

In order to access Division-funded services and supports in the new system, individuals are required to have a Support Coordinator. Individuals entering the system for the first time ("new presenters") will select or be assigned by the Division to a Medicaid/DDD approved Support Coordination Agency, which will then assign the individual to one of its professional Support Coordinators. Beginning July 1, 2015 and continuing through Fiscal Year 2016, individuals already receiving Division-funded services will be transitioned from Case Management to Support Coordination through the same process of selection or assignment.

Is New Jersey switching to a fee-for-service system to save money?

New Jersey's transition to a fee-for-service system allows the Division of Developmental Disabilities to access a federal matching fund of 50% for every state dollar spent. Drawing down this federal match will enable New Jersey to sustain its disability service delivery system over the long term; to expand available services; and to serve more individuals.

How are Support Coordinators paid – do their salaries come out of individual budgets?

No, Support Coordinators' salaries do not come out of the individualized budget. Support Coordination is a Medicaid waiver service, which means that Support Coordination agencies bill directly to Medicaid as a Medicaid/DDD approved provider of Support Coordination services.

Will there be enough Medicaid/DDD approved Support Coordination agencies to provide services for everyone? What happens if all Support Coordination "slots" are filled before it is time for us to transition?

As of March 2015, there are approximately 50 Medicaid/DDD approved Support Coordination agencies serving New Jersey's developmental disabilities community, many of which have capacity that has not yet been filled. In addition, the Division is currently in a Support Coordination "ramp-up", which means that we are in the process of increasing Support Coordination capacity statewide and fully anticipate that the system will expand to meet the need. It is also important to know that the Division is responsible for ensuring that there is sufficient capacity to serve every eligible individual.

Related to this, a web-based provider database is currently being developed by the Division. This database is searchable by a number of different criteria, including county, service type, agency name, etc., and providers will have the ability to update their online information themselves.

Do Support Coordinators establish the individual's budget?

No. The Division of Developmental Disabilities is responsible for the eligibility assessment and the assignment of individualized budgets based on that assessment. Support Coordinators and Support Coordination agencies are not involved in establishing individual budgets. (In fact, the Division's Conflict-Free Policy specifically states that *"care managers do not establish the levels of funding for individuals"*).

How and when is the individualized budget assigned? Does it remain the same year to year, or is it reviewed and changed?

During the intake process, an individual will be assessed through the New Jersey Comprehensive Assessment Tool (NJ CAT) and an annual budget will be determined based on assessed level of need. Once an individual is assigned a Support Coordination agency, that agency will receive the budget information electronically. The budget information is then shared with the individual and his/her family. The budget remains the same unless it is determined through re-assessment that there has been a change in the level of need.

Can we challenge/appeal the budget amount?

The established individualized budget does not change unless there are identified changes in assessed level of need. Requests for re-assessment must be submitted in writing to the Division and must provide a detailed explanation/justification of the need for re-assessment.

I heard from a parent of a 2014 graduate that they experienced problems with Support Coordination. Will 2015 graduates and other new presenters encounter similar problems?

To ensure a more streamlined transition for the 2015 graduates and all new presenters going forward, the Division has made the following changes:

- The Division has authorized many Support Coordination Agencies to approve their own Individualized Service Plans (ISPs), which means they no longer have to submit them to DDD for approval. Eventually all agencies will be authorized to approve their own ISPs. (New Support Coordination Agencies will always go through a mandatory probationary period before they are authorized to approve ISPs.)
- The Division is doing more intensive evaluations of agencies.
- The Division has increased staffing in the unit that is responsible for monitoring
- Additional training has been provided to Support Coordination agencies and Division staff
- Processes related to Support Coordination services have continued to be clarified and streamlined

Our loved one has been in the DDD system for years and we are happy with the services that he/she is receiving. Will we still be able to keep the same services and providers?

It is anticipated that services will remain in place and continue as long as the service providers successfully transition in to the new system. We encourage individuals and families to check with their service providers to determine whether or not they intend to become approved providers in the new system. It is important to remember that the Division has no control over an agency's decision to enter the new Medicaid-based, fee-for-service system.

Will we still be able to get services from places like the YMCA or other "generic" providers that aren't Medicaid-approved?

Yes. The Division will continue to use a Fiscal Intermediary to pay for waiver services (available through enrollment on one of the Division's two Medicaid waivers – the Supports Waiver or the Community Care Waiver) that are delivered by non-Medicaid ("generic") providers. The generic provider will submit bills for prior authorized services and supports to the Fiscal Intermediary rather than submitting directly to Medicaid. Services and supports delivered by generic providers will most likely require Division approval and will not be able to be approved by the Support Coordination Agency.

What happens if my self-hire goes over the prior authorized service hours?

In the contract-based system, the Division was the employer of record for self-hires. In the new Medicaid-based, fee-for-service system, the individual/family is the employer of record. All services and supports delivered in the new system must be prior authorized through the Individualized Service Plan, including services that are delivered by self-hires. If the individual/family allows a self-hire to deliver more hours of service than are prior authorized, the individual/family will be financially responsible – not the Division, and not the Fiscal Intermediary.

Will I be able to include a back-up for my self-hire in the Individualized Service Plan?

Yes. The service provided by the self-hire can be prior authorized with more than one self-hire included in that prior authorization.