

**DIVISION CIRCULAR #9
(N/A)**

DEPARTMENT OF HUMAN SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES

EFFECTIVE DATE: *September 1, 2010*

DATE ISSUED: *August 19, 2010*

- I. TITLE: *Vacation Planning Requirements***
- II. PURPOSE:** To establish guidelines to ensure that Service providers including Community Care Residence (CCR) providers are prepared to meet the health and safety needs of individuals they take on vacations and to ensure the proper authorizations and/or approvals have been obtained.
- III. SCOPE:** This circular *applies* to community residences licensed under *N.J.A.C. 10:44A*, CCR providers licensed under *N.J.A.C. 10:44B*, facilities for persons with traumatic brain injury licensed under *N.J.A.C. 10:44C*, private institutional settings licensed under *N.J.A.C. 10:47* and any out of State institutional placements funded by the Division of Developmental Disabilities (Division).

This circular *does not apply* to vacations taken by individuals independently, with family and/or friends, or with a private travel service that specializes in assisting individuals with developmental disabilities.

- IV. POLICIES:**
- A. While an individual is on vacation the Division will *only* provide funding for those services and living expenses, including staffing levels, which the Division regularly provides to that individual in their residential placement.
- B. The Division will *only* provide funding for those services or living expenses, such as transportation, food, lodging or entertainment, that are already included in the Service provider or CCR provider contract.
- C. The Division will *not* provide funding for any expenses incurred by an individual or other person(s), *including staff or family members*, accompanying the individual on vacation.

- D. The Division sets no limits on the monetary amount any individual chooses to spend while on vacation. However, the Division accepts no responsibility for any cost overruns incurred by that individual and/or his/her Service provider or CCR provider above and beyond the contracted levels currently provided. Therefore, the Division strongly recommends that prior to any vacation's commencement, arrangements be made to budget from the Individual's 25% disposable income, or other allowable non-Division source of funds, for any additional or non-contracted travel expenses. Examples of additional travel expenses include but are not limited to transportation, food, lodging, entertainment or staffing costs. Non-contracted travel expenses include but are not limited to emergent care costs or travel insurance costs.
- E. Medicaid does not provide medical coverage outside of the United States. Therefore, for the purpose of medical reimbursement, it is not advisable for any individual with Medicaid coverage to vacation outside of the United States.
- F. The Division will not reimburse any individual, Service provider, CCR provider, staff or family member for any non-reimbursable medical coverage for an individual while that Individual is on vacation. (Note: The Division strongly recommends Individuals purchase "travel medical insurance" prior to any vacation taken outside of the United States.)
- G. An individual's absence from the State of New Jersey for more than thirty (30) consecutive days and /or for any ongoing repetitive absences will result in the Community Care Waiver (CCW) Coordinator terminating the individual's CCW status. (Note: The Division may also cease funding to the Service provider or CCR provider for that individual.)
- H. For Service providers – licensed under N.J.A.C. 10:44A, N.J.A.C. 10:44C and N.J.A.C. 10:47.
1. Individuals residing in a licensed residence are not required to go on vacation with a Service provider.
 2. If the individual served does not want to vacation with the Service provider of a community residence the Service provider will be responsible for arranging for the necessary care and/or supervision needs of the service recipient.
 3. No less than the established contracted staffing ratios must be maintained during the entire duration of the vacation for individuals going on the vacation as well as those individuals remaining behind.
- H. For CCR providers licensed under N.J.A.C. 10:44B:
1. Individuals residing in a licensed CCR residence are not required to go on vacation with the CCR provider.

2. If an individual is not going on vacation with the CCR provider, the Division is responsible to arrange an alternate living arrangement.
 3. The CCR provider is only permitted to take individuals currently placed, on a long-term basis, in his/her home on vacation.
 4. The CCR provider will provide supervision on the vacation to no more than five (5) persons requiring care and assistance, including but not limited to *the number of individuals served allowed under their licensed capacity*, family members, children (natural, adopted or foster), boarders, etc. This is known as the “*rule of five*”.
 5. The “rule of five” shall apply to each additional CCR provider participating in the vacation, for example, if two (2) CCR providers go on the vacation, then neither CCR provider can provide supervision to more than five (5) persons requiring care and supervision.
 6. If more than one (1) CCR provider is going on the vacation, then the number of individuals, served by the Division, permitted to go cannot exceed the combined total contracted capacities of all the CCR providers.
 7. The CCR provider will provide to the case manager the names of everyone, including family members, friends, other individuals served, and other CCR providers, who will be going on the vacation.
- I. It is the responsibility of the service provider to orient the individual receiving services to the cultural, language and social differences that may be experienced in the vacation locale.

V. GENERAL STANDARDS:

Definitions : For the purpose of this circular, the following terms shall have the meaning defined herein:

“Community Care Residence (CCR)” means a private home or apartment in which an adult person or family contracts to provide individuals with developmental disabilities with care and/or training which is licensed under **N.J.A.C.** 10:44B.

“Consumer Financial Services Unit (CFSU)” formally known as “Clients’ Accounts” means the Division’s unit with monetary responsibility for individuals with developmental disabilities who are residing in residential placements.

“Division” means the Division of Developmental Disabilities.

“Informed Consent” means a formal expression, oral or written, of agreement with a proposed course of action by someone who has the capacity, the information and the ability to render voluntary agreement, or by someone with fiduciary authority to act for another’s benefit.

“Interdisciplinary Team (IDT)” means a group that shall minimally consist of the individual receiving services, the plan coordinator, the legal guardian, and/or the Division case manager. The IDT may include the parents or family member at the preference of the person served or legal guardian. In addition, members may include: advocates and friends, those persons who work most directly with the individual served, and professionals and representatives of service areas who are relevant to the identification of the individual’s needs and preferences and the design and evaluation of programs to meet them.

“On-call Hotline” means the after hours phone service available in each regional office of the Division, which is manned by an On-call worker by beeper after regular work hours each evening, weekend and holiday. This On-call hotline is available to all service providers and the general public for reporting unusual incidents or other concerns related to service recipients that require immediate notification to a Bureau of Guardianship worker or Division case manager.

“Private Institution” means a private residential facility for individuals with developmental disabilities located in New Jersey which is licensed in accordance with N.J.A.C. 10:47 or any out-of-State institutional placements funded by the Division.

“Service provider” means an entity that is regulated and/or licensed by the Department of Human Services and under contract with the Division to provide supports and services to individuals who are eligible for Division services.

“Sufficient Funds” means the individual receiving services has the financial resources available to pay for the trip and/or the provider or other party “e.g. family” has committed financial resources to pay for the vacation or the remaining unfunded balance.

“Vacation” means an occasion of leisure, recreation or visitation where the Service provider or CCR provider and the individual(s) served are together for three (3) or more days, up to a maximum of thirty (30) consecutive days, out of the licensed residence.

VI. PROCEDURES:

- A. All organizational representative payees are required by the Social Security Administration to seek prior approval to use an individual's funds for vacation purposes.
- B. If the individual has court involvement, the proper authorizations must be obtained from the court, parole board, prosecutor's office, or probation officer prior to the scheduling of travel and/ or a vacation. The interdisciplinary team must meet before travel and/or vacation arrangements are made to discuss any legal issues which may be a factor in travel to the desired location such as, Megan's Law involvement, scheduled court appearance(s), court ordered scheduled therapeutic or medical treatment(s) which cannot be postponed, or a court order which specifically prohibits travel out of the state or to the location of the planned vacation.
- C. If the Division is the representative payee, the Service provider or CCR provider must contact the case manager at least **ninety (90) days** prior to the vacation with each individual's monetary requirements for the vacation.
 1. The case manager will then submit a completed Form "A" Service Provider Vacation with Individual Receiving Services to the Consumer Financial Services Unit. The Consumer Financial Services Unit will evaluate each individual's financial situation to ensure the individual possesses sufficient funds for the vacation. The following will be included on Form "A" Service Provider Vacation with Individual Receiving Services:
 - a. The total cost of all participants including the Service provider, provider agency staff, individual(s) served and family members or others (if applicable); and
 - b. Each individual's estimated share of the expenses broken into the separate categories of: lodging, food, transportation and other.
 2. If the Consumer Financial Services Unit determines the individual(s) possesses sufficient funds for the vacation, the unit will seek pre-approval from Social Security as needed. Once all assurances have been met, the case manager will complete and submit Form "B" Client Account Disbursement Request Form CS-59 to the Consumer Financial Services Unit for remittance.
- D. All Service providers under N.J.A.C. 10:44A and N.J.A.C. 10:44C and CCR providers under N.J.A.C 10:44B shall provide to the case manager information about vacation plans at least **thirty (30) days** prior to the first day of the vacation.
 1. Verification that the individual wants to go on the vacation, that each individual served is in agreement with the vacation plan, including expenditures, absence from work and any other relevant issues;

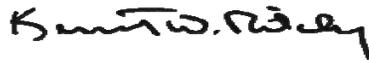
2. Verification that the individual has sufficient funds; estimated cost of the vacation; verification the proposed vacation costs do not jeopardize any priority expenditures and do not include costs that are in the Service provider's contract or agreement;
 3. If special accommodations are needed for travel, those arrangements must be made in advance of the vacation.
 4. Destination of the planned vacation and brief description of the vacation activities;
 5. Description of the planned lodging/sleeping arrangements.
(Note: All lodging/sleeping arrangements must comply with approved standards regarding community residences, e.g., number of individuals to a room and prohibited pairings/groupings such as adult/minor roommates and male/female roommates.)
 6. Time frame for the vacation;
 7. Assurance that any special needs of the individual(s) will be met, e.g., medical, behavioral, adaptive equipment, accessibility, dietary and safety;
 8. Identification of everyone who may need to be contacted for permission and/or concurrence, e.g., legal guardian, involved family members, physician and employer; and
 9. Verification informed consent is received for the vacation from the legal guardian, as appropriate.
- E. Once the Service provider or CCR provider has submitted the vacation information to the individual's case manager, the case manager will review the vacation plans with his/her supervisor within **fifteen (15) days**.
- F. Follow-ups and reminders for Service providers, CCR providers and case management are listed below.
1. The Service provider or CCR provider will bring for each individual on vacation:
 - a. the individual's valid medical and prescription cards;
 - b. a valid consent for emergency treatment form, if needed;
 - c. the individual's identification documentation as needed;
 - d. the individual's emergency information; and
 - e. other documentation and/or information as needed.

2. The individual's primary care physician will be contacted, if needed, to ensure that any special medical needs can be met during the vacation and that there is an adequate supply of medication for the duration of the vacation.
 3. Licensing regulations regarding medications must be strictly adhered to.
 4. Each individual's day program and/or employer should be contacted to inform them of the individual's absence start date and return date.
 5. The provider or CCR provider should retain all receipts and make them available to the case manager.
 6. The case manager will review all receipts from the vacation during the first scheduled visit following said vacation and ensure that the financial transactions are accurate and valid.
- G. Prior to any vacation being taken outside of the United States, the IDT shall discuss and address all the procedures as outlined in Section: VI. Letters: A – F as well as ensuring that the individual has a valid passport.

Appendices:

Form "A". Service Provider Vacation with Individual Receiving Services

Form "B". Client Account Disbursement Request Form CS-59



Kenneth W. Ritchey
Assistant Commissioner

SERVICE PROVIDER VACATION WITH INDIVIDUAL RECEIVING SERVICES

PROVIDER _____ CASE MANAGER _____

Date of Request: _____

Individual(s) a.) _____ MIS# _____
b.) _____ MIS# _____
c.) _____ MIS# _____

Vacation Costs

1.) Total Cost \$ _____ ÷ # of people going on the trip = \$ _____ per person

2.) Total Cost for each individual under services (a) \$ _____ (b) \$ _____ (c) \$ _____

3.) Subcategories:

a.) Transportation	\$ _____ ÷ \$ _____	\$ _____	\$ _____
b.) Lodging	\$ _____ ÷ \$ _____	\$ _____	\$ _____
c.) Food	\$ _____ ÷ \$ _____	\$ _____	\$ _____
d.) Other	\$ _____ ÷ \$ _____	\$ _____	\$ _____

Specify what items are included in the other category.

Vacation Information:

Destination _____ Proposed Dates _____

Provider: Keep one copy for your records.

Submit this form to your case manager at least 90 days prior to the proposed vacation.

Attach any written estimates you have from travel club, hotel, airlines, etc.

Form "A"



Google



DDD - CLIENT ACCOUNT DISBURSEMENT REQUEST

Consumer Name :

PTF Request Dt :

Region :

PTF Account :

Serial # :

Payable To :

IHP Date :

C2C Date :

Purpose of Request

I certify that the above items represents special needs and are in accordance with PTF -86 - 7

Requesting Amount

Est. Max Allowed Amount

* Note Check will be issued on monthly basis for Requested Amount after the C2C and PTF Approvals

First Name :

Last Name :

Address :

Please Forward Check To

City :

State :

Zip :

Print this PTF

Submit

Close