September 2015

Dear Prospective Provider,

The New Jersey Department of Human Services' Division of Developmental Disabilities is excited to announce the launch of its new Supports Program, as well as the implementation of a Medicaid-based, Fee-for-Service System. The new Fee-for-Service System – including those individuals currently served through our Community Care Waiver (CCW) and those enrolled in the Supports Program – will ultimately serve more than 25,000 individuals.

There is NO BETTER TIME THAN NOW for agencies and individual professionals to explore becoming a Medicaid/DDD approved service provider for New Jersey adults (21+) with intellectual and developmental disabilities.

I encourage you to view the short webinar we have developed for prospective providers, Providing Services in the New Jersey Developmental Disabilities System: A Primer for New Providers. I also encourage you to take a close look at the draft Supports Program Policies and Procedures Manual (which includes the comprehensive list of Service Definitions, Limitations and Qualifications) and the Fee-for-Service Rate Schedule that are included with this New Provider Welcome Packet.

Please also be sure to visit any of the following information pages on the Division’s website, including the Provider Portal page, where you’ll find the Combined Application to Become a Medicaid/DDD Approved Provider.

<table>
<thead>
<tr>
<th><strong>New Provider Webinar:</strong></th>
<th><a href="http://www.youtube.com/watch?v=m02kGdk97io&amp;feature=youtu.be">www.youtube.com/watch?v=m02kGdk97io&amp;feature=youtu.be</a></th>
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<tr>
<td><strong>Fee-for-Service Implementation:</strong></td>
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<td><strong>Provider Portal:</strong></td>
<td><a href="http://www.nj.gov/humanservices/ddd/programs/sppp.html">www.nj.gov/humanservices/ddd/programs/sppp.html</a></td>
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</table>

Please consider joining our many other respected community partners who strive to deliver high-quality services to New Jersey adults with intellectual and developmental disabilities.

**We look forward to working with you!**

Sincerely,

Elizabeth M. Shea
Assistant Commissioner

QUESTIONS? Contact us at: DDD.FeeForService@dhs.state.nj.us
### Fee-for-Service Rate Schedule: Quick Reference Guide

#### Waiver Service

<table>
<thead>
<tr>
<th>Service Description / Tier</th>
<th>Standard Rate per Unit</th>
<th>Billing Unit</th>
<th>** Waiver Program</th>
<th>Medicaid Code</th>
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<td>Daily</td>
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</tbody>
</table>

R&C = Reasonable and Customary

* Use of Tier and Acuity Differentiated rates are determined through completion of the New Jersey Comprehensive Assessment Tool (NJ CAT)

** Waiver Program: Code "46" refers to the Supports Program under the Comprehensive Medicaid Waiver and Code "07" refers to the Division of Developmental Disabilities Community Care Waiver (CCW)
### Fee-for-Service Rate Schedule:
**Quick Reference Guide**

<table>
<thead>
<tr>
<th>Waiver Service</th>
<th>* Service Description / Tier</th>
<th>Standard Rate per Unit</th>
<th>Billing Unit</th>
<th>** Waiver Program</th>
<th>Medicaid Code</th>
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**R&C** = Reasonable and Customary

* Use of Tier and Acuity Differentiated rates are determined through completion of the New Jersey Comprehensive Assessment Tool (NJ CAT)

** Waiver Program: Code "46" refers to the Supports Program under the Comprehensive Medicaid Waiver and Code "07" refers to the Division of Developmental Disabilities Community Care Waiver (CCW)
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<td>Throughout</td>
<td>Language clarification as requested by stakeholders, formatting, added reference to newly developed documentation &amp; forms, aligned references to content relevant to iRecord to its newest version, incorporated suggested additional description of SC role in linking individuals to service providers, updated staff training information based on feedback from stakeholders</td>
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<tr>
<td>Section 3</td>
<td>Added process for requesting SE component of the individual budget,</td>
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<td>Section 5</td>
<td>Added process for disenrollment when someone has not received services for more than 90 days</td>
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<td>Section 6</td>
<td>Added terminology describing the process for choosing a new SCA if the current one is suspended or terminated</td>
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<tr>
<td>Section 7</td>
<td>Revised terminology to reflect that a SC has 30 days from Supports Program enrollment to complete an approved ISP, added the potential to incorporate past results of person-centered planning from schools into the PCPT</td>
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<td>Section 8</td>
<td>Added a description of Supports Program Plus Private Duty Nursing; added wording related to the referral process to a selected service provider to ensure that the SC is collaborating with the provider on the intake process and making sure the provider can meet the individual’s needs; updated information about accessing Self-Directed Employees to include the process of selecting SDE service delivery, wages and benefits, the hiring process, termination, and payroll processing; added a description of carrying over unused units for use later in the plan year; added information about retirement</td>
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<tr>
<td>Section 9</td>
<td>Provided links to newly developed materials related to becoming a provider, clarified that NPI are needed for each service location, provided additional information on the process to provide services for businesses that are not Medicaid providers</td>
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<td>Section 13</td>
<td>Added clarification that a designee may participate in monitoring process if the individual needs assistance and parent/guardian is not available, clarified that timeframes are tied to calendar months (rather than 30 day intervals) due to Medicaid claiming process</td>
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<tr>
<td>Section 14</td>
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<td>Section 15</td>
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<tr>
<td>Section 16</td>
<td>Provided Medicaid terminology regarding fraudulent activity, added information regarding the transfer plan, and added information about disenrollment communication</td>
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<tr>
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<td>Revised mandatory staff training to reflect feedback; added process for accessing Assistive Technology, Cognitive Rehabilitation, Environmental Modifications, Goods &amp; Services, Occupational Therapy, Physical Therapy, Speech, Language, &amp; Hearing Therapy, and Vehicle Modifications; added defined period of time to receive Prevocational Training (as required by CMS) and the process to request additional time if needed; added clarification related to respite and the various rates associated with it; added process to Supported Employment to provide services to assist someone who has lost his/her job in finding a new one while awaiting DVRS determination</td>
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1 INTRODUCTION

1.1 Supports Program Policy Manual
The purpose of the New Jersey Division of Developmental Disabilities (Division) Supports Program Policy Manual is to provide additional clarity on practices governing the Supports Program within the approved Comprehensive Medicaid Waiver (CMW).

This manual contains the current policies and practices governing all aspects of the Supports Program including but not limited to eligibility, care management, service delivery and standards, and quality assurance. These policies apply to all individuals enrolled in the Supports Program, and this manual has been developed to provide uniform direction and guidance to individuals, families, Division personnel, and service providers.

The Division adheres to all State and federal laws, regulations, and rules that relate to the operation of the Division and the programs it administers. The Division is required to develop policies and procedures for program operations that conform with State and federal requirements.

The Division will review/revise the Supports Program policies as needed.

Questions or requests for manual revisions should be directed to the Division’s Supports Program Help Desk at DDD.SuppProgHelpDesk@dhs.state.nj.us.

In addition to following the policies and procedures described in this manual, compliance with all applicable Division Circulars is required. Division Circulars are available at http://www.nj.gov/humanservices/ddd/news/publications/divisioncirculars.html.

It is important to note that the State is currently waiting for approval from the federal Centers for Medicare and Medicaid Services (CMS) on its State Transition Plan to come into compliance with CMS’s regulations governing Home and Community-Based Settings (HCBS). Revisions will be made based upon CMS guidance and stakeholder input in subsequent phases of implementation. Adjustments may need to be made to the policies set forth in this manual in order to ensure compliance with the State Transition Plan. Any necessary adjustments will be made and communicated at that time.

1.2 Overview of the Division of Developmental Disabilities

1.2.1 Mission and Goals
The Division of Developmental Disabilities assures the opportunity for individuals with developmental disabilities to receive quality services and supports, participate meaningfully in their communities and exercise their right to make choices.

This mission and Division goals are founded within these Core Principles:

- Ensure Health and Safety while Respecting the Rights of Individuals
- Promote and Expand Community-Based Supports and Services to Avoid Institutional, Segregated and Out-of-State Services
- Promote Individual Choice, Natural Relationships and Equity in the Provision of Supports and Services
- Ensure Access to Needed Services From Other State and Local Agencies
- Support Provider Agencies in Achieving Core Principles
- Ensure that Services are High in Quality and Culturally Competent
- Ensure Financial Accountability and Compliance with all Laws and Ethical Codes
- Ensure Clear, Consistent Communication and Responsiveness to Stakeholders
- Promote Collaboration and Partnerships with Individuals, Families, Providers and All Other Stakeholders

### 1.2.2 Key Themes

In addition to the Core Principles described in Section 1.2.1, all services and supports provided through Division funding are based on the following key themes which have emerged through the ongoing realization of the Division’s New Vision for Support Across the Life Course.

#### Individual Choice

The Division is committed to providing increased opportunities for individuals with developmental disabilities to make individualized, informed choices and self-direct their services. Choice is not unlimited, however, and individuals enrolled in Division-funded programs will be expected to meet all requirements and comply with all standards and policies outlined in this manual and through the Participant Enrollment Agreement found in Appendix D. The Division respects individuals’ rights to make choices that may differ from those desired by the people around them, including family, friends, and professional staff. Individuals with developmental disabilities have the right to assume risk in their own lives.

#### Shift from Segregated Settings/Supports to Integrated Supports

Individuals with developmental disabilities in New Jersey should be afforded the opportunity – like everyone else – to fully participate in their local communities. The Division provides a variety of home and community-based supports and services to individuals with developmental disabilities to assist them in realizing full community participation and continues to reform the system to enhance community-based services, and minimize the need for segregated or institutional services.

#### Employment First

On April 19, 2012, Governor Christie announced New Jersey as the fourteenth state to adopt an Employment First initiative meaning that “competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability.” As a result of this initiative, Division personnel, Support Coordinators, planning team members, etc. must begin with the presumption that everyone receiving Division-funded supports and services will work in the general workforce. Outcomes related to an individual’s path to employment must be indicated in the Individualized Service Plan and a facilitated discussion to determine which path is appropriate for each individual will be assisted through use of the Pathway Assessment within the employment sections captured in iRecord. If someone has indicated that employment is not currently being pursued, an explanation as to why employment is not an option at this time along with information regarding what needs to change in order for employment to be pursued must be provided. Additional policies, practices, and standards continue to be revised or developed as a result of this directive.

### 1.2.3 Division of Developmental Disabilities Responsibilities

- Determine individual eligibility
- Meet and comply with waiver assurances
- Ensure assessment is available and completed
- Identify individual budget “up to” amounts
- Assign the chosen Support Coordination Agency or auto assign as applicable
- Approve service providers in collaboration with Medicaid
- Monitor service providers to ensure standards, policies, etc. are being met
- Provide approval/denial for identified services that cannot be approved by the SC Supervisor
- Provide ongoing quality assurance of the service plan and provision of services
- Initiate service provider termination with Medicaid, as applicable
- Discharge individuals from the Division or disenroll individuals from the Supports Program, as applicable
2 VISIONING A LIFE COURSE – TRANSITIONING TO ADULTHOOD

As a student moves from the school system into the adult service system, it is important to plan for his/her future by ascertaining his/her vision for life as an adult and assisting him/her in identifying services and supports that may be needed to reach that vision. The Division has made a commitment to support this planning on an ongoing basis by supplementing the efforts of the New Jersey Department of Education and local school districts in assisting students with the transition into adulthood. To that end, the Division’s Planning for Adult Life project assists students with intellectual and developmental disabilities between the ages of 16-21 and their families in charting a life course for adulthood. As such, informational sessions, webinars, and resource guides/materials on various topics - including but not limited to: employment, postsecondary education, housing, legal/financial planning, self-direction and advocacy, and accessing the adult service system - can be found at www.planningforadultlife.org. The Division also disseminates information targeted to “aging out” youth each year and begins the process of support coordination selection as early as April of the year where a young person is aging out of the school system to allow a seamless transition into adult services once he/she graduates. Finally, the Division works closely with the Department of Children & Families (DCF) to transition students aging out of DCF’s Children’s System of Care (CSOC) to ensure that there is no disruption in services.
3 DIVISION OF DEVELOPMENTAL DISABILITIES ELIGIBILITY

This section outlines the criteria for eligibility for the Division and the process used to apply for services and determine eligibility.

3.1 Requirements for Division Eligibility

The eligibility criteria to receive services from the Division are described in Division Circular #3 (N.J.A.C. 10:46) which establishes guidelines and criteria for determination of eligibility for services to individuals with developmental disabilities.

- An individual must be determined eligible for services before the Division can provide services.
- An individual must meet the functional criteria of having a developmental disability.
  - In general, individuals must document that they have a chronic physical and/or mental impairment that:
    - manifests in the developmental years, before age 22;
    - is lifelong; and
    - substantially limits them in at least three of these life activities: self-care; learning; mobility; communication; self-direction; economic self-sufficiency; the ability to live independently
- The determination of an applicant’s eligibility for Division services shall be completed as expeditiously as possible.
- In order to receive Division services, individuals are responsible to apply, become eligible for, and maintain Medicaid eligibility.
- An individual must establish that New Jersey is his or her primary residence at the time of application.
- At 18 years of age individuals may apply for eligibility. At 21 years of age, eligible individuals may receive Division services.

3.2 Intake/Application Process

In order to receive services funded by the Division, an individual must apply to become eligible. This process can begin once the individual reaches 18 years of age; however, Division-funded services and supports will not be available until the individual reaches 21 years of age. Eligibility criteria are outlined in Section 3.1 of this manual.

The application process begins by contacting the Division Community Services Office representing the region in which the individual resides or downloading the application from the Division website at http://www.nj.gov/humanservices/ddd/services/apply/application.html. Upon request, the intake worker can provide assistance in completing the application.

3.2.1 Application

The following application forms must be completed and signed as part of a complete application package:
- **Application for Eligibility** - The person completing the application must sign this form;
- **ICD/10 Form** – Completed by medical professional;
- **Health Information and Portability and Accountability Act (HIPAA) information**;
  - **Notice of Privacy Practices and Acknowledgement Form** – Please read the Department of Human Services Notice of Privacy Practices and sign the Acknowledgement Form;
  - **Authorization for Disclosure of Health Information to Family and Involved Persons** – Gives the Division permission to talk with people the Applicant chooses about his or her health information. This form must be completed and signed;
Authorization for the Release of Health Information – Gives the Division permission to send copies of the Applicant’s health records to people or organizations chosen by the Applicant. This form must be completed and signed;

  - Consent Form – for use with any documentation related to the developmental disability and/or functional limitations.

3.2.2 Additional Documents
In addition to the application, the individual must include as many of the available documents below that relate to his/her disability. The more documentation that is provided, the easier it will be to process the application.

3.2.2.1 Documentation of Developmental Disability
- Medical Documentation of Disability
- Physician’s Statement
- Most Recent Psychological Evaluation (+ IQ Scores)
- All Available Psychological Reports
- Most Recent Child Study Team or School Reports

3.2.2.2 Legal Documentation of Age, US Citizenship, NJ Residency
- Photocopy of Birth Certificate
- Photocopy of Social Security Card or Proof of US Citizenship or Green Card
- Photocopy of one of the following:
  - Voter Registration form
  - Pay Stub
  - W2 form
  - Real Estate Tax Bill
  - Permanent Change of Station Orders to New Jersey (if the individual’s legal guardian is in the U.S. Military Service)

3.2.2.3 Other Documents
- Photocopy of Guardianship Order (if applicable)
- Photocopy of Medicaid Card
- Division of Vocational Rehabilitation Services (DVRS) Records/Evaluations
- SSI annual award letter
- Letter certifying Medicaid eligibility

If there are questions about whether or not the individual may meet the criteria for Division eligibility, contact the Division Community Services Office, and a Division Intake Staff member there will discuss your situation and guide you through the process for applying for eligibility.

3.3 Eligibility Determination Process
More detailed information regarding the eligibility determination process can be found in Division Circular #3 (N.J.A.C. 10:46). Specifically, information regarding timeframes associated with the process can be found in N.J.A.C. 10:46 – 4.1 and 4.2.

When the application is complete, the intake worker will create a case file for the individual. The application, including all necessary documentation (listed in Section 3.2), will be reviewed to determine that the individual has met the initial requirement.

When the application has been determined to be complete, the intake worker will refer the individual and/or family/responsible person, or guardian, if applicable, to complete the New Jersey Comprehensive Assessment
Tool (NJ CAT) to begin the process of determining whether or not the individual meets the functional criteria – functional limitations in at least three or more areas of the major activities of daily living – to be eligible for the Division.

The NJ CAT is comprised of the Functional Criteria Assessment (FCA) and the Developmental Disabilities Resource Tool (DDRT).

The FCA portion of the NJ CAT will be used to assess the seven areas of major activities of daily living (self-care; learning; mobility; communication; self-direction; economic self-sufficiency; the ability to live independently), and will be used to make a preliminary determination whether the individual has functional limitations in at least three of these areas.

Once the NJ CAT has been completed, the intake team will make a final decision concerning eligibility.

- If the applicant is found to have met the functional criteria, along with the other identified eligibility criteria listed in Section 3.2, the intake worker will verify Medicaid eligibility.
- If there is any question of functional eligibility, a face-to-face interview will be conducted and the intake worker may refer the case to a psychologist, if necessary. Following the interview or psychologist review, the matter will be reviewed by the Statewide Intake Coordinator and the Intake Review Team (IRT). If the IRT finds that the individual is functionally eligible, the intake worker will verify Medicaid coverage. If the IRT finds that the individual is not functionally eligible, the intake worker will advise the individual by letter.
- If the individual is found ineligible, the intake worker will advise the individual by letter.

If the applicant has Medicaid at the time of their application to the Division and has been found to have met the functional criteria, a full eligibility letter will be sent to the individual.

If the applicant does not have Medicaid eligibility, a letter will be sent to the individual that will indicate that he/she does meet functional criteria but must be Medicaid eligible in order to receive Division-funded services. Once the intake worker receives proof of Medicaid coverage, a full eligibility letter will be sent to the individual.

If found eligible, Division-funded services and supports will be made available once the individual reaches the age of 21.

### 3.4 Tiering & Acuity Factor

Results of the NJ CAT are calculated and summarized into a score based on the following main areas: self-care, behavior, and medical. This resulting score establishes the “tier” in which each individual has been assigned based on his/her support needs.

These tiers will be used to determine the individual’s budget amount as well as to determine the reimbursement rate a provider will receive for that individual for particular services. There are five base tiers: A, B, C, D, & E (as well as an exception tier – Tier F – to be utilized in very rare cases). In addition, an acuity differentiated factor will be added to the tier for individuals with high clinical support needs based on medical and/or behavioral concerns. The acuity-based tiers include: Aa, Ba, Ca, Da, Ea (and again, an exception Fa).

When an individual has been assigned the acuity differentiated factor, the Support Coordinator must complete the Support Coordinator section of the Addressing the Identified Clinical Needs Form (Appendix D) to indicate the areas that need to be supported by the service provider(s) when the individual is receiving their services. This information will be based on the Support Coordinator’s review of the NJ CAT and will be submitted to the service provider as part of the process to determine individual and provider compatibility and to assist the provider in understanding the individual’s behavioral/medical needs. The service provider must complete the Service
Provider section of the Addressing the Clinical Needs Form (Appendix D) to communicate how they plan to provide the clinical level of support (through staffing, equipment, etc.) to ensure the individual’s safety. Copies of the completed form will be uploaded to iRecord by the Support Coordinator, kept in the individual file maintained by the service provider, and revised as necessary.

In order to ensure that changes in need are identified and individuals remain in the appropriate tier, individuals eligible for Division services will be reassessed via the NJ CAT every 5 years or sooner if warranted.

### 3.5 Individual Budgets

Individual budgets, based on tiering, for participants enrolled in the Supports Program include the following components: Employment/Day Supports, Individual/Family Supports, and Supported Employment (as needed). Some services included in an individual’s Service Plan can be funded through multiple budget components, while others can only be funded by one of the components. Individuals enrolled in the Supports Program will have access to the following budget amounts (with the addition of the Supported Employment component as needed) associated with the tier in which they are assessed:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Employment/Day</th>
<th>Individual/Family Supports</th>
<th>Supported Employment</th>
<th>Total Individual Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$14,000.00</td>
<td>$5,000.00</td>
<td>Available as needed</td>
<td>$19,000.00</td>
</tr>
<tr>
<td>Aa</td>
<td>$20,000.00</td>
<td>$5,000.00</td>
<td>Available as needed</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>B</td>
<td>$18,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$28,000.00</td>
</tr>
<tr>
<td>Ba</td>
<td>$26,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$36,000.00</td>
</tr>
<tr>
<td>C</td>
<td>$22,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$32,000.00</td>
</tr>
<tr>
<td>Ca</td>
<td>$32,000.00</td>
<td>$10,000.00</td>
<td>Available as needed</td>
<td>$42,000.00</td>
</tr>
<tr>
<td>D</td>
<td>$33,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$48,000.00</td>
</tr>
<tr>
<td>Da</td>
<td>$47,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$62,000.00</td>
</tr>
<tr>
<td>E</td>
<td>$43,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$58,000.00</td>
</tr>
<tr>
<td>Ea</td>
<td>$63,000.00</td>
<td>$15,000.00</td>
<td>Available as needed</td>
<td>$78,000.00</td>
</tr>
</tbody>
</table>

Information about which services can be purchased through which budget component is included for each service described in Section 17. Support Coordination services and Fiscal Management services are administrative costs that do not come out of the individual budget.

The individual budget covers the service plan year. For example, if an individual’s ISP is approved in May, the individual budget will provide funding for services until the next annual ISP is completed and approved in May of the following year. If the individual experiences changes in his/her level of care, behavior, or medical needs during the course of the plan year, a NJ CAT reassessment should be requested as described in Section 3.4.

#### 3.5.1 Requesting the Supported Employment Component of the Individual Budget

The Supported Employment component of the individual budget can be accessed in situations when the individual budget does not sustain the level of Supported Employment – Individual Employment Support 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 component, the Support Coordinator must submit a completed Supported Employment Funding Request form (Appendix D). This form will be reviewed by the Division to ensure that other available services would not be able to provide the level of support necessary for the individual to remain employed. The Division may request or conduct an observational evaluation on the job site to assist in the determination process and/or provide technical guidance as needed. The Division will inform the individual and Support Coordinator of the determination. Other Division funded services remain available while this determination is being made.
3.5.2 Bump-Up
If the individual experiences changes in life circumstances that result in a need for additional temporary services (an injury that requires additional supports to provide assistance during the day or hospitalization of the individual’s caregiver, for example) that exceed his/her individual budget, a short-term increase in the budget, known as a “bump up,” may be available to improve the situation. This bump-up is capped at $5,000 per individual, will be effective for up to one year, and can only be provided once every three years.

The process for submitting a request for a bump-up is as follows:
1. The individual/family contacts the Division’s Statewide Intake Coordinator for review and a determination
2. The Statewide Intake Coordinator will review the information requested and provided and make a determination
3. The Statewide Intake Coordinator will provide the individual/family with the determination within 3 business days of the initial request

3.6 Requesting NJ CAT Reassessment
An individual may experience changes in his/her level of care, behavior, or medical needs that result in the need for a NJ CAT reassessment. The process for submitting a request to be reassessed is as follows:
1. The individual/family contacts the Intake Director in the Division’s Community Services Office serving the region in which the individual resides.
2. The Intake Director will gather information about the change in situation that has led to the request and reach out to the designated “respondent” – the person/caregiver who will be providing information for the NJ CAT – within 3 business days from the initial contact to ensure that he/she is the best candidate to complete the reassessment on the individual’s behalf
3. The Intake Director will submit the gathered information to the Division’s Statewide Intake Coordinator for review and a determination of whether a reassessment will be conducted
4. The Intake Director will be notified whether the request for reassessment has been approved and will inform the individual of the decision within 10 business days of when all information has been gathered/submitted
5. If the reassessment request is approved, details to conduct the reassessment will be provided to the respondent

3.7 Redetermination of Eligibility
The Division may reevaluate an individual’s eligibility at any time.

Individuals must maintain Medicaid eligibility to remain eligible for Division services.

3.8 Eligibility Appeal Rights
Individuals who have been determined ineligible for Division services may appeal the decision in accordance with the provisions of Division Circular #3 (N.J.A.C. 10:46-5.1) and Division Circular #37, “Appeals Procedure” (N.J.A.C. 10:48 et seq.).

An initial appeal shall be made in writing to:

Assistant Commissioner
Division of Developmental Disabilities,
P.O. Box 726,
Trenton, NJ 08625-0726
3.9 Discharge from the Division

An individual may be discharged from the Division due to any of the following:

- he/she no longer meets the functional criteria necessary to be eligible for the Division,
- he/she chooses to no longer receive services from the Division,
- he/she does not maintain Medicaid eligibility,
- he/she no longer resides in the State of New Jersey, or
- he/she does not comply with Division policies or waiver program requirements.

An individual who has been discharged from Division services must go back through the intake process to be reinstated.
4 OVERVIEW OF THE SUPPORTS PROGRAM

The Supports Program is the Division initiative included in the Comprehensive Medicaid Waiver (CMW) that was approved by the Centers for Medicare & Medicaid Services (CMS) on October 1, 2012. The CMW provides statewide reform for Medicaid services, shifts the focus of services and supports to community-based, and allows New Jersey to draw down increased federal funds.

The Supports Program provides needed supports and services for adult individuals, 21 and older, living with their families or in other unlicensed settings. It has been designed to help New Jersey better serve adults with developmental disabilities and significantly reduce the number of individuals waiting for supports and services.

The Supports Program will provide all enrolled participants with employment/day services and individual/family support services based on their assessed level of need. Individuals and their families will have the flexibility to choose the options and opportunities for support services that will best meet their needs with the assistance of Support Coordinators who will assist them in developing an Individualized Service Plan and link them to appropriate services.

With the exception of individuals enrolled in another Home & Community Based Setting (HCBS) or Managed Long Term Services & Supports (MLTSS) program (including the CCW), all adult individuals who are eligible for both Division services and Medicaid will be able to access the Supports Program.
5 SUPPORTS PROGRAM ELIGIBILITY AND INDIVIDUAL ENROLLMENT

5.1 Eligibility for the Supports Program
In addition to meeting the requirements for Division eligibility (as described in Section 3.1), individuals eligible for the Supports Program must meet the following criteria:

- At least 21 years old
- Deemed eligible for Division services as described in Section 3.3
- Has and maintains Medicaid eligibility
- Lives in an unlicensed setting – own home or family home
- Is not currently enrolled in another HCBS or MLTSS program (including the CCW)

5.2 Individual Enrollment into the Supports Program
The following steps will be taken to enroll an individual into the Supports Program:

- The individual will go through the intake and eligibility determination process (outlined in Sections 3.2 and 3.3) and be assigned a budget amount based on the assessed level of need found through completion of the NJ Comprehensive Assessment Tool (NJ CAT) – if the most recent completion of the NJ CAT was done more than 2 years prior to enrollment into the Supports Program, a reassessment may be conducted;
- The individual will submit the Support Coordination Agency Selection Form accessed on the Support Coordination page – [http://www.nj.gov/humanservices/ddd/services/support_coordination.html](http://www.nj.gov/humanservices/ddd/services/support_coordination.html) – the Division’s website; or through contacting the Division Regional Community Services Office;
- Upon receipt of the Support Coordination Agency Selection Form, the Division will confirm that the individual meets the eligibility criteria for the Supports Program;
- The individual will be assigned a Support Coordination Agency through the process described in Section 6.1.2;
- The Support Coordinator will ensure that the individual has access to or a copy of the Supports Program Policies & Procedures Manual and will explain the Participant Enrollment Agreement and obtain a signed copy from the individual/guardian;
- Once the Support Coordinator obtains the signed Participant Enrollment Agreement, the individual will be enrolled into the Supports Program and the Support Coordinator will follow procedures described in this manual to assist the individual in accessing services.

5.3 Individual Responsibilities
In addition to following the terms and conditions of the Supports Program as outlined in the Participant Enrollment Agreement, the individual is responsible for the following:

- Maintaining/keeping Medicaid coverage to continue services
- Meeting with the Support Coordinator and providing all information necessary to ensure that the Individualized Service Plan can be created within 30 days of Supports Program enrollment
- Participating in the development of the ISP and sharing in any decision making associated with the plan
- Following the individual budget according to Waiver guidelines
- Providing/completing all required paperwork and following the policies and procedures in this manual
- Contacting the Support Coordinator in the event that a change in service provider is wanted/needed
- Contacting the Support Coordinator if there are changes in the individual’s life that may require a change to the ISP or services
- Participating in monthly phone contacts and quarterly visits with the SC and understanding that these visits are mandatory and may occur in the home, day program, or place of employment as agreed upon with the SC and that, annually, at least one of these quarterly visits must take place in the home
5.4 Individual Disenrollment from the Supports Program

As outlined in the Participant Enrollment Agreement, the State may disenroll 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:

(a) The participant has not provided all information and documents required;
(b) The Support Coordinator or the State has reasonable cause to believe that the participant has been or is engaged in willful misrepresentation, exploitation, fraud or abuse related to the provision of services under the Participant Enrollment Agreement;
(c) The participant consistently seeks payment for unauthorized or inappropriate charges;
(d) The participant refuses to allow, or does not participate in, monthly, quarterly, and annual contacts/visits conducted by the Support Coordinator in accordance with guidelines provided in the Supports Program Policies & Procedures Manual;
(e) The participant fails to submit on a timely basis documents and records required in relation to the provision of services under the Participant Enrollment Agreement;
(f) The participant fails to report changes in care needs and financial circumstances that may affect eligibility;
(g) The participant is no longer Medicaid eligible;
(h) The participant has moved out of the State;
(i) The participant no longer meets the Level of Care for the Supports Program;
(j) The participant has enrolled in another HCBS or MLTSS program (including the CCW).
(k) The participant has failed to abide by any terms of the Participant Enrollment Agreement;
(l) The participant chooses to no longer receive services from the Division/Supports Program; or
(m) The participant is not accessing Supports Program services other than Support Coordination for greater than 90 days.

5.4.1 Individual Disenrollment Process

In the event of disenrollment, the Division will provide written notification to the participant.

In the event that a participant chooses to voluntarily disenroll from Division services, he/she will provide signed documentation stating his/her intention to disenroll from all Division services, including waiver services, by submitting the “Move to Discharge” form.

The State shall provide 30 days notice to the participant in the event of disenrollment or discontinuation of payment due to (a), (d), or (e) above. During this 30 day time period, the Support Coordinator and Division will provide assistance and support as needed to help the individual in addressing the issue(s) for which he/she is being disenrolled. If the issue(s) has been addressed within those 30 days, his/her waiver status will be reinstated.

The following process will be followed to address (m) above:

- When an ISP is developed without Supports Program services, the Support Coordinator will explain to the individual that he/she will be disenrolled if Supports Program services are not accessed within 90 days.
- During monthly monitoring (in the month after the ISP is approved and the following month, if applicable), the Support Coordinator will determine the status of accessing Supports Program services and remind the individual of disenrollment if the individual continues not to access Supports Program services.
- At 60 days without a Supports Program service other than Support Coordination, the Support Coordination Agency will provide written notification to the individual explaining that the Division will

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1 Due to lack of need rather than difficulty in accessing services due to lack of capacity/availability
be notified that the individual is not utilizing Supports Program services and the disenrollment process will begin at 90 days if the individual continues not to access Supports Program services.

- At 90 days without a Supports Program service other than Support Coordination, the Support Coordination Agency will notify the Division and provide information about any extenuating circumstances (such as lack of availability of services) that led to this lack in services.
- The Division will send written notification to the individual (and copy the Support Coordinator) explaining that he/she will be disenrolled from the Supports Program if he/she is not in need of Supports Program services within the next 10 days and requesting a response regarding the intention to access Supports Program services within this time period.
- If the Division or Support Coordinator does not receive a response by the date indicated in the notification or the individual indicates that he/she is not in need of Supports Program services, the Division will disenroll the individual from the Supports Program, indicate the reason for disenrollment in iRecord notes, and notify the Support Coordination Agency. The Support Coordination Agency will notify the individual that he/she has been disenrolled.
- If the individual needs Supports Program services at a later date, he/she should contact the Intake Unit in the Division’s Community Services Office serving the county in which he/she resides.

In the event that an individual is disenrolled from the Supports Program, the Support Coordination Agency (SCA) will receive alerts through iRecord, and the Support Coordinator (or someone designated by the SCA) shall notify all service providers supporting the individual within 24 hours of notification of disenrollment. In addition, after 30 days the providers will automatically be updated with an ISP that has been approved to “inactive” and services will be ended as of that date.

Individuals subject to removal from the Supports Program are entitled to the opportunity to request a Fair Hearing as governed by Medicaid regulations.
6 CARE MANAGEMENT

Care management for Supports Program services is provided through Medicaid/Division approved Support Coordination Agencies. This section provides a summary of the Support Coordinator’s responsibilities. More detailed information about Support Coordination services is provided in Section 17.19.

6.1 Selection and Assignment of a Support Coordination Agency

Each person eligible to receive services through the Supports Program must have a Support Coordinator.

6.1.1 Choosing a Support Coordination Agency

The individual has the opportunity to choose his/her preferred Support Coordination Agency from a list of approved agencies. Guides to assist individuals and families in choosing a Support Coordination Agency are available at http://rwjms.rutgers.edu/boggcenter/projects/infopeopleandfamilies.html. The individual will indicate his/her preferred Support Coordination Agency on the Support Coordination Agency Selection Form. As long as the selected agency provides support coordination services in the county in which the individual resides, has capacity to add the individual to its services, and meets the conflict free policy described in Section 17.19.4, the Division will assign the preferred Support Coordination Agency. If the individual does not indicate a preference or the preferred Support Coordination Agency does not meet the previously mentioned criteria to serve the individual, the Division will auto assign the Support Coordination Agency based on location and available capacity.

The Support Coordination Agency Selection Form and list of currently approved Support Coordination Agencies can be accessed on the Division website at http://www.nj.gov/humanservices/ddd/programs/supports_program.html.

Once assigned, the Support Coordination Agency will identify a Support Coordinator within its agency. The individual can inform the Support Coordination Agency of any preference they may have in Support Coordinator, but there is no guarantee that the Support Coordination Agency will be able to assign the preferred Support Coordinator to the individual.

6.1.2 Process for Assigning a Support Coordination Agency

Assignment of the Support Coordination Agency is conducted through the following process:

- The individual receives a copy of the Support Coordination Agency Selection Form from the Division’s website or by contacting the Division Community Services Office;
- The individual/guardian/family completes and submits the Support Coordination Agency Selection Form as directed on the form. Please note that Support Coordination Agency Selection Forms will only be accepted when completed by the individual/guardian/family;
- A Support Coordination Agency is assigned by the Division after submission of the Support Coordination Agency Selection Form based on the indicated preference or through auto assignment if no preference is indicated or in cases where the preferred agency does not meet the criteria indicated in Section 17.19 to serve the individual;
- A secure email notification of assignment is provided to the Support Coordination Agency;
- The Support Coordination Agency will identify a Support Coordinator within the agency;
- The assigned Support Coordinator will contact the individual to introduce him/herself and begin the planning process.

6.1.3 Changing Support Coordination Agencies

If the individual wishes to change Support Coordinators, he/she must follow the policies/procedures set forth by the Support Coordination Agency to request a change in Support Coordinator. The Support Coordination Agency
should make every effort to accommodate the request and assign a new Support Coordinator to the individual but is not obligated to do so.

Because the rate for Support Coordination services is monthly, the individual must commit to a calendar month of services from the assigned Support Coordination Agency before a change can be conducted. If the individual wishes to change Support Coordination Agencies, he/she must indicate that request on the Support Coordination Agency Selection Form and submit it to the Division by following the directions indicated on the form. Once the form is received, the reassignment process will follow the assignment process indicated in Section 6.1.2. As soon as the new Support Coordination Agency is assigned, the previous Support Coordination Agency will no longer have access to the individual’s information or be able to upload associated documents for that individual on iRecord. All information already gathered and developed – including contact and demographic information, planning documents such as the PCPT and ISP, monitoring tools, etc. – will become available to the newly assigned Support Coordination Agency through iRecord. In the event the Support Coordination Agency has not uploaded documentation to iRecord, a hard copy of all current documents must be distributed to the newly assigned Support Coordination Agency within 3 business days.

In the event that a Support Coordination Agency closes, is suspended or terminated, etc. the Division will notify the individual of the need to reassign his/her Support Coordination Agency and provide the Support Coordination Agency Selection Form. The new Support Coordination Agency will be assigned as described in Section 6.1.3.

6.2 Role of the Support Coordinator
The Support Coordinator manages Support Coordination services for each individual by performing the following 4 general functions: individual discovery, plan development, coordination of services, and monitoring. These functions are further described in Section 17.19.

6.3 Responsibilities of the Support Coordinator
The Support Coordinator is responsible for:

- Using and coordinating community resources and other programs/agencies in order to ensure that services funded by the Division will be considered only when the following conditions are met:
  - other resources and supports are insufficient or unavailable,
  - other services do not meet the needs of the individual, and
  - the services are attributable to the person’s disability.
- Accessing these community resources and other programs/agencies by
  - utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies;
  - developing a thorough understanding of programs and services operated by other local, State, and federal agencies;
  - ensuring these resources are used and making referrals as appropriate; and
  - coordinating services between and among the varied agencies so the services provided by the Division complement, but do not duplicate, services provided by the other agencies.
- Developing a thorough understanding of the services funded by the Division and ensuring these services are utilized in accordance with the parameters defined in Section 17 of this manual.
- Interviewing the individual and, if appropriate, the family; reviewing/compiling various assessments or evaluations to make sure this information is understandable and useful for the planning team to assist in identifying needed supports; and facilitating completion of discovery tools, if applicable.
- Scheduling and facilitating planning team meetings in collaboration with the individual; writing the PCPT and ISP; and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.
- Obtaining authorization from the SC Supervisor for Division-funded services.
• Monitoring and following up to ensure delivery of quality services, and ensuring that services are provided in a safe manner, in full consideration of the individual’s rights.

• Maintaining a confidential case record that includes but is not limited to the NJ Comprehensive Assessment Tool (NJ CAT), completed Support Coordinator Monitoring Tools, PCPTs, ISPs, notes/reports, annual satisfaction surveys, and other supporting documents uploaded to the iRecord for each individual served.

• Ensuring individuals served are free from abuse, neglect, and exploitation; reporting suspected abuse or neglect in accordance with specified procedures; and providing follow-up as necessary.

• Ensuring that incidents are reported in a timely manner in accordance with policy and follow-up responsibilities are identified and completed.

• Notifying the individual, planning team, and service provider and revising the ISP whenever services are changed, reduced, or services are terminated.

• Reporting any suspected violations of contract, certification or monitoring/licensing requirements to the Division.

• Entering required information into the iRecord in an accurate and timely manner.

• Ensuring that individuals/families are offered informed choice of service provider.

• Linking the individual to service providers by providing information about service providers; assisting in narrowing down the list of potential service providers; reaching out to providers to confirm service capacity, determine intake/eligibility requirements, gather and submit referral information as needed, establish provider capacity to implement strategies to reach identified ISP outcomes, and confirm start date, units of service, etc.

• Notifying the individual regarding any pertinent expenditure issues.

• Conducting contacts on a monthly basis, face-to-face visits on a quarterly basis, and home visit on an annual basis that includes review of the ISP and is documented on the Support Coordinator Monitoring Tool.

### 6.4 Support Coordinator Deliverables

• Monthly contact documented on the Support Coordinator Monitoring Tool

• Quarterly face-to-face contact documented on the Support Coordinator Monitoring Tool

• Annual home visit documented on the Support Coordinator Monitoring Tool

• Completed PCPT & ISP by 30 days from date the individual is enrolled into the Supports Program (and annually thereafter)

• Notes/reports as needed

• Reporting data to the Division upon request

If meeting the previously mentioned deliverables is delayed 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 should notify the individual that non-compliance regarding Division policy will be reported to the Division. If non-compliance continues, the SC Supervisor shall notify the assigned Division Support Coordination Quality Assurance Specialist and he/she shall follow-up with the individual to determine the reasons why non-compliance has occurred. Ongoing non-compliance for circumstances beyond those that may be unavoidable (such as hospitalization) may result in termination from Division services. Information regarding these incidents of non-compliance, attempted or successful contacts with the individual (or family), reasons for non-compliance, etc. shall be documented through case notes entered into iRecord.

If meeting these deliverables is delayed due to system issues with the Division, the SC Supervisor shall notify the Support Coordination Help Desk at DDD.SCHelpdesk@dhs.state.nj.us.
6.5 Community Transitions & Support Coordination

6.5.1 Transitions from Institutional to Community Settings
When an individual moves from an institutional setting (nursing home, developmental center, ICF/ID, etc.) to a community placement, a transition from a Division Case Manager to a Support Coordinator in the community must take place. This transition will proceed as follows:

- Before discharge from the institution, the Division Case Manager will develop a service plan that remains in place for 90 days.
- The Division Case Manager will continue to work with the individual for a period of 90 days from the date of the community placement.
- Upon placement in the community, the individual will select a Support Coordination agency (or be auto-assigned based on preference) following Support Coordination selection procedures described in Section 6.1.2.
- 30 days following the date of the community placement, a Support Coordinator will be assigned to overlap with the Division Case Manager for the remaining 60 days to ensure continuity of care.
- The Division Case Manager will be the primary person responsible for the transition during the first 60 days, after which the Support Coordinator will become the primary person responsible for the individual’s transition and service planning process. The Case Manager will be responsible for ensuring the Support Coordinator is apprised of the individual’s background, important health indices, and any other pertinent information during a case review before the 60 day period ends utilizing Form XX. The Case Manager will provide support and assistance to the Support Coordinator to ensure a smooth transition of care management services.
- The Support Coordinator will be responsible for developing a new service plan within the first 30 days of assignment and then monitoring every 30 days thereafter in accordance with established Support Coordinator Responsibilities and Deliverables as described in Section 13.
- At the conclusion of 90 days, the Division Case Manager will be removed from the case unless serious health and safety issues warrant a longer transition period. The Support Coordinator will then be solely assigned and responsible for the monitoring of the individual and the new service plan will commence.

<table>
<thead>
<tr>
<th>Days</th>
<th>Care Management Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 30 Days</td>
<td>Division Case Manager responsible, Support Coordination Agency selected</td>
</tr>
<tr>
<td>0 – 60 Days</td>
<td>Division Case Manager responsible, Support Coordinator assigned after 30 days</td>
</tr>
<tr>
<td>60 – 90 Days</td>
<td>Support Coordinator responsible, Division Case Manager providing assistance</td>
</tr>
<tr>
<td>90+ Days</td>
<td>Support Coordinator responsible, Division Case Manager removed</td>
</tr>
</tbody>
</table>

6.5.2 Transitions from Hospitalization to Community Settings
When an individual already utilizing Support Coordination services is hospitalized, the Support Coordinator continues to provide services for up to 30 days. When a hospitalization lasts more than 30 days, the Support Coordinator must transition the individual to a Division Case Manager for monitoring. This transition will proceed as follows:

- Prior to the 30th day of hospitalization, the Support Coordination Supervisor must notify the assigned Division staff of the potential need for Division Case Management assignment.
- Once the Division Case Manager is assigned, the Support Coordinator must ensure that the Case Manager is apprised of the individual’s background, important health indices, and any other pertinent information during a case review, and revise the service plan to stop any ongoing services.
• The Division Case Manager will then be responsible for the continued monitoring of the individual until such time that the person is discharged. During this time, the Support Coordination Agency cannot bill for Support Coordination services.

• Upon discharge from a hospital stay lasting beyond 30 days, the procedure for Transitions from Institutions to Community Placement will be followed to ensure continuity of care during the transition back to Support Coordination. The discharge date will begin the 90-day transition period and the Support Coordinator will revise the service plan as applicable as described in Section 7.8.
7 SERVICE PLAN

It is a requirement that each person who has been determined eligible to receive services from the Division must have an Individualized Service Plan (ISP) developed in iRecord according to the standards specified in this policy manual and through Support Coordination Orientation and other training opportunities. The plan will be developed by a planning team of appropriate persons to include, but not be limited to, the individual, the Support Coordinator, and the individual’s parent or guardian as appropriate. This plan, developed based on assessed needs identified through the NJ Comprehensive Assessment Tool (NJ CAT); the Person-Centered Planning Tool (PCPT); and additional documents as needed, identifies the individual’s outcomes and describes the services needed to assist the individual in attaining the outcomes identified in the plan. An approved ISP authorizes the provision of safe, secure, and dependable support and assistance in areas that are necessary for the individual to achieve full social inclusion, independence, and personal and economic well-being.

7.1 Operating Principles

The ISP must be in the best interests of the individual served and also must empower individuals. The plan must be centered upon the strengths, resources, and needs of the individual served.

The plan must be based upon evaluations and assessments, the preferences of the individual, and a written statement of the individual’s personally defined outcomes. Services identified in the plan must be designed to allow the individual to meet his/her personally defined outcomes and function as independently and successfully as possible.

The plan must also address utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies. Services funded by the Division will be considered only when other resources and supports are insufficient or unavailable, the services do not meet the needs of the individual, and the services are attributable to the person’s disability.

In designing the plan, the planning team should consider the unique characteristics and needs of the individual as expressed by the individual and others who know the person, such as family, friends, service providers, etc. Outcomes, services, and providers identified in the plan should:

- Recognize and respect rights
- Encourage independence
- Recognize and value competence and dignity
- Respect cultural/religious needs and preferences
- Promote employment and social inclusion
- Preserve integrity
- Support strengths
- Maintain the quality of life
- Enhance all domains/areas of development
- Promote safety and economic security

Support Coordinators and approved service providers must include the individual in problem-solving and decision-making, and ensure that services are provided in a non-intrusive manner.

The planning team functions as an interdisciplinary team. An interdisciplinary team is one in which persons of various backgrounds interact and work together to develop one whole, integrated plan for the individual. An interdisciplinary process encourages mutual sharing of the strengths and insights of all team members, including the individual, rather than reliance on professionals who concentrate on a specific discipline. Planning team
members are encouraged to participate in discussions related not only to their primary area of expertise but to all aspects of the individual’s life.

7.2 Planning Team Membership
The membership of the planning team will vary depending upon the needs and wishes of the individual.

The planning team will include at a minimum:

- Individual
- Support Coordinator, who shall serve as plan coordinator and provide support to the individual as meeting facilitator or serve as meeting facilitator when the individual will not be fulfilling that role
- Individual’s parent/family or legal guardian, as appropriate
- Any service provider and/or additional person(s), approved by the individual, whose participation is necessary to develop a complete and effective plan

The Division encourages the individual to include providers who are currently authorized to serve the individual on the planning team and encourages identified providers to attend the planning meeting(s) when invited to participate as planning team members. At a minimum, the Support Coordinator should contact the provider to ensure they are capable of implementing the strategies necessary to assist the individual in progressing toward his/her personally defined outcomes indicated in the ISP.

Occasionally, there may be a need for non-participating persons, such as staff in training or observers from monitoring groups, to be present at team meetings. Since these persons are not planning team members, the Support Coordinator shall seek prior approval for their presence from the individual. The Division reserves the right to attend and participate in planning team meetings.

7.3 Responsibilities of Each Team Member

7.3.1 Responsibilities of the Plan Coordinator (Support Coordinator)
The Support Coordinator, as plan coordinator, is responsible for the following tasks:

- Identifying team members – based on the individual’s input – and scheduling meetings of the planning team
- Notifying team members, preferably in writing, of planning team meetings within 5 working days
- Ensuring that copies of all current evaluations and assessments are available to the team members prior to the team meetings, if possible
- Actively participating in team meetings
- Coordinating meetings of the planning team as outlined in Section 8.3.1, when the individual has decided not to facilitate the meeting him/herself
- Writing the PCPT as a result of the person-centered planning process and by incorporating previously developed person-centered planning documents (from schools, other States, family members, etc.)
- Writing the ISP in clear and understandable language based upon consensus reached during the team meeting
- Distributing copies of the completed ISP (and upon consent from the individual/person responsible, the PCPT) to all team members and service providers within 3 working days from the date of SC Supervisor approval of the ISP, and ensuring that copies of the ISP are available in all settings where the individual receives services
- Ensuring that all data is entered into the iRecord
- Monitoring and reviewing the ISP
- Completing other assignments as determined by the planning team
• Ensuring the individual receives services to meet medical/functional needs (within the availability of funds for State-funded services)

7.3.2 Responsibilities of the Individual (and guardian, where applicable) as a Planning Team Member
Areas of responsibility include but are not limited to the following:
• Being available to meet for the required ISP planning meeting and reviews. If the guardian is unavailable for planning meetings, then he/she should be available for discussion outside of the meeting and to sign the ISP upon completion.
• Providing documentation for eligibility determination/redetermination
• Actively participating in planning meetings
• Reporting issues with providers of service including potential/suspected fraud and abuse
• Reporting changes of address
• Reporting changes in individual circumstances which may cause the need for changes to the ISP or effect the provision of services
• Signing appropriate consents
• Providing appropriate documentation to obtain requested assistance from the Division
• Providing other documentation as requested by the Division (i.e. any changes in insurance policies with the effective date, third party liability information, burial insurance policies, etc.)
• Complying with and maintaining Medicaid eligibility
• Informing the Intake Director in the Division’s Community Services Office serving the region in which the individual resides of significant temporary or permanent changes to the individual or caregiver that cause the need for a bump-up or reassessment, respectively
• Requesting that the Support Coordinator invite other persons to participate as team members, if necessary

7.3.3 Responsibilities of Other Planning Team Members
Other planning team members are responsible for the following tasks:

• Reviewing provided information related to the individual, including the PCPT, previous ISP(s), available assessments, and evaluation data, as appropriate/relevant
• Actively participating in the planning team meeting and working cooperatively to achieve consensus in the spirit of the ISP operating principles
• Recording data relative to assigned outcomes, as relevant
• Notifying the Support Coordinator and requesting a special team meeting to be scheduled whenever there is a significant change in the individual’s status
• Completing other assignments as determined by the planning team

7.4 Development of the Individualized Service Plan
The ISP must be developed and approved within 30 days of Supports Program enrollment. The content of an individual’s service plan stems from the person centered planning process and will vary depending on the unique characteristics and specific needs of the individual and the individual’s service settings. The ISP shall be based on the results of mandated assessments/evaluations and can incorporate additional information from optional discovery tools and evaluations/assessments of the individual.
7.4.1 Assessments/Evaluations

7.4.1.1 Mandated assessments/evaluations
These tools are required by the Division and are known as the NJ Comprehensive Assessment Tool (NJ CAT) and the Person-Centered Planning Tool (PCPT).

7.4.1.1.1 New Jersey Comprehensive Assessment Tool (NJ CAT)

The NJ CAT is comprised of the Functional Criteria Assessment (FCA) and the Developmental Disabilities Resource Tool (DDRT).

The FCA is the assessment tool utilized to assess whether newly entering individuals meet the functional criteria to be eligible for the Division or not. This tool assesses individual competencies in the following areas: sensory/motor, cognitive abilities, communication, social interaction and sociability, self-direction, self-care/independent living skills, special behaviors, health, school experience, and employment and determines relative need for services and supports.

The DDRT has a long history of use with individuals with intellectual or developmental disabilities in NJ for assessing individual support needs and determining relative need for services. The DDRT assesses individual competencies and assists in determining who needs more support and ensures that those with like needs receive a similar level of support.

The Support Coordinator will review the NJ CAT to ensure that outcomes and services included in the ISP are warranted by assessed need.

7.4.1.1.2 Person-Centered Planning Tool (PCPT)

The Person-Centered Planning Tool (PCPT) is a mandatory discovery tool used to guide the person-centered planning process and assist in the development of an individual’s Service Plan. The Support Coordinator will facilitate the development of the PCPT with input and guidance from the identified team members. The PCPT can be provided to the individual and/or his/her guardian, family, or other people as identified by the individual and/or guardian prior to the planning meeting in order to assist them in becoming familiar with the PCPT and begin thinking about information that will be provided to assist in completing the PCPT. Individuals may also have participated in the person-centered planning process through other entities, such as their school. Information gathered through these previous person-centered planning experiences can be very relevant to include in the PCPT, too. Any information provided when an individual, family, etc. completes the PCPT prior to meeting with the Support Coordinator will be discussed during the person centered planning meeting(s) and used to inform the PCPT completed by the Support Coordinator.

Information gathered through the PCPT informs the outcomes written into the ISP, should align with results of the NJ CAT, and provides information related to service needs. While the PCPT is not written annually, the Support Coordinator must review it on an annual basis to identify changes and inform the annual ISP.

7.4.1.1.2.1 Components of the PCPT

7.4.1.1.2.1.1 Planning Process Participants

In addition to the name of the individual and date in which the PCPT was completed, a list of planning team members who participated in the person centered planning process and contributed to the development of the PCPT is included in this section. Contact information and the relationship of each person to the individual is also indicated here.
7.4.1.1.2.1.2 Like and Admire

The individual’s positive qualities, likes, goals, aspirations, and strengths as shared by the individual and his/her planning team are documented in this section of the PCPT. These items are usually documented in short, bulleted phrases but can be provided in narrative format if preferred.

7.4.1.1.2.1.3 Circle of Support (Relationships Map)

This circle provides the opportunity for the individual and planning team members to identify people that are loved, important, and/or relevant to the individual’s life. The center box represents the individual. Each section of the circle represents a type of relationship the individual may have – family, supporters at home and in the community, friends, and supporters at work, school, day services. People who are closest to the individual are indicated in the boxes closest to him/her while people who are not in contact as frequently or are acquaintances are indicated in the boxes further from the individual.

7.4.1.1.2.1.4 Important to You (the Individual)

Activities, places, relationships, routines, and other items that are of importance to the individual are provided in this section. Information provided here should include activities the individual enjoys doing with his/her free time, hobbies, and things the individual misses when not around or available.

7.4.1.1.2.1.5 Long-Term Hopes and Dreams

This section includes information about the ultimate destination for the individual. Information about how the individual sees him/herself having fun in the future, what he/she sees him/herself doing, where he/she wants to be living, etc. would be included here.

7.4.1.1.2.1.6 Support Needs

This section provides an explanation of what others – family, friends, staff, etc. – need to know in order to provide the ideal support to the individual in a variety of settings under a variety of circumstances.

7.4.1.1.2.1.7 Characteristics of People Who Support the Individual Best

This section includes the skills, personality characteristics, knowledge, etc. that someone providing supports for the individual would need or benefit from having. Information in this section can be utilized to inform a job description for a Self-Directed Employee.

7.4.1.1.2.1.8 Communication

Information about how the individual communicates is captured in this section of the PCPT. Details about how the individual will let someone know his/her feelings (happy, sad, excited, angry, etc.), health status (hungry, thirsty, sick, in pain, etc.), opinions (agree, disagree, understand, don’t understand, etc.), desires (to go somewhere, do something, eat something, etc.), choices, etc. are documented in this section. In addition information about the methods the individual uses to communicate verbally, through reading/writing, facial expressions, hand gestures, various languages, etc. is included in this section.

7.4.1.1.2.1.9 Pathway to Employment

Provides an annual discussion to assist in determining where the individual is on his/her path to employment; identifying potential barriers, concerns, fears, and reasons that the individual isn’t working or pursuing
employment; and establishing next steps in the employment process which become employment outcomes in the ISP.

- **Path 1: Already Employed** – This path is completed when the individual is currently working competitively in the general workforce. Answers to the questions in this section help determine the individual’s satisfaction level with his/her current job and establish outcomes and service needs related to maintaining his/her current job; finding a new or additional job; increasing hours, salary, or tasks; seeking a promotion, etc.

- **Path 2: Unemployed & Has Paid/Unpaid Experiences/Training** – This path is completed when the individual is not currently working but has worked, interned, job sampled, participated in work crews or group placements (enclaves), had work-related training, etc. in the past. Answers to the questions in this section help determine what is preventing the individual from using this experience and training to lead to employment. Outcomes and service needs addressing these areas that have prevented the individual from successfully finding and maintaining employment must be included in the ISP.

- **Path 3: Unemployed & Has No Exposure to Paid/Unpaid Experiences/Training** – This path is completed when the individual is not currently working and has never worked, had work experiences or training, and may never have considered employment as a viable option. Answers to the questions in this section help the individual start discussing employment and the benefits of working and helps determine if the individual is interested in pursuing employment at this time. This section can also provide ideas for employment outcomes that can be developed for individuals who have medical or behavioral concerns that prevent him/her from being able to pursue employment at this time.

### 7.4.1.1.2.1.10 Voting

This section provides questions used to guide a discussion with the individual about his/her right to vote and determine interest level and support needs related to voting.

### 7.4.1.1.2.1.11 Mental Health Pre-Screening

The questions in this section are used to guide a discussion with the individual about any possible indicators that a mental health evaluation may be necessary.

#### 7.4.1.2 Optional Discovery Tools

Optional Discovery Tools are additional tools that can be utilized during the discovery process to inform the PCPT and the Service Plan and provide potential caregivers, service providers, etc. with information essential to supporting the individual. These tools can be completed by the individual and/or his/her guardian, family, or other people as identified by the individual and/or guardian. Schools and other entities the individual was previously associated with may also utilize person-centered planning to gather information leading to the development of the Individualized Education Plan or other documents. If utilized, the Support Coordinator will compile information from these tools and use it to assist in development of the PCPT and Service Plan.

Physical exams, psychological evaluations, etc., can also be utilized to inform the ISP. The Division expects that all individuals receive annual physical and dental examinations and that Support Coordinators include this expectation in their planning/monitoring.

#### 7.4.2 Planning Meetings

##### 7.4.2.1 Notice of Planning Meetings

The Support Coordinator shall notify the planning team of team meetings. Written confirmation of scheduled meetings is preferred. The date, time, and location of the meetings should be mutually convenient for the individual, Support Coordinator, and other planning team members. The planning team should be notified at least
An initial meeting for newly assigned individuals should be arranged within ten (10) days of Support Coordination Agency assignment in order to discuss the arrangements needed for the planning process.

7.4.2.2 Meeting Process
In cases when the individual is not fulfilling the role of meeting facilitator, the Support Coordinator shall coordinate the planning team meeting, ensure all planning team members are introduced, explain each team member’s responsibilities, and describe the purpose of the meeting. The Support Coordinator shall explain that the planning team will operate as an interdisciplinary team and that every effort will be made to reach consensus, but that in the event consensus cannot be achieved, deference should be paid to the individual’s thoughts, opinions, decisions, preferences, and expressed needs first. In order to prevent delays in service provision, the areas in which consensus has been met will be included in the plan if discussions are still continuing about other areas.

The Support Coordinator shall ensure that the individual is treated with respect and dignity during the meeting by making sure that comments are directed to the individual in first person rather than third person language, sensitive issues are discussed with respect for privacy and consideration for the individual’s dignity, etc. The Support Coordinator shall also ensure that all participants are given an opportunity to provide input and that issues are thoroughly discussed before decisions are reached. Decisions shall be guided by the individual, the Division’s Mission and Core Principles, and the ISP Operating Principles.

The standard agenda for a meeting shall consist of the following:

- Review of PCPT
- Review of the last ISP, if applicable
- Review of professional evaluations and assessments, as needed
- Discussion of the person’s current status, preferences, needs, and vision for the future
- Development of long-term outcomes
- Discussion of services needed to attain the long term outcomes
- Discussion of other actions necessary to implement the services, achieve the outcomes, and meet the individual’s needs
- Discussion of other special considerations

When special circumstances require a different agenda, the Support Coordinator shall communicate the revised agenda to the team at the beginning of the meeting.

**Individual as Facilitator** – Prior to the facilitation of the planning meetings, the Support Coordinator should speak with the individual to determine his/her desire to facilitate his/her own planning meetings. Every opportunity will be provided for the individual to facilitate his/her planning meetings if he/she so desires. In circumstances where the individual will be facilitating the meetings, the Support Coordinator will provide support as needed. If the individual chooses not to facilitate the planning meetings, the Support Coordinator will fulfill this role.

**Frequency of Meetings** – Face-to-face planning meetings/reviews are encouraged whenever possible. The ISP shall be reviewed, as indicated on the Support Coordinator Monitoring Tool, during the Support Coordinator’s monthly/quarterly/annual contacts, and more often if necessary, to ensure that the plan remains appropriate and that the individual is making progress toward the outcomes specified in the plan. The planning team shall meet at least annually – to review the current plan and develop a new annual ISP – and more often whenever there is a significant change in the individual’s status.
Planning Process – The Support Coordinator has 30 days from the date an individual is enrolled into the Supports Program to complete the planning process resulting in an approved ISP. The ISP is developed through a Person-Centered Planning Process. Once assigned, the Support Coordinator will plan with the individual and his/her identified team members through regular contact and communication that includes at least one face-to-face meeting in a mutually convenient location. Through the use of information provided from the NJ Comprehensive Assessment Tool (NJ CAT), the Person-Centered Planning Tool (PCPT), and any other discovery tools that have been utilized and can include past results of person-centered planning, the Support Coordinator will begin to build an ISP that includes identification of the individual’s strengths, preferences, and needs; builds upon the individual’s capacity to engage in activities and promote community life; respects the individual’s preferences, choices, and abilities; and involves families, friends, and professionals in the planning and delivery of services and supports as needed by the individual. Development of the Service Plan drives the outcomes and services that will be implemented in order to meet the needs of the individual.

In circumstances where time is needed to further explore service needs, research and confirm the appropriate service providers, hire Self-Directed Employees (SDE), determine eligibility with other State agencies or funding sources before determining the need for Division-funded services, etc., the ISP can include outcomes related to working on these areas and still be approved within the 30-day timeframe without specifics about services and/or providers. The services and providers that have already been identified and confirmed should be included in the ISP so services and supports are not delayed while the Support Coordinator, individual, family, or other identified team members are conducting this additional activity as noted in the ISP. However, individuals who have only received Support Coordination services for 90 days may be subject to disenrollment from the Supports Program if it is determined, upon further review by the Division, that Supports Program services are not needed at this time.

Extending 30-Day Timeframe for ISP Completion – the 30-day deadline for completing the ISP can be waived if circumstances warrant additional time for completion. A written request specifying the reasons for the need for an extension must be submitted to the SC Supervisor help desk. The Support Coordination Agency will not receive payment for services rendered until the ISP is completed and approved.

7.5 Components of the Individualized Service Plan (ISP)
The Individualized Service Plan (ISP) utilizes information gathered through the assessments/evaluations described above to identify the individual’s needs; describe the needed services to be provided and outcomes to be attained; direct the provision of safe, secure, and dependable support and assistance; and establish outcomes consistent with full social inclusion, independence, and personal/economic well-being. The planning team shall identify and document these areas in the ISP, and needs statements shall be functional statements oriented to the overall outcome envisioned for and by the individual and developed with consideration of the person’s strengths and preferences.

Information comprising the ISP is entered directly into iRecord and includes the following areas:

7.5.1 Participant Information
Demographic information about the individual which includes DDD ID#, age, date of birth, county of residence, program information, Medicaid ID and type, DDD eligibility status, contact information, diagnosis information, Support Coordination Agency, guardianship information (if applicable), and medical contact information are all indicated in this area of the ISP.

7.5.2 Outcomes and Services
The ISP must indicate the individual’s outcomes and services based on assessed need.

7.5.2.1 Outcome
The outcome shall reflect the individual’s desired achievement based on strengths and preferences and shall be developed without regard to the availability of services or funding sources. Outcomes change to reflect
accomplishments, life transitions, or changes in the individual’s status. Note that at least one outcome must relate to the employment goals of the individual. There is no limit on the total number of outcomes in any service plan.

7.5.2.2 Service(s)
The service is identified to provide the assistance and supports an individual needs to reach the outcome. All services, including those services that are not Division-funded, that are required to meet an assessed need must be included within the ISP.

7.5.2.3 Procedure
The procedure is the service that will be provided

7.5.2.4 Code
The code is a series of letters and numbers used by Medicaid to identify the type of service that has been authorized. The codes for each service are provided in Section 17 of this manual and within the Supports Program Services Quick Reference Guide available in Appendix H.

7.5.2.5 Reference
The assessment tool from which the identified need was indicated is referenced in order to connect the need for service to the individual. Assessment tools include mandated tools such as the PCPT and NJ CAT or optional discovery tools used in the person-centered planning process.

7.5.2.6 Claims
The payment source for the provider (Medicaid, FI, DVRS, etc.) is indicated here. Services funded by the Division will be considered only when other resources and supports are insufficient or unavailable and do not meet the needs of the individual and are attributable to the person’s disability.

7.5.2.7 Provider
The entity or individual who will provide the service(s) indicated in the ISP. Division-funded services can only be provided by approved providers.

7.5.2.8 Location
The location is where the service will be provided if applicable.

7.5.2.9 Start & End Dates
The dates between which the provider is prior authorized to provide services and receive funding.

7.5.2.10 Unit Type
The unit type is the predetermined interval of time that can be claimed for each particular service. Services that are a one-time item, such as Environmental Modifications, will list “service(s)” as the unit type rather than a time interval.

7.5.2.11 Frequency
The frequency is weekly since prior authorizations are provided on a weekly basis.

7.5.2.12 Rate
The rate is the cost per unit of a service provided. A list of the standardized rates for all services is available in the Supports Program Services Quick Reference Guide in Appendix I.

7.5.2.13 Total Units
The approved increment of time, based on the assessed need, for the services that have been indicated on the ISP.
7.5.2.14 Total Cost
The amount that will be provided from the individualized budget to fund this service.

7.5.3 Employment First Implementation
As an Employment First state, “competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability.” Every ISP must contain at least one employment outcome even if the individual is not pursuing employment at the time of the ISP. The Support Coordinator will document the individual’s current employment status based on the Pathway to Employment discussion that is facilitated annually. Some recommendations for an employment plan will automatically be generated based on the individual’s current employment status and included as the “employment plan” within the ISP. If employment is not being pursued at the time of the ISP, an explanation must be included in the ISP – these plans will be further reviewed by the Division’s Support Coordination Quality Assurance Specialist to ensure that every effort is being made to assist people in becoming employed.

7.5.4 Voting Plan
Information regarding the individual’s interest in voting and supports needed related to that is included here.

7.5.5 Nutrition and Health Needs
Information regarding allergies, dietary needs, health hazards/concerns, and self-care concerns as indicated through the NJ CAT as well as the planning process will be identified within this section of the ISP.

7.5.6 Safety and Support Needs
Information regarding behavior/sensory needs, mobility/adaptive equipment, communication, religious/cultural information, and support settings based on information provided through the NJ CAT and the planning process will be included in this section of the ISP.

7.5.7 Emergency Contacts
Information about emergency contacts (in preferred order of contact) and their contact information is provided in this section of the ISP.

7.5.8 Medication
A list of medication, dosage, frequency, notes, and ability to self-medicate or not is provided in this section.

7.5.9 Authorizations & Signatures
Indications of all planning team members who participated in the planning process are identified here. Planning team members must always include the individual and Support Coordinator at a minimum. Signatures from the individual and guardian/legal representative (if applicable) must all be included. The Support Coordinator must ensure that the individual has been a full participant in the planning process and is aware of his/her rights and responsibilities as documented in the “Participants Statement of Rights & Responsibilities” and indicated through the list of items with which the individual’s signature attests to agreement. The ISP will be shared with all service providers indicated in the plan; however, sharing the medications section of the ISP and/or the PCPT with service providers is up to the individual, as indicated in the ISP.

7.6 Resolving Differences of Opinion among Planning Team Members
The planning team must seek to reach consensus in developing the ISP and in developing consistent and/or complementary strategies and methods for implementing the plan. Efforts should be made during team meetings to ensure that all points of view are heard. Differences of opinion can usually be resolved by a thorough discussion of concerns and recommendations. If a team member feels that his or her point of view has not received a complete hearing during a team meeting, he/she is encouraged to discuss his/her concerns privately with the Support Coordinator, who may subsequently reconvene the planning team to readdress the issue.
The individual will indicate his/her agreement with and approval of the plan by signing the ISP “Authorizations & Signatures” page.

In the event there is disagreement regarding the ISP, deference should be paid to the individual first. The areas in which consensus has been met will be included in the plan so that there will not be a delay in the provision of services related to those areas of consensus.

In circumstances where the individual or family disagree with information written into the ISP, the Support Coordinator shall write a case note indicating the area(s) in which there is disagreement.

7.7 Service Plan Approval

All ISPs will be reviewed by the Support Coordination Supervisor and a copy signed by the individual/guardian must be uploaded to iRecord prior to approval. The ISP Quality Review Checklist must be utilized to assist the Support Coordination Supervisor in reviewing the ISP for quality. The Support Coordination Supervisor must sign and date the ISP Quality Review Checklist and upload the signed document to iRecord.

Once a Support Coordination Agency has been authorized to approve the ISP without submitting it to the Division, the Support Coordination Supervisor will be the approving party. If changes need to be made to the plan prior to SC Supervisor approval, the SC Supervisor will communicate the need for revisions with the Support Coordinator and approve the plan once the changes are made to his/her satisfaction.

For those agencies not authorized to approve their own plans, the SC Supervisor must submit all ISPs to the Division for approval. The required method for submitting the plan to the Division for approval is changing the status of the plan from “Review (R)” to “State Review (SR1)” in iRecord.

Upon review, the Division may require revisions to the plan prior to approval. These changes will be provided to the SC Supervisor within seven (7) days and must be implemented and returned to the Division. If plan revisions are significant (such as additions/deletions of outcomes, services, providers, etc.), signatures will need to be re-obtained to ensure individual agreement with the plan changes. If the changes are minor (such as spelling/grammar errors, word changes that don’t alter the meaning of an outcome or goal, etc.), the Support Coordinator must inform the individual of these changes, but new signatures will not be needed to be obtained. A case note should record when and how the individual was informed of these changes.

7.8 Changes to the Service Plan

Revisions can be made to the Service Plan as needed, such as changes in services, provider choice, demographic information, religious/cultural information, etc. It is not necessary to reconvene the planning team for all changes to the ISP. Signatures and ISP approval must be obtained when there are changes/additions to outcomes, services, providers, units, or start/end dates. To initiate the process, the individual will contact the Support Coordinator to inform him/her of the change in need or provider. The Support Coordinator will make revisions to the plan as needed and obtain signatures as described in Section 7.5.9. For service need changes, the Support Coordinator must end the service to be revised in the current plan and add the new service with start date in the revised/new plan to ensure there are no overlapping or duplicate services in the plan. This revised plan will be saved in the iRecord as a version of the plan that was revised.
8 ACCESSING SERVICES

This section describes how the Support Coordinator arranges for and coordinates services, both within and external to the Division, to meet the needs of eligible individuals as identified in the ISP. While this manual focuses on the process for providing Division-funded services, the use of natural supports, community resources, and generic services/supports is critical in order to meet all the needs of individuals eligible for the Division and extend the individualized budget as far as possible. Services funded by the Division will be considered only when other resources and supports are insufficient or unavailable and do not meet the needs of the individual and are attributable to the person’s disability. Information about use of these non-Division services/supports can be found in Section 8.2.

8.1 Identification of Needed Services

The Support Coordinator utilizes information provided through the NJ CAT, PCPT, and other discovery and/or assessment tools to identify service needs associated with the outcomes developed in collaboration with the individual through the person-centered planning process and indicated in the ISP. These services, along with their provider(s), are identified through the ISP. The ISP is developed by the Support Coordinator and must be developed and approved within 30 days of Supports Program enrollment. The process for developing the ISP is explained in Section 7.4.

8.2 Use of Community Resources and Non-Division-Funded Services

Once service needs have been identified, the Support Coordinator shall begin examining the services or other assistance which may be provided through other State agencies, existing community resources, or family members.

8.2.1 Community Resources

Most communities offer an array of services that may meet the needs of people with developmental disabilities and their families. The type and availability of services will vary, but utilizing these community resources can increase the amount of services an individual receives and may provide services that are not available through the Division. It is the Support Coordinator’s responsibility to be aware of community resource information and eligibility requirements for these programs and agencies. Depending on the capabilities of the individual, either contact or provide contact information to individuals and their families when it appears that these resources may benefit the individual and family. Services through community resources may include, but are not limited to, advocacy, adaptive and/or medical equipment, nutrition assistance, housing, legal assistance, recreation, transportation, and utility assistance. Information on other resources is available on the Support Coordination information & Resources website.

“New Jersey Resources,” www.njhelps.org, and www.nj211.org can be used to identify government, community organizations, and professionals working to assist people with disabilities. NJ Resources can be accessed on the DDS website at http://www.nj.gov/humanservices/dds/home/.

8.2.2 Coordination with Other State Programs and Agencies

The Support Coordinator is responsible for coordinating services and supports through other programs and entities as appropriate. This can include a variety of programs and entities but require at a minimum the following:

Managed Care Organizations (MCO) Care Managers

Every individual receiving Division services must be eligible for Medicaid and, as such, should have a Managed Care Organization designated to provide services related to his/her acute and behavioral healthcare needs. The
MCO must assign a Care Manager to all individuals with developmental disabilities. The Support Coordinator should identify and reach out to contact this MCO Care Manager to ensure coordination of health care.

Division of Vocational Rehabilitation Services (DVRS)/Commission for the Blind & Visually Impaired (CBVI)
Employment services must be sought through DVRS/CBVI prior to being made available through Division-funding. However, Long-Term Follow-Along (LTFA) services will be provided by the Division even in circumstances where other employment supports were provided by DVRS/CBVI first. The DVRS/CBVI Counselor will indicate the availability of DVRS/CBVI services by completing the DVRS/CBVI Determination Form for Individuals Eligible for DDD form (also known as the F3 form) and providing it to the Support Coordinator. Employment services that are not available through DVRS/CBVI and are provided by the Supports Program will be provided by the Division. If an individual is not seeking employment services, the Support Coordinator will complete the Non-Referral to DVRS/CBVI Form (also known as the F6 form). Individuals are able to access DVRS/CBVI and Division services at the same time.

Supports Program Plus Private Duty Nursing (PDN)
In circumstances where an individual has been assessed by the Managed Care Organization (MCO) to need Private Duty Nursing (PDN) but is better served through services available through the Supports Program rather than those services available through Managed Long Term Services and Supports (MLTSS), he/she can be enrolled in the Supports Program and receive PDN through Medicaid. This individual would not be enrolled in MLTSS as federal rules prohibit enrollment on more than one waiver program at a time.

In order to be eligible for Supports Program + PDN, an individual must meet the criteria described in Section 5.1 and qualify to receive PDN services. In order to qualify to receive PDN services, the individual’s MCO will conduct the NJ Choice Assessment to determine whether or not the individual meets level of care for PDN. If the individual does meet level of care, then the MCO will conduct another assessment to determine the amount of PDN the individual can receive through their MCO. Once the individual is deemed eligible for the Supports Program + PDN, the MCO and Division will work together to coordinate services.

8.3 Accessing Division-Funded Services
The Support Coordinator will collaborate with the individual to identify Division-funded services that are needed.

The services available through the Supports Program are as follows:

- Assistive Technology
- Behavioral Supports
- Career Planning
- Cognitive Rehabilitation
- Community Based Supports
- Community Inclusion Services
- Day Habilitation
- Environmental Modifications
- Fiscal Management Services (FI)*
- Goods & Services
- Interpreter Services
- Natural Supports Training
- Occupational Therapy
- Personal Emergency Response System (PERS)
- Physical Therapy
- Prevocational Training
- Respite
- Speech, Language, and Hearing Therapy
- Support Coordination*
- Supported Employment – Individual Employment Support
- Supported Employment – Small Group Employment Support
- Supports Brokerage
- Transportation
- Vehicle Modification

*Please note – Services that are marked with an asterisk are not direct services funded through the individualized budget and are not included under “services” in the ISP.

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² Does not preclude the individual/family from contacting the MCO Care Manager
Each Division-funded service the individual will be utilizing is written into the ISP. Once the ISP is approved by the Support Coordination Supervisor (and Division in circumstances where the SCA has not been released to approve their own plans or services need that additional step of approval), the ISP serves as prior authorization for the services.

Each Division-funded service and the standards associated with it are further described in Section 16.

8.3.1 Utilizing a Service Provider

The individual selects each service provider he/she prefers to provide the services included in the ISP. The Division encourages the individual to research service providers through phone calls, interviews, provider fairs, site visits, word of mouth, marketing materials, etc. prior to selecting the service provider. To assist in this effort, the Division is developing a database of approved service providers. This provider database can be utilized to locate service providers in the individual’s catchment area and will be available through the Division’s website.

While the Support Coordinator cannot select the service providers or recommend any specific provider for the individual, he/she shall assist the individual, as needed, in researching service providers, matching approved service providers for the services that have been identified to meet the individual’s needs as indicated in the ISP. In addition, the Support Coordinator is responsible for assisting the individual with identifying criteria that will help narrow the list of available providers. The criteria are based on the needs and preferences of the individual. The Support Coordinator shall contact potential service providers to help facilitate individual research through provider interviews, tours, meetings, etc.; schedule intake meetings; assist the individual/family in providing any referral information required by the service provider; communicate with the service provider to ensure that they are capable of meeting the strategies necessary to assist the individual in progressing toward the outcomes indicated in the ISP and identify the service details (type of service, units, etc.); and determine availability of services unless the individual/family has indicated that they prefer to do this research and schedule these meetings instead of the Support Coordinator.

If a service provider cannot be located due to lack of capacity within the individual’s area, lack of ability to meet the individual’s particular needs, lack of providers for a particular service, etc., the Support Coordinator must report that information to his/her assigned Division SC Quality Assurance Specialist. The Division will track this information in order to assure that adequacy of network is addressed.

8.3.1.1 Referral to the Selected Service Provider

Once the individual selects his/her preferred service provider, the following process will be implemented in order to refer the individual to the provider and access services:

- The Support Coordinator will contact the potential provider to notify the provider of the individual’s interest in accessing services through them and follow the intake/eligibility determination process that may be required by the potential provider;
- The Support Coordinator will communicate applicable outcomes indicated in the ISP and discuss the provider’s ability to assist the individual in progressing toward those outcomes. The Support Coordinator will describe the service needs of the individual, share the individual’s attributes, determine availability of services; arrange intake/eligibility meetings; and/or identify any documents/information the service provider requires as part of the referral process.
- When the service provider requires an intake interview, referral packet, tour, etc. in order to determine individual eligibility, the Support Coordinator will assist in meeting these requirements by scheduling meetings and assisting the individual in providing the potential service provider with any information/documentation that the service provider requires as part of the referral process;
- The service provider will inform the individual and/or Support Coordinator of their interest in delivering services to the individual within five (5) working days of the initial contact:
• The Support Coordinator confirms that the potential service provider meets the individual’s needs and has the capacity to provide services to the individual at the date in which the individual is in need of the services. If the individual is assigned the acuity differentiated factor, the Addressing the Identified Clinical Needs Form (Appendix D) must be completed by the Support Coordinator and service provider as described in Section 3.4. This form is optional for Support Coordinators and service providers if the individual does not have the acuity factor but may be helpful to address needs;

• The selected service provider indicates acceptance or denial into the service;

• The Support Coordinator selects the confirmed service provider(s), start dates, units of service, etc. in the ISP;

• The Support Coordinator sends a copy of the approved ISP (and any other relevant and consented to discovery tools, evaluations, etc.) to all service providers identified in the ISP;

• A prior authorization is distributed electronically to the confirmed service provider;

• Services begin as per the start date, units, frequency, duration, etc. indicated in the prior authorization.

8.3.2 Hiring a Self-Directed Employee (SDE) “Self-Hires”

Self-Directed Employees (SDE) are people who are recruited and offered employment directly by the individual using the service or the individual’s authorized representative. For purposes of this section, the term “individual” is meant to encompass both the individual and authorized representative. In essence, the SDE is a staff person of the individual and is hired to perform waiver services for which SDEs are qualified. Service qualifications and limitations can be found in the service-specific descriptions in the Supports Program Services section of this manual (Section 17).

The individual is the managing employer and is responsible for creating the position description, setting the hours of employment, managing the SDE, and determining the continuation or termination of employment. Assistance with these tasks and the overall arranging, directing, and managing of services provided by a SDE can be assisted through Supports Brokerage if needed. The Supports Brokerage service is funded through the individual budget and is further described in Section 17.21. As is the case with all services in the Supports Program, a prior authorization must be obtained prior to delivery of services through the SDE in order for funding for those services to be provided. Thus, if an individual negotiates with a SDE to work outside of what is prior authorized in the ISP, the individual is responsible for payment and all employer-related functions.

Management of employment-related functions, including items such as timekeeping, payroll, tax withholding, and compliance with applicable labor laws and regulations, is the responsibility of the Fiscal Intermediary (FI), a non-governmental entity under contract with the State of New Jersey. FI management of SDE functions is limited to services prior authorized in the ISP. FI policies and procedures and information will be maintained, updated, and communicated by the FI through a manual, handbook, enrollment packet, and website.

8.3.2.1 Selecting SDE Service Delivery

If the individual is in need of one of the services that is available through a SDE (Community Based Supports, Interpreter Services, Respite, Supports Brokerage, or Transportation), the Support Coordinator will present the options of utilizing a SDE or a provider agency and explain the SDE process, as outlined in the documentation developed and maintained by the FI.

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3 The use of Self-Directed Employees (SDEs) has not yet been implemented in the Supports Program as the Division is continuing to await a final award of the Department of Human Services Fiscal Intermediary contract to operationalize this process. Individuals wishing to utilize SDEs will not be enrolled in the Supports Program until implementation is complete but will continue to be able to access SDEs via the Division’s current process until that time. Further, policies and procedures outlined in this section will remain in draft form to allow the Division additional time to work with stakeholders and the Fiscal Intermediary prior to full implementation.
If the individual elects to use a SDE, the Support Coordinator will conduct a preliminary review with the individual and family (as applicable) to confirm that a SDE will be able to sufficiently meet the needs of the individual and provide the service in accordance with the service description, limitations, and standards. Upon notification from the Support Coordinator, the FI will initiate the enrollment process and register the individual and any authorized representatives in the FI developed orientation process. The following major areas will be covered by the orientation curriculum:

- A description of the services offered by and the roles and responsibilities of the FI
- Process for ensuring the SDE meets qualifications to deliver the service
- Roles, responsibilities, and rights of the individual
- Roles, responsibilities, and rights of the SDE
- Required documentation

The individual will receive an enrollment packet. This packet will contain the forms necessary for the individual to register as an employer and appoint the FI as the agent for employment-related matters. The FI will assist the individual in completing these forms and will collect and process the documents with the appropriate federal and New Jersey agencies to enroll the SDE.

In circumstances when the individual does not have a particular SDE candidate in mind, the individual is responsible for recruitment of candidates. If needed, the Support Coordinator will assist the individual in obtaining Supports Brokerage services to provide assistance with or undertake the search for a SDE. Support Coordinators, other individuals, the FI, and the provider database can be resources used to access a list of potential SDE candidates for recruitment.

### 8.3.2.2 Wages and Benefits

Wages are determined by the individual, subject to minimum-wage laws, at a rate that is considered reasonable and customary for the service being delivered. The FI will verify that hourly wages are in compliance with federal and NJ Department of Labor and Workforce Development (NJ LWD) rules and compute standard payroll deductions that will be applied to the SDEs paycheck. The established Fee-for-Service rate (hourly wage) indicated in the ISP does not include a component for payment of employee health benefits since it is unlikely that the individual will be required to provide health benefits given that he/she will typically only employ a few SDEs during the course of a year. The individual can, however, choose to include this rate component within the wage so the SDE can purchase healthcare or health benefits privately or through a government-run, and potentially subsidized, exchange.

The SDE can only receive payment for rendering services that have been prior authorized through an approved ISP. Any services, including overtime, exceeding those indicated in the ISP will not be reimbursed through the State. One SDE cannot provide more than 40 hours of service for an individual per week. If an individual requires services that will go beyond those 40 hours in a week, another SDE or a provider agency must be utilized to deliver those additional hours of service. It is the individual’s responsibility, along with the Support Coordinator and Supports Broker when utilized, to ensure that SDE schedules do not require payment of overtime.

### 8.3.2.3 SDE Hiring

Once the FI is notified of SDE selection, it will assist the SDE with obtaining, completing, and submitting the required forms with the intent to complete the process to become approved to provide that service within two (2) weeks of referral. The required information, forms, and instructions that will be distributed to SDEs include but are not limited to the following:

- Introductory letter
- Worker checklist
- Employment application
- I.R.S. Form W-4 Withholding Allowance Certificate
- U.S. BCIS Form I-9 Employment Eligibility Verification Form
- DHS PDS 1006 Worker Agreement or PDS 1008 for Goods and Services (considered the Medicaid agreement)
- Permission for pre-employment checks of criminal background and the Central Registry of Offenders Against Individuals with Developmental Disabilities
- Worker timesheets, instructions, due dates, and pay schedule
- New Jersey New Hire Reporting form
- Form for determination of tax exemptions
- Notice of direct deposit and debit card payment options and sign up instructions

The FI will provide the forms within one (1) business day of notification by the Support Coordinator and will process the completed forms within two (2) business days of receipt. The FI will process the background checks required by the service (using the forms and process supplied by the Division) and will also ensure that SDEs complete the mandated staff training and professional development applicable to the service(s) being delivered (as explained for each specific service in Section 16 and referenced in the Quick Reference Guide to Mandated Staff Training and Professional Development in Appendix E), including providing access to training provided through the College of Direct Support. Through the duration of the SDE’s employment, the FI will repeat background checks as required or requested by the Division or individual.

Once it is confirmed that service delivery qualifications/requirements are met and the individual and SDE forms are processed, the FI will notify the Support Coordinator that the SDE can begin work. The Support Coordinator will enter the SDE information into the ISP and a prior authorization will be generated and emailed to the FI upon the ISP approval.

The FI will maintain adequate records for each individual as well as all the SDE-specific employment records (e.g. timekeeping, payroll, tax withholding). This will include the determination of appropriate tax withholding and payroll deductions.

8.3.2.4 SDE Termination

The individual may terminate the SDE any time by notifying the SDE and Support Coordinator. The Support Coordinator will revise the ISP to reflect the change to another SDE or to a service provider or end services if they are no longer required. As the employer, it is the responsibility of the individual to inform the SDE of termination. The Support Coordinator will notify the FI within two (2) business days so the FI can complete the NJ LWD Reason for Separation Notice within ten (10) calendar days, process and deposit final payments, etc.

If the individual has decided to no longer utilize SDEs and will no longer be acting as an employer, the Support Coordinator will notify the FI and the FI will take the necessary steps to close the employer record, including retirement of the individual’s employer identification number, process and deposit final tax payments, and terminate the workers’ compensation policy.

The Division reserves the right to suspend or terminate the ability to use SDEs by any individual/authorized representative or the ability of someone to serve as a SDE at any time due to non-compliance with roles and responsibilities, Supports Program standards and qualifications as contained in this manual, or other waiver documentation; fraud and abuse; or failure to continue meeting the service standards and qualifications, including background checks. If the Division initiates suspension or termination, the Division will immediately notify the individual, Support Coordinator, and FI and the SC or Division will revise the ISP as necessary to end prior authorization as appropriate.
8.3.2.5 Payroll Processing
Timesheets and instructions for their completion will be developed, distributed, collected, verified, and processed by the FI. Copies of timesheets and associated payroll documents will be maintained by the FI. The FI will process payroll checks biweekly, within five (5) business days after receipt of the timesheet for the relevant period and will make payment directly to the SDE via electronic deposit. This process includes the processing and distributing of all federal and New Jersey payroll, employment, and withholding taxes and reports (e.g. federal and State income tax withholding, Medicare, Social Security, unemployment, temporary disability, family leave). Payments to SDEs will include a remittance advice showing gross wages and net wages following withholdings and other deductions.

The FI is responsible for managing improperly cashed or issued payroll checks, stopping payment on checks, and re-issuance of lost, stolen or improperly cashed checks. The FI will also process all judgment, garnishments, tax levies or related holds on SDE pay that may be required by federal or New Jersey law. This includes researching, investigating, and resolving all tax notice from the I.R.S., NJ DLWD, and NJ Division of Revenue and Enterprise Services. The individual or SDE impacted should contact the FI directly using the provided contact information if any of these issues arise.

The FI is required to pay SDEs for every hour worked pursuant to the Division’s authorization. FI services are procured by the State for use by participants for processing and record keeping functions related solely to State-authorized services. State funding for services is limited to the hours and rates authorized in the ISP and will be prior authorized each week. Participants are not permitted to approve more hours than the Division has prior authorized for the relevant time period without a change to the ISP that has been submitted by the Support Coordinator and approved. If the SDE’s timesheet is submitted to the FI with hours exceeding those authorized, it will be considered invalid and will not be paid. The FI will notify the Support Coordinator, the Division, and the individual within one (1) day of receiving the timesheet and the Support Coordinator will notify the individual and employee that the timesheet requires adjustment. An individual or SDE involved in multiple overages within a one-year period will be barred from participation. In the event that a SDE is overpaid, the FI will identify the overage and institute recovery proceedings.

8.4 Prior Authorization of Services
In order to ensure that the service provider or SDE can receive payment for the services they are providing, a prior authorization must be obtained BEFORE the service is delivered. Services begun or provided without prior authorization will not be reimbursed. Medicaid must receive a prior authorization from the Division before they will remit payment for a claim. Prior authorizations are created upon approval (or modification) of the ISP and automatically generated for each week of service. A secure email containing the approved ISP and a Service Detail Report detailing the start/end dates, number of units, and procedure codes for services prior authorized for delivery is automatically generated to all identified service providers and/or the FI in circumstances when the individual is utilizing a SDE or accessing a waiver service through a business that is not a Medicaid provider. Medicaid sends a letter to providers whenever a prior authorization is created, changed, or revoked. The most recent prior authorization supersedes any previous prior authorizations. Without a prior authorization, it is possible that a claim will not be paid.

8.4.1 Unit Accumulation
Prior authorized units of service that have not been utilized can carry over for future use within the ISP plan year as long as the service and provider that were prior authorized remain the same. If prior authorized units of service are not utilized, due to an unscheduled absence, unexpected program closure, lack of need for that service that particular week, etc., the service provider or SDE remains prior authorized to provide those carry over units at any

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4 The ability to utilize carry over units currently only applies to individuals enrolled after January of 2016. Individuals enrolled into the Supports Program prior to that date will be able to utilize carry over units when a new ISP (due to annual ISP date or a new budget based on a NJ CAT reassessment) is developed.

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time within the ISP plan year. For example, if 40 units of Supported Employment – Individual Employment Support are prior authorized for 2/21/2016 through 2/27/2016, but only 32 units are utilized that week, the individual can use the 8 carry over units for Supported Employment – Individual Employment Support (as long as it is with the same provider) at any time throughout the remainder of the ISP.

Service providers and SDEs must track units used compared to units authorized in order to ensure payment for all services rendered. An individual may decide to include additional units at the start of a service in order to create flexibility in his/her schedule or account for an unexpected change in service needs from week to week. For example, someone attending a program that provides Community Inclusion Services, Prevocational Training, and Day Habilitation may need flexibility to account for his/her preferences in activities from day to day. This individual may include a few additional units for each of these services so he/she can use carry over units of Prevocational Training (i.e. to switch to learning basic computer skills on a day when he/she is not interested in participating in the trip to the museum that is supported through Community Inclusion Services). Those unused units of Community Inclusion Services will now carry over for use in that area on a later date.

Another example would be someone including some additional units for Supported Employment – Individual Employment Support to cover a future need for additional units of service in a week when he/she is learning a new job task or gets a new supervisor.

Carry over units cannot be edited after the week in which they were originally assigned has passed so the individual and Support Coordinator should be cautious about frontloading units that won’t be able to be used in the future if the individual changes services (from Supported Employment to Day Habilitation, for example) or providers or is in need of additional units of service in another area.

8.4.2 Back-Up SDEs
Individuals may prior authorize more than one SDE – at the same pay rate – to be called in as a back-up in circumstances when the scheduled SDE is unexpectedly unable to provide the service (due to illness, for example) by including the names of multiple SDEs in the same ISP. Multiple SDEs can continue to be utilized at different pay rates when they are scheduled separately to provide that particular service (for example, the back-up SDE fills in during a week when the primary SDE is on vacation. This change is known ahead of time and included in the ISP so the back-up SDE may be receiving a lower pay rate than the SDE used more frequently, with more experience, etc.).

8.5 Delivery of Services
Services will be delivered and documented in accordance with the standards described in Section 11 Service Provision and specific to each service as described in Section 17.

8.6 Duplicative Services
The State cannot provide funding for duplicative services so adjustments must be made to individual budgets in situations where funding is being provided for day services through other State Agencies. Examples of these programs include but are not limited to Medical Day programs, Extended Employment programs, or Mental Health Partial Day Programs. In circumstances when an individual is accessing these duplicative services, the percentage of time – based on a 30 hour week – he/she is spending in the program that is not funded by the Division will be deducted from the employment/day component of the individual budget. For example, if someone is attending a Medical Day program for 15 hours per week, 50% of the employment/day component of his/her budget will be deducted. The remaining budget can be utilized to fund additional services as needed.

8.7 Retirement
If an individual enrolled in the Supports Program decides to retire, an employment outcome is no longer required in the ISP. The individual will continue to access his/her full individual budget (including the portion previously
utilized for employment and day habilitation services) to provide funding for alternatives services and supports. The Division recognizes that these services are likely to shift to in-home services and supports at this point.
9 PROVIDER ENROLLMENT

The Supports Program is implemented using a Medicaid based, Fee-for-Service model. Acceptance of applications to become an approved provider for Supports Program services is ongoing and open. In order to deliver services available through the Supports Program, the provider must meet all the qualifications and standards associated with the particular service(s) the provider wishes to offer. These qualifications and standards are described for each service in Section 17. Once approved to deliver services, the provider will receive compensation through a Fee-for-Service model. It is the provider’s responsibility to market to potential participants and their families. The Division does not guarantee participants.

9.1 Prior to Submitting an Application

- **Review the Supports Program Service Descriptions, Limitations, and Qualifications** available in Section 17 Supports Program Services. It is critical that all service providers are familiar with and understand the definitions, limitations, and qualifications for the service(s) they are interested in providing in order to ensure that they are within the guidelines of the waiver.

- **Review the Supports Program Policies & Procedures Manual**

Approved service providers must assure Medicaid and the Division that they will follow the policies and procedures governing the Supports Program as described in this manual. In addition, provision of services within the Supports Program must meet any Division standards specific to a particular service as described in Section 17 of this manual.

- **Review additional informational materials and resources**

Webinars on a variety of topics related to the Division, including becoming a provider, are available on the Webinars page of the Division’s website at [http://www.nj.gov/humanservices/ddd/resources/webinars.html](http://www.nj.gov/humanservices/ddd/resources/webinars.html) and the steps to becoming a provider are included on the Provider Portal page of the Division’s website at [http://www.nj.gov/humanservices/ddd/programs/sppp.html](http://www.nj.gov/humanservices/ddd/programs/sppp.html).

9.2 Submitting an Application to Become a Medicaid/DDD Approved Provider

An organization/agency/provider that is primarily in business to provide social/human services and supports to a segment of the population (in this case, individuals with intellectual and developmental disabilities) will become Medicaid approved providers and claim directly through Medicaid. The Combined Application (Medicaid/DDD) is available on the Fee-for-Service Provider Portal page of the Division’s website at [http://www.nj.gov/humanservices/ddd/programs/ffs_provider_portal.html](http://www.nj.gov/humanservices/ddd/programs/ffs_provider_portal.html). The process for becoming an approved service provider is also described on this website.

9.2.1 Application Process

- **Apply for a National Provider Identifier (NPI) for each location from which services are delivered.** This process goes quickly when applying through the National Plan and Provider Enumeration System (NPPES) website at [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov).

- **Complete the Combined Application (Medicaid/Division) available on the provider portal of the Division’s website at [http://www.state.nj.us/humanservices/ddd/programs/sppp.html](http://www.state.nj.us/humanservices/ddd/programs/sppp.html).** This single application serves the purposes of (1) applying to become an approved Medicaid provider and (2) applying to become approved for the specific services the agency or individual plans to provide. The application can be completed online but must be printed and mailed to Molina Medicaid Solutions Provider Enrollment Unit at P.O. Box 4804, Trenton, NJ 08650-4804.

- **Retain a copy of the original completed Combined Application for ease of processing of service or location additions/addendums.**

An application packet consists of the following information:

- **Application Cover Letter - (DDD-SP-ACL 3-25-2013)**
- Request for National Provider Identifier (NPI)
- Signature Authorization Form
- Provider Start Date Form
- Provider Application - (FD-20)
- DDD Provider Agreement - (DDD-SP-PA 3-25-2013)
- Disclosure of Ownership and Control Interest Statement (06/19/2012)
- W-9 Tax Form
- Notice to Enrollee
- Affirmative Action Survey
- Authorization for Automatic Payments & Deposits
- Agreement of Understanding
- DDD Statement of Intent (DDD-SP-SOI 03-25-2013) form including an accurate verification code from the Division’s website [http://www.state.nj.us/humanservices/ddd/programs/sppp.html](http://www.state.nj.us/humanservices/ddd/programs/sppp.html)
- Business Associate Agreement (HIPAA 200-B)
- Additional required documents indicated on the “Required Documents list” generated when the potential provider selects the services for which they would like to become approved to provide.

### 9.2.2 Adding Services
A service provider can apply to become approved to offer additional services at any time by submitting the Combined Application indicating the new services they would like to offer.

### 9.2.3 Adding Service Locations
The Combined Application must be completed and submitted in order to add a new location.

### 9.3 Business Entity/Individual Practitioner
An organization or enterprising entity engaged in commercial, industrial, or professional activities that are offered to the general public or an individual who offers a skilled service for which he/she has received education and/or licensing, as appropriate, will receive payment for services through the Fiscal Intermediary. SDEs should follow the process outlined in Section 8.3.2 of this manual. Approval of other business entities or individual practitioners to receive payment for services will be conducted by the Support Coordinator, Support Coordination Supervisor, Fiscal Intermediary, and/or Division staff at the time in which the individual is requesting the service. This process will be based on criteria specific to each service as described in Section 17.
10 FISCAL INTERMEDIARY (FI)\textsuperscript{5}

The Fiscal Intermediary (FI) for the Supports Program serves two main functions. The FI manages the financial aspects of the Supports Program on behalf of an individual choosing to direct their services through a SDE. In addition, the FI acts as a conduit for an organization or enterprising entity that is not a Medicaid provider but engages in commercial, industrial, or professional activities that are offered to the general public and will be available to individuals enrolled in the SP.

Responsibilities of the FI include, but are not limited to, the following:

- Billing for participant-directed services rendered
- Functioning as a fiscal conduit making non-routine, non-payroll purchase transactions
- Enrolling the individual/representatives, as appropriate, as the common law employer of the individual’s SDE employees, including assistance with the completion and maintenance of all employer-related paperwork. This function includes assuring that all SDEs complete and pass all background checks and meet all the qualification criteria before delivering services.
- Managing SDE’s payroll including the filing and paying of federal and state employment-related taxes
- Facilitating the receipt of worker’s compensation insurance policies and the payment of premiums for employers and their workers
- Preparing and distributing reports to participants, their representatives and designated state agencies, as required
- Claiming for services provided by organizations or enterprising entities that are not Medicaid providers but offer services to individuals enrolled in the SP

Additional information about the Fiscal Intermediary is forthcoming.

\textsuperscript{5} The Department of Human Services has solicited Request for Proposals (RFP) for a Fiscal Intermediary and an announcement of the award is forthcoming. Policies/procedures will be incorporated into this manual once the awarded FI is announced and operationalized. The Division will continue to contract with their current FI until the awarded FI is in place.
11 ADDITIONAL PROVIDER REQUIREMENTS

11.1 Policies & Procedures Manual
All approved service providers must develop, maintain, implement, and be able to produce for Division review at any time, a Policies & Procedures Manual governing their organization. These policies and procedures shall be designed in accordance with the Supports Program and Community Care Waiver (CCW) Policy & Procedures Manuals and applicable Division Circulars. Policies and procedures related to reporting Medicaid waste/fraud/abuse; Protected Health Information (PHI) - HIPAA; human rights; emergencies (and how they will be dealt with); reporting unusual incidents; personnel; and admission, suspension, and discharge should be addressed.

11.2 Organizational Governance Policy
All approved service providers must maintain, and be able to produce for Division review at any time, a policy (or policies) governing the management of conflicts of interest anywhere within their organizational structure as well as generally governing their Board of Directors. This policy must include, at a minimum: (1) a requirement that all Board members names, affiliations, and any potential conflicts of interest be disclosed and made publicly available if requested (this must include the requirement that, at a minimum, all board member names be made publicly available on the organization’s website); (2) a requirement that board members must be independent and may not be related to any staff member of the agency, nor may a board member be related to any other active board member; (3) a requirement that a board member will recuse him/herself from any discussion or decision making in which s/he may have a financial or personal interest that is incompatible with the proper discharge of his/her duties; (4) a requirement that the board shall meet no less than 4 times per year and shall maintain, and be able to produce if requested, complete minutes including an agenda for all meetings; and (5) clear guidance as to how auditing will be conducted. Providers found at any time to be in violation of their board policies, including but not limited to all of the above requirements, may be disenrolled as an approved provider of Division services.

11.3 Documentation of Qualifications
All approved service providers must maintain documentation that can be provided at the request of the Division to demonstrate continued compliance with qualification requirements. Personnel files that include relevant licenses, certifications, proof of completion of mandated training, etc. shall be maintained and available for Division review at any time.

In addition, all approved service providers must adhere to documentation requirements specific to each service, as detailed in Section 17, and maintain participant files for each individual receiving services (these files can be maintained with an electronic health record).

Providers using an electronic health record (EHR) or other electronic systems will remain in compliance if all information required in documents is captured somewhere and can be shown/reviewed during an audit.

11.4 Staff Orientation, Training, and Professional Development
Providers must comply, at a minimum, with the service specific mandatory training and professional development indicated in Section 17 and Appendix E. It is the provider’s responsibility to ensure that their employees understand the mandatory training and provide additional training and/or enhancements to the mandatory training as needed. Service providers are expected to provide employees with orientation that includes but is not limited to an overview of the organization’s mission, philosophy, goals, services, and practices, personnel policies of the provider agency, understanding the ISP and using information documented in it to individualize strategies and services, documentation and record keeping, and training relevant to health and safety.
11.4.1 Accessing Training through the College of Direct Support (CDS)
The College of Direct Support (CDS) is an online training and learner management system. The Division uses the CDS to provide and track training. The CDS contains more than 30 online training modules designed for use by direct support professionals, frontline supervisors, and other disability service professionals.

Approved service providers must have a CDS Agency Administrator. It is strongly recommended that each agency have 2 CDS Administrators to account for vacation and turnover. Each provider may have a maximum of 4 CDS Administrators. All Agency CDS Administrators are required to complete training offered through The Boggs Center on how to use the system and must follow the procedures as described in the CDS Administrator Manual and training related policies set forth by the Division. Technical Assistance is provided to Agency CDS Administrators through contacting cdsta@rutgers.edu. Additional information on using the College of Direct Support including: Learner Manual, instructional webinars, Agency Guide: Using the CDS for Pre-Service Training, the NJ Career Path, etc. can be found on The Boggs Center Workforce Development webpage.

11.4.2 CPR and First Aid Training Entities
For services that CPR and/or First Aid training is mandatory, providers may choose a training entity, which meets current Emergency Cardiovascular Care (ECC) guidelines, through which certification in Standard First Aid and CPR is obtained. The ECC Guidelines provide recommendations regarding how to resuscitate victims in the event of a cardiovascular emergency. The guidelines represent a consensus reached by the International Liaison Committee on Resuscitation (ILCOR) whose membership includes seven international resuscitation organizations and are available through the American Heart Association at: http://guidelines.ecc.org/index.html. Providers shall obtain, and make available for inspections and/or audits, documentation that the training entity utilizes a curriculum in compliance with the ECC guidelines. The documentation shall be a statement, on the entity letter head, that their training content/curriculum meets the ECC Guidelines. Additionally, providers shall ensure staff competency through the successful completion of a standard First Aid and CPR course which shall include:
- In person course with a certified instructor; on-line certifications are not acceptable
- Successful completion of a skills test/practicum
- Successful completion of a competency assessment
Re-certification every (2) years to include skills and competency assessment

11.5 Health Insurance Portability and Accountability Act (HIPAA)
Service providers must be in compliance with HIPAA and ensure their staff is trained on HIPAA and all documentation is HIPAA compliant. For example, paper documents/case records must be stored securely with appropriate safeguards, and the individual’s written authorization for release of information must be obtained before any protected health information can be shared.
12 SERVICE PROVISION

12.1 Service Provider Responsibilities

- Maintain and follow standards, qualifications, regulations, policies, procedures, etc.
- Develop strategies in collaboration with the individual receiving services to assist the individual in reaching his/her outcomes
- Complete and maintain documentation as required
- Claim for services according to Medicaid (Molina) standards and guidance
- Provide services and supports within the parameters indicated in the ISP and the Service Detail Report
- Become familiar with the individual’s vision, outcomes, needs, etc. and provide services and supports accordingly
- Participate as a member of the Planning Team when identified in that role by the individual
- Complete, maintain, and submit reporting documents as required
- Comply with monitoring, auditing, quality assurance measures conducted by the Division and/or Medicaid/Molina
- Comply with policies, standards, and procedures specific to the service being provided as described for each service in Section 17.

12.2 Documenting Progress toward ISP Outcomes

At least one personally defined outcome will be provided within the ISP for each service the individual is going to receive. The service provider must collaborate with the individual to develop strategies used to progress toward reaching the outcome(s) related to the service(s) they are providing and maintain documentation of the individual’s progress using Division required service delivery documentation. This documentation is unique to the service and further described in Section 17 and Appendix D.

12.3 Claim Submission

The following factors must be in place in order to submit a claim for a Medicaid service:

- The delivery of service must be properly documented along with any deliverable documents necessary to substantiate the claim in the case of an audit. Services may have specific deliverable documents (such as strategies, time sheets, behavior plans) relevant to delivery of that service. Details about these documents are provided in Section 17,
- The service that was provided must have a valid prior authorization,
- The claim must include participant information and service information (such as Medicaid ID, diagnosis, procedure code, rate etc.) which can be found within the service plan and service detail report.

Service providers may submit claims for payment through the NJMMIS site (www.njmmis.com) or through a software solution which can perform bulk electronic claim submission.

Training on how to submit claims and track their status through the NJMMIS site can be provided by Molina Health Care. Molina provider services can be reached by calling 800-776-6334 or on the NJMMIS website through the option “Contact Provider Services”.

NJ Division of Developmental Disabilities
13 MONITORING (Participant)

This section provides information regarding individual monitoring requirements and mandatory reporting of cases of suspected abuse and neglect. In addition, information regarding a service provider’s responsibility to report quality assurance issues to the Division is provided.

The individual should notify the Division if he/she and/or his family or caregiver has not received contact from his/her Support Coordinator monthly or had the opportunity to meet with his/her Support Coordinator.

13.1 Mandatory Monitoring

As an enrolled participant in the Supports Program, the individual must participate in monthly phone contacts and quarterly visits with the Support Coordinator and understand that these visits are mandatory and may occur in the home, day program, place of employment, etc. as agreed upon with the Support Coordinator and that, annually, at least one of these quarterly visits must take place in the home. If the individual needs assistance in participating in this monitoring and the guardian or parents are not always available, a designee familiar with the individual and his/her services can fill this role. The Support Coordinator is responsible for conducting ongoing monitoring of all individuals on his/her caseload. At a minimum the following monitoring must occur:

- **Monthly Contact** – must be conducted within the next calendar month from the date of the ISP approval and within every calendar month thereafter. The Support Coordinator must have, at a minimum, contact with the individual once per calendar month. Face-to-face contact is preferable but contact via the telephone or HIPAA compliant video conferencing is acceptable. Email, texting, or other methods of communication are not acceptable at this time to meet the mandatory minimum monitoring requirements. However, email can be utilized to gather information prior to the monthly contact in order to streamline the process. Email must remain confidential and HIPAA compliant and be documented through case notes in iRecord. Information gathered/observed during this contact must be documented in the Support Coordinator Monitoring Tool and uploaded in iRecord. The Support Coordinator must document any additional contact beyond the required monthly through case notes. Follow-up that has occurred based on the monthly contact can be documented in case notes or subsequent Support Coordinator Monitoring Tools. The ISP must be revised as necessary.

- **Quarterly Face-to-Face Contact** – must be conducted within 3 calendar months from the date of the ISP approval and within every 3 month timeframe thereafter. The Support Coordinator must have, at a minimum, one quarterly face-to-face visit with the individual. These quarterly contacts shall include at least one home visit annually and at least one visit to the location in which an individual is receiving a particular service for more than 16 hours per week on a regular basis. The Support Coordinator must contact the provider to schedule the quarterly visit ahead of time. Information gathered and observed during this contact must be documented in the Support Coordinator Monitoring Tool and uploaded in iRecord. The Support Coordinator must document any additional contact beyond the required quarterly contact through case notes. Follow-up that has occurred based on the quarterly contact can be documented in case notes and/or subsequent Support Coordinator Monitoring Tools. The ISP must be revised as necessary.

- **Annual Home Visit** – must be conducted any time within 1 year from the date of the ISP approval. Information gathered and observed during this contact must be documented in the Support Coordinator Monitoring Tool and uploaded in iRecord. The Support Coordinator must document any additional contact beyond the required annual home visit through case notes. Follow-up that has occurred based on the annual home visit can be documented in case notes and/or subsequent Support Coordinator Monitoring Tools. The ISP must be revised as necessary.
**Annual ISP** – All individuals who are eligible for Division services and programs shall have, at a minimum, a new ISP annually. The Support Coordinator shall facilitate the person-centered planning process with the planning team, continually update and revise the ISP if service needs have changed during the course of the year, and write a new ISP annually. Information gathered and documented in case notes and/or on the Support Coordinator Monitoring Tool throughout the year must be considered in reviewing, revising, and writing new ISPs. If the monthly and quarterly minimal requirements have already been met (including the annual home visit), a Support Coordinator Monitoring Tool does not need to be completed in the same month as the annual ISP.

### 13.2 Plan Review Elements

The following applicable elements must be addressed by the Support Coordinator whenever the planning team reviews the ISP or services:

- Review the individual’s current services and ISP to determine the type, recommended amount, received amount, and cost of each service.
- Review all progress reports, evaluations, assessments, recommendations, nursing reports, incident reports, and monitoring records received to determine if services are being provided appropriately.
- Gather information obtained in circumstances in which interaction with or assessment/observation of individual services was done.
- Assess, in conjunction with the individual, the services being provided, progress toward outcomes, and any problems or service needs from the individual’s perspective. Discuss satisfaction with services and providers including service gaps and the back-up plan where appropriate.
- Discuss new or previously identified risks and the prevention of those risks.
- Discuss with the provider/other team member’s progress toward outcomes and any concerns. Review the data on outcomes to assess the individual’s progress and identify any barriers to achievement of those outcomes.
- Discuss changes in the individual’s medical/functional status including any behavioral health needs. If necessary, contact the Managed Care Organization’s (MCO) care management to discuss any changes in the individual’s health.
- Discuss services the individual is receiving from entities other than the Division (i.e. DVRS, DDS, MCO, etc.). Coordinate care with these entities as appropriate.
- If the Support Coordinator’s assessment indicates changes to the current ISP or services are necessary, discuss the changes and the rationale for the changes with the individual. This discussion is especially critical if the changes may result in a reduction or termination of service.

### 13.3 Service Provider’s Quality Assurance Responsibilities

Service providers – including Support Coordinators – may become aware of quality assurance issues during the course of their work, e.g. licensing standards which are out of compliance, inappropriate implementation of programs, serious incidents not being reported, or billing/claim irregularities. The service provider must report problems to the Division and document these concerns in a case note and/or the Support Coordinator Monitoring Tool.
14 PROVIDER FISCAL SUSTAINABILITY

The Division will collect information and data in order to measure a provider agency’s ongoing fiscal viability. Analysis of this information and data will inform policy decisions at both a systems and provider agency level. At a systems level, the Division is responsible for ensuring network adequacy as well as program quality. Analysis will be performed to identify trends around a variety of factors that impact service availability and delivery, including program expenses and revenues, geographic locations, and correlations with other systemic quality metrics.

The Division is also responsible for ensuring that each provider agency is in compliance with the terms and conditions of program participation. Financial measurements will complement and inform Division action taken around quality metrics, as well as potentially providing a leading indicator of program performance. Although financial success alone is not an indicator of program quality, the fee for service reimbursement model renders it a necessary condition for sustainable and high-quality service delivery.

14.1 Fiscal Reporting Requirements

**Biannual Projections**
Projections will be submitted to the Division twice each year, and are due within 30 days after the start of the provider agency’s first and third fiscal quarters. Projections will cover a 24-month period, with the first half of that period projected quarterly and the second half projected annually. The document will detail anticipated Supports Program claim volume by waiver service type and, where applicable, tier and be accompanied by a certification that the projections have been prepared on a basis consistent with the provider agency’s financial statements and are based on good faith estimates and assumptions.

**Interim Financial Statements**
Interim financial statements will be submitted to the Division once each year, and are due within 30 days after the close of the provider agency’s second fiscal quarter. Interim financial statements include a balance sheet as of the close of the quarter, as well as an income statement and cash flow statement for the elapsed portion of the fiscal year. Detail and explanatory notes in the financial statements should be consistent with the industry standard and be accompanied by a certification that the financial statements fairly present in all material respects the financial condition of the provider agency as of the date submitted. This report shall also include the calculation of the financial measurements outlined in “Section 14.3 Fiscal Sustainability Criteria” for both the current and prior-year time period.

**Audited Financial Statements**
Audited financial statements will submitted to the Division once each year, and are due within 90 days after the close of the provider agency’s fiscal year. Audited financial statements included a balance sheet as of the close of the fiscal year, as well as an income statement and cash flow statement for the fiscal year. Detail and explanatory notes in the financial statements should be consistent with the industry standard and be accompanied by a report by independent certified public accountants. The report shall contain no going-concern or similar qualification and shall state that such statements fairly present in all material respects the financial condition of the Provider Agency as of the dates indicated on the financial statements. This report shall also include the calculation of the financial measurements outlined in “Section 14.3 Fiscal Sustainability Criteria” for both the current and prior-year time period.

**Rate Component Report**
The rate component report will be submitted to the Division once each year, and is due within 90 days after the close of the provider agency’s fiscal year. The report will detail the rate component values for each service and program operated during the fiscal year. The Division will distribute the Rate Component Report template at the

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6 These provisions will go into effect July 1, 2016.
close of each fiscal year period. It is anticipated that provider agencies will be actively monitoring these components to measure the operation and performance of the business in comparison to the rate system.

14.2 Notifications

The Provider Agency shall notify the Division within 5 business days of the occurrence of any event that it reasonably anticipates will materially impact the business, assets, liabilities, financial condition or prospects of the Provider Agency. This notice shall specify the nature and duration of the event and what action the Provider Agency intends to take to maintain operations and service delivery.

The Provider Agency shall notify the Division within 5 business days of the occurrence of any default or event of default on any financial instrument or other obligation. This notice shall specify the nature and duration of the default and what action the Provider Agency intends to take to remedy the default.

The Provider Agency shall notify the Division within 5 business days of the occurrence of any material change in the amounts available through insurance policies or self-insurance reserves to cover risk and liabilities that are typical to service providers of a similar size and scope in the industry. This notice shall specify the nature and duration of the change and what action the Provider Agency intends to take to mitigate the risk.

The Provider Agency shall notify the Division within 5 business days of the occurrence of the filing, or threat or intent to file, of any actions, suits or proceedings, including audit and tax findings, against the Provider Agency that (a) relate to services provided to the Division pursuant to this manual, (b) relate to tangible or intangible property, including real estate, necessary for the delivery of services to the Division, or (c) are reasonably likely to be determined adversely to the Provider Agency, and, if so adversely determined, could reasonably be expected to have a material impact on operations and service delivery. This notice shall specify the nature of the occurrence and what action the Provider Agency intends to take to mitigate the risk.

14.3 Fiscal Sustainability Criteria

Provider agencies are encouraged to develop their own internal metrics and are permitted to submit these as supplements to the required reports.

**Operations**

**Primary Reserve Ratio** = Expendable net assets / Total expenses

Measures liquid resources in relation to overall expenses, effectively indicating a provider agency’s ability to withstand adverse changes in the business climate without selling assets or borrowing. A ratio of .4 or higher is advisable (expendable net assets would cover about five months of expenses).

**Operating Reliance Ratio** = Program revenues / Total expenses

Measures how effectively the organization could pay all expenses from program revenues alone. Ratios will vary across provider agencies depending on the number of unique funding sourcing a provider agency has. A ratio of “1” is a good outcome, but the Division recognizes that many provider agencies may use other revenue to maintain operations.

**Liquidity & Activity**

**Quick Ratio** = (Cash + Accounts receivable + Short-term investments) / Current liabilities

Demonstrates if short-term assets are sufficient to pay current liabilities. A ratio of “1” or higher indicates that a business is able to meet its short-term liabilities.

**Average Collection Period** = Days in period * Average claims receivable / Total claims

Calculates the approximate amount of time it takes for the provider agency to receive payments owed. Typically, this calculation is performed by businesses that sell on credit. Within the context of Supports Program fiscal
reporting, this metric is referring specifically to fee for service claims for waiver services. Given that claims can be submitted daily and will be paid bi-weekly this figure should be under 30 days unless the provider agency has substantial reserves or is experiencing problems with claim processing.

**Financing**

**Debt Ratio** = Total debt / Total assets

Reflects the proportion of assets funded by debt. Ratios will vary across provider agencies depending on the mix of services provided. The Division recognizes that certain types of services require more intensive capital investment and thus may result in higher debt levels. Analysis of this measurement should also take into account the volatility of a provider agency’s cash flows.

**Interest Coverage Ratio** = EBIT / Interest expense

Calculates how many times the provider agency’s earnings before interest and taxes (EBIT) could cover its debt expense. A ratio of less than “1.5” indicates that the business may have difficulty servicing its debt.
15 QUALITY ASSURANCE, TECHNICAL ASSISTANCE, & AUDITING

15.1 Service Provider Quality Management

Quality management in a service provider agency requires a comprehensive strategy that includes planning, implementing, evaluating, and improving on systems and agency practices that lead to enhanced outcomes for individuals served. The Division of Developmental Disabilities expects that all service providers will be able to demonstrate a comprehensive quality management system in the agency that includes employee development and training; background and exclusion checks; auditing and fraud detection; incident and risk management; adherence to human rights standards; performance and outcomes measurements for service improvement; and an annual quality management plan that details the agency’s goals and quality improvement practices.

15.1.1 Employee Development & Training

Supported and well-trained staff in human services agencies and service providers are essential to positive outcomes obtained by individuals with developmental disabilities. Employee development includes strategies to recruit and retain staff and to enhance the professional and personal growth of staff. This can include methods such as ongoing learning and skill development, implementing motivating strategies, and increasing supervisory support and coaching on the job. Focus on career development, increased skills, and reducing staff turnover are core elements of employee development programs. While employee development programs should include more than just minimum standards, the Division requires all staff to complete mandated training topics and to obtain a minimum amount of ongoing training per year. Mandated training will be hosted through the College of Direct Support (CDS). See training requirements under services in Section 17. In addition, agencies will be required to collect and monitor data related to staff turnover and retention rates.

15.1.2 Mandated Background & Exclusion Checks

Service providers are required to check that staff hired, Board of Directors, and contracted vendors utilized are not excluded from working with individuals with developmental disabilities or within a Medicaid provider agency in accordance with the newsletter found in Appendix I. For services provided through the Fiscal Intermediary (FI), such as SDEs providing Community-Based Supports or vendors providing Assistive Technology, the FI will be responsible for checking all applicable federal and State databases.

15.2 Incident Reporting & Risk Management

When an unusual incident occurs, the primary responsibility is to provide protection to the individual. If emergency medical care is needed, or, if the person is in a life threatening emergency, call 911. See Division Circular 20A for details.

In addition, anyone providing services to individuals eligible for Division services must report incidents in the required time frames and cooperate in investigations and follow up to incidents. N.J.S.A. 30:6D-73 et seq., known as the Central Registry of Offenders Against Individuals with Developmental Disabilities, stipulates that failure to immediately report allegations of abuse, neglect, or exploitation is considered a disorderly person’s offense and can result in a fine of $350 for each day that the abuse, neglect, or exploitation is not reported. For complete details on the Division’s full policy, a chart of incident categories and incident codes, incident and follow up reporting forms, and instructions, see Division Circular 14.

15.2.1 Reporting Incidents

Sufficient information about the incident must be gathered to complete an initial incident report. However, if all information is not available, reporting of the incident should not be delayed. The missing information should be submitted as soon as possible in a follow-up email. Staff of the UIR Units may ask Support Coordinators and Service Providers for more information in order to fully understand the nature of an incident. Alleged incidents of abuse, neglect, or exploitation remain allegations unless substantiated by investigation. See below for additional information about investigations.
15.2.1.1 Individuals/Families

Individuals and their families may report incidents to their Support Coordinator. **Support Coordinators and service providers are mandated to notify the Division immediately of all known or alleged reports of abuse, neglect, and exploitation.** Definitions of abuse, neglect, and exploitation are as follows:

- **Abuse** – physical, sexual, or verbal acts against a person served that cause pain, physical or emotional harm, mental distress, injury, anguish, and/or suffering.
- **Neglect** – the failure of a caregiver to provide the needed services and supports to ensure the health, safety, and welfare of the service recipient.
- **Exploitation** – any willful, unjust, or improper use of a service recipient or his/her property/funds, for the benefit or advantage of another, condoning and/or encouraging the exploitation of a service recipient by another person.

If an individual or family member does not want to report an incident to a Support Coordinator, they may utilize the **Abuse and Neglect Hotline at 1-800-832-9173.** The Hotline is staffed with Office of Risk Management personnel familiar with incident reporting.

15.2.1.2 Support Coordination Agencies

The below provides the processes to be followed by Support Coordinators in reporting unusual incidents. In any case, Support Coordinators are required to write a case note summarizing the incident in iRecord and categorizing it as a UIR note.

15.2.1.2.1 Incident is Unrelated to the Service Provider

If a family or individual reports an incident to the Support Coordinator and the incident is unrelated to the Service Provider, the Support Coordinator must complete a typed incident report form and send it to the Unusual Incident Reporting (UIR) unit that corresponds to the county where the individual resides. There are two means by which an incident report can be conveyed to a UIR unit:

- **UPDOC** – a web based application that is the preferred means for sending an incident report to the appropriate UIR unit, listed below. The instructions for UPDOC are available in Appendix J of this manual.
- **Faxing the incident report to the appropriate UIR Unit, as follows:**
  - **Lower Central UIR Unit (Hunterdon, Mercer, Middlesex, Monmouth, Ocean and counties):** 609-341-2343
  - **Northern UIR Unit (Bergen, Hudson, Morris, Passaic, Sussex, and Warren counties):** 609-341-2341
  - **Southern UIR Unit (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem counties):** 609-341-2340
  - **Upper Central UIR Unit (Essex, Somerset, and Union counties):** 609-341-2342

In addition to reporting to the UIR unit, the Support Coordinator must also report allegations of abuse, neglect, or exploitation of an individual that occur in the person’s home and do not involve a service provider to Adult Protective Services (APS) as soon as they become aware. There is an APS office in every county. Information about Adult Protective Services and contact information is available at: [http://www.state.nj.us/humanservices/doas/documents/APS%20flyer.pdf](http://www.state.nj.us/humanservices/doas/documents/APS%20flyer.pdf).

15.2.1.2.2 Incident is Related to or Reported by the Service Provider

If a service provider reports an incident to the Support Coordinator, the Support Coordinator is not required to complete an incident report as that is the responsibility of the service provider. However, Support Coordinators are required to notify the applicable UIR unit of such incidents so the UIR unit ensures that the service provider reports the incident as required.
15.2.1.3 Service Provider
Service Providers are required to report incidents to an applicable UIR unit using the incident report forms associated with Division Circular 14 and to notify the guardian, HIPAA authorized family, and the Support Coordinator. Service providers are encouraged to use UPDOC to submit incident report forms and follow up reports; they may fax the form to the appropriate UIR unit if they are unable to use UPDOC. See Appendix J for instructions for UPDOC and see above for related fax numbers.

15.2.2 Investigations and Follow Up
Investigations of unusual incidents will occur in accordance with DHS policies and procedures, including the involvement of the Office of Investigation (OI) or Critical Incident Management Unit (CIMU) as appropriate. The Office of Investigation directly investigates the most serious allegations of abuse, neglect, and exploitation as well as several types of incidents related to major injuries and deaths. The Critical Incident Management Unit conducts administrative review of investigations conducted by service providers.

Any incident of abuse, neglect, or exploitation that occurs in connection with the delivery of services by a service provider must be investigated by the service provider unless otherwise advised by the Office of Investigation or the Critical Incident Management Unit. The UIR unit to which the incident of abuse, neglect, or exploitation was reported will advise the service provider where and how to send its investigation report, either to the Office of Investigation or to the Critical Incident Management Unit.

Regardless of the type of incident, follow up is required. The objectives of a follow up to an incident are to document the actions taken to protect the individual and to reduce the likelihood of the incident occurring again. Sometimes actions taken at the time of the incident will be sufficient to achieve that objective and the incident can be closed when it is reported. In some situations, follow up actions may be planned immediately but implemented at a later date. Documentation of the completion of those actions may be necessary to close the incident. The UIR unit to which the incident was reported will determine additional information and/or follow-up needed based on the specifics of the incident, and will advise the service provider or Support Coordinator accordingly.

15.2.2.1 Role of Adult Protective Services
Allegations of abuse, neglect, or exploitation of an individual that occur in the person’s home and do not involve a Service Provider must be reported to Adult Protective Services (APS) by the Support Coordinator and/or Service Provider as well as to the UIR unit, as soon as they become aware. The UIR staff will notify the Support Coordinator if the Service Provider has reported an allegation to APS and has not made that notification.

15.2.2.2 Law Enforcement Notification
Refer to the chart of incident categories and codes available in Division Circular 14 for a list of what types of incidents require law enforcement notification. If assistance is needed in notifying law enforcement for these types of incidents, Support Coordinators and service providers may call the UIR unit that corresponds to the county in which the individual lives.

15.2.3 Assistance with Unusual Incident Reporting
UIR Coordinators are available in each Region to provide technical assistance with recording of incidents (including forms, timeframes, types of incidents, role of the Support Coordinator, etc). UIR Coordinators review all available information and determine if remedial action is needed or was already taken. Use the following telephone numbers corresponding to the county in which the individual lives, and ask to speak to a UIR Coordinator.
### 15.3 Performance & Outcome Measures

#### 15.3.1 Quality Focus Groups
As part of formulating a comprehensive quality management strategy for the Division in accordance with the CMS Quality Framework, a series of focus groups were held with stakeholders representing individuals with disabilities, their family members, and service providers. These groups helped to provide a forum for voicing what individuals with disabilities want in their lives, what they need from service providers, and how the Division should measure and use quality data gathered from the service system. After collating data obtained from the in-person quality focus groups, an online survey was distributed to capture additional feedback from stakeholders in these same areas. A summary report compiled by The Boggs Center on Developmental Disabilities with the results of the quality focus groups and survey results, as well as next steps in the development of the Division’s quality management strategy, will be released in late Summer 2015.

[www.state.nj.us/humanservices/ddd/documents/stakeholder_input_report_on_quality_improvement.pdf](http://www.state.nj.us/humanservices/ddd/documents/stakeholder_input_report_on_quality_improvement.pdf)

#### 15.3.2 National Core Indicators
Since 2007, the Division has worked with the National Core Indicators Project (NCI). Sponsored by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and managed by the Human Services Research Institute (HSRI), the National Core Indicators will serve as the basis of a systems performance measurement system for the Division. The Quality Improvement Unit is responsible to manage and staff the NCI project. Quality Unit staff conduct information gathering activities including face to face interviews and mailer surveys. The current set of NCI performance indicators includes approximately 100 individual, family, systemic, cost, and health and safety outcomes - outcomes that are important to understanding the overall health of developmental disabilities agencies. Many of the individual NCI data elements have potential implications for discovery, remediation, and improvement regarding service planning and delivery. Sources of information include individual survey (e.g. empowerment and choice issues), family surveys (e.g. satisfaction with supports), provider survey (e.g. staff turnover), and state systems data (e.g. expenditures, mortality, etc.). The core indicators also provide information for many of the desired outcomes stated in the Home and Community Based Services Quality Framework. The NCI surveys will be expanded in the near future and service providers are expected to cooperate with Division staff conducting surveys. In addition, summary information from NCI data in NJ will be released to Division stakeholders to begin analyzing baseline data and areas for growth.

#### 15.3.3 Customer Satisfaction Measures
Service providers will be required to design and implement customer satisfaction measures with results reported to the Division on at least an annual basis. Measures may include surveys, complaint and grievance resolution, or other evidence.

Customer satisfaction measures must be in line with the CMS Home & Community Based Services (HCBS) Quality Framework, which includes the following seven broad areas:

- Participant access
- Participant-centered service planning and delivery
- Provider capacity and capabilities
- Participant safeguards
- Participant rights and responsibilities
- Participant outcomes and satisfaction
Support Coordination Agencies may utilize the “Evaluating Your Support Coordination Services: A Tool for People with Disabilities” to identify useful measures to include in their own surveys. This document is available at http://rwjms.rutgers.edu/boggscenter/projects/documents/AToolForEvaluatingSupportCoordinationServicesFinal.pdf.

As the Division continues to develop an overall quality management strategy, examples and additional elements may be provided as necessary to measure common elements across agencies.

15.3.4 Family Satisfaction Surveys
The Division is in the process of developing a Family Satisfaction Survey to determine areas of satisfaction and areas of improvement needed with regard to Support Coordination services. A draft of the proposed survey will be provided to stakeholders to ensure feedback from family members is incorporated before finalizing the survey. The survey will be distributed via an online survey tool and will also be available upon request in a hard copy format.

15.4 Quality Management Plan
The Division requires an annual Quality Management Plan for each service provider detailing goals for the year, implementation strategies, evaluation of strategies, and indicators of systemic improvements made as a result of analysis. This includes detailing quality improvement strategies used in the agency, including staff training, policy updates, and service process improvements. As the Division continues to develop its own overall quality management strategy, examples and additional elements may be provided as necessary to measure common elements across agencies.

15.4.1 Data Collection & Reporting
Data from agency unusual incident reports should be collected and a trend analysis conducted on at least an annual basis. Additional areas for data collection and reporting in regards to the agency’s Quality Management Plan will continue to be reviewed and added to over the initial year of the Supports Program and Fee-for-Service implementation. Opportunity for feedback and input from stakeholders will be available as additional areas are developed.

15.5 Division Oversight & Quality Monitoring
The Division is required to implement oversight and monitoring of Division approved service providers. As such, agencies will be subject to audits and formal reviews of fiscal and programmatic functions. The Division will evaluate services and require corrective action when necessary. Evaluative strategies and actions by the Division will include, but are not limited to:

- Monitoring and addressing characteristics and behaviors affecting the health and safety of individuals
- Monitoring the use of restrictive interventions and unusual incidents
- Monitoring and preventing instances of abuse, neglect, and exploitation of service recipients
- Evaluating appropriate level of care and access to services
- Monitoring of deliverables and related documentation required by service type
- Monitoring of credentialing requirements by service type
- Monitoring training requirements
- Monitoring of service plans, including assessed needs met and revisions made when necessary
- Monitoring service delivery in accordance with service plans
Monitoring individual choice and trends in referrals by support coordination agencies
Monitoring individual and family satisfaction with services
Monitoring individual outcomes and goal attainment
Trend analysis of issues identified on monitoring tools and required follow up
Involuntary capacity closure for services not being rendered in compliance with Division standards
Monitoring and auditing Medicaid claims data
Monitoring service provider Quality Management Plans and required data reporting

See also Provider Disenrollment in Section 16.

15.5.1 Auditing
Ongoing evaluation of service providers will occur to ensure compliance with Division standards and Medicaid claiming either via routine audits or other methods. This includes monitoring compliance with mandated background and exclusion checks (see Section 15.1.2) as well as personnel and training standard as indicated in this manual (see Section 17). Monitoring for criminal history background checks will be in accordance with regulation 10:48A-3.6 (Background Checks – Monitoring). OPIA will conduct quality assurance audits of a random sample of staff in agencies to identify whether agencies are in compliance with criminal history background check requirements. Methods of monitoring may include on-site visits, interviews with staff or contractors, questionnaires, DHS/DDD Licensing and Certification inspections, reviews of policies and procedures, trend analysis or other methods as deemed appropriate by the Division’s Quality Improvement Office. All service providers will be subject to both fiscal and programmatic reviews and audits on a regular basis by both Medicaid and the Division.

Day Habilitation programs must be certified, which will require formal reviews and on-site inspections. See Section 17.7.3 for detailed information.

Residential programs will continue to be licensed and subject to published licensing regulations. Current requirements can be found at: http://www.state.nj.us/humanservices/ool/licensing/

15.5.2 Fraud Detection
Division Policy on Fraud, Waste, & Abuse includes sanctions for providers when fraudulent claims are made as well as whistleblower protections for staff reporting:

Agencies where potential fraud is detected will be subject to Medicaid Fraud & Abuse investigations and policies as well as the Provider Disenrollment Policy, found in Section 16. While NJ Medicaid providers are not currently required to implement Compliance programs, the Medicaid Fraud Division strongly encourages providers whose payments from the Medicaid program exceed $100,000 per year to implement a compliance program. Please go to the following websites for additional information:

- Medicaid Fraud Division information: http://nj.gov/comptroller/divisions/medicaid/index.html
- Provider Compliance Program information: http://nj.gov/comptroller/divisions/medicaid/compliance/

15.6 Technical Assistance
The Division is committed to providing quality services to individuals with developmental disabilities and as such, will provide technical assistance to service providers to improve performance. Service providers may be moved to the Provider Disenrollment process for poor performance or lack of improvement in core areas. See policy in Section 16 for details.
Division staff will be assigned to agencies based on area of technical assistance required. Areas may include Employment, Day Habilitation, Behavior Policy & Planning, Human Rights, Service Plan Development, Quality Improvement, Compliance/Fiscal Auditing, or other core areas as identified in reviews or audits.
16 PROVIDER DISENROLLMENT

The Division of Developmental Disabilities (Division) reserves the right to disenroll any provider in its entirety or any one or more services in the event the provider does not meet or is in violation of any of the Division’s policies, standards, and/or requirements. When warranted, the Division may impose sanctions, such as limiting the location of service, including expansion, as well as the acuity level of individuals served. The Division will disenroll providers in accordance with NJAC 10:49-11 concerning suspension, debarment, and disqualification of providers. Additional details about this process can be found in the Medicaid Administrative Manual available at http://www.lexisnexis.com/hottopics/njcode/.

Providers may be immediately disenrolled, including additional sanctions, whenever it is determined that the agency has:

- jeopardized the safety and welfare of the 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)

The provider is responsible for complying with all Division standards during the disenrollment process, whether voluntary or involuntary. Failure to do so could result in a report to Medicaid Fraud and Abuse for neglect of duties.

16.1 Voluntary Provider Disenrollment – Provider Initiated

1. Providers of all services other than residential who wish to disenroll as a Division approved provider must notify the Assistant Commissioner, Division of Developmental Disabilities, in writing, with a copy to the designated staff coordinating agency approvals. This notification must include the number of people served, the service location(s), and a plan to transfer services and supports. This transfer plan includes but is not limited to information such as timeframes, notification of Support Coordinators, process for transferring information to newly selected providers, etc. The disenrolling provider does not select or identify the provider to which individuals served will transfer. This process will be conducted by the individuals’ Support Coordinators with assistance from the Division as needed.

2. The Assistant Commissioner or designee will review the transfer plan and will approve or negotiate an acceptable plan within ten (10) business days of the notification to the Division.

3. Once the transfer plan is approved by the Assistant Commissioner or designee, the provider will begin the transfer, with a transition period lasting at least 60 days from plan approval. For agencies serving more than 50 individuals, a longer timeframe may be required for transition.

16.1.1 Provider & Support Coordinator Transition Responsibilities

1. The provider is required to follow through on the transfer plan approved by the Division to ensure participant health, welfare, and safety.

2. The provider is responsible to make arrangements to ensure continuity of care prior to closure. This includes notification to the individual’s Support Coordinator in writing of an agency closure including time frames.

3. The Support Coordinator will notify the individual and family/guardian, as applicable, and assist with coordination of a new service provider.

4. The provider must follow up with individuals/families to ensure they have made contact with the Support Coordinator and they are actively being assisted with the transition to a new provider.
   a. If the agency to close is a Support Coordination (SC) agency, the SC agency must provide the individual/family with the SC Agency Selection Form and assist with identifying a new agency.

5. Failure by the service provider or Support Coordination agency to comply with any of the above requirements could result in a report to Medicaid Fraud and Abuse for neglect of duties.
6. At least 30 days prior to the disenrollment date, the provider will fill out the online disenrollment paperwork and forward to the designated staff coordinating agency approvals.

7. The designated staff coordinating agency approvals will transfer the paperwork to the Office of Provider Enrollment, Division of Medical Assistance & Health Services (DMAHS), at least 15 days before the disenrollment date.

16.2 Involuntary Provider Disenrollment – System Initiated

Providers may be moved to disenrollment due to lack of claiming activity for 18 or more months. Providers may be subject to sanctions or exclusionary actions in addition to disenrollment based on the severity of the circumstance in the event of any of the following occurrences or for the reasons stated in N.J.A.C. 10:49-11.1:

- Corrective action is not implemented in a timely manner or to the satisfaction of the Division
- Issues identified during suspension are not satisfactorily addressed
- Failure to comply with the terms and conditions of the Provider Agreements (DMAHS and DDD), any relevant Division Policy & Procedure Manuals, and federal and state law
- Failure to provide or maintain quality services to Medicaid beneficiaries within accepted practice standards of the Division
- A record of failure to perform or of unsatisfactory performance in accordance with the quality oversight process and/or licensing statutes
- Criminal activity on the part of the approved provider agency, its officers, board members, or employees subject to offenses listed in NJAC 10:49-11.1
- Submission of fraudulent claims, submission of false information, or disregard to timely submission of claims
- Sanctions or financial actions taken by third parties against the approved provider agency that jeopardize the intent or fulfillment of the Provider Agreement
- Failure to submit reports, records, and audits either upon request or in the event of an incomplete submission
- Disqualification by some other department/agency within the State of New Jersey or exclusion from participation in any Medicaid program of another state

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

- jeopardized the safety and welfare of the 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)

16.2.1 Technical Assistance & Remediation

A. The Division may provide technical assistance to a provider to correct issues identified before initiating the involuntary provider disenrollment process unless fraudulent activity or other serious issue is discovered.

B. The technical assistance and expected remediation will be at the discretion of the Division and will be targeted for 30 days, with extended timeframes in extenuating circumstances. Corrective action required by the Division may include a temporary capacity closure to new individuals until the remediation is complete to the satisfaction of the Division.

C. If the issue warrants immediate corrective action or issues still exist after the identified timeframe for the technical assistance, the Division will initiate the involuntary provider disenrollment process.
16.2.1.2 Involuntary Provider Disenrollment Process

The involuntary provider disenrollment process begins with the opportunity for corrective action unless fraudulent activity or serious issues are discovered, in which case the provider may be moved to immediate sanctions and disenrollment.

16.2.1.2.1 Corrective Action

1. The Division will advise the provider of any deficiencies in writing and a corrective action response from the provider is due within 10 business days of receipt.
2. A copy of the deficiency notice will be forwarded to the Office of Provider Enrollment, Division of Medical Assistance and Health Services (DMAHS). DMAHS will forward a letter to the provider notifying them that their provider number is in jeopardy.
3. The provider will be given up to 90 days to implement the corrective action response. The Division will document all verbal communication during this time period and all decisions, direction, and mandates will be documented via written communication.
4. If the provider fails to implement the corrective action plan either timely, or to the satisfaction of the Division, the Director of Quality Improvement (DDD) and the Office of Provider Enrollment (DMAHS) will be notified in writing by the Division designated staff coordinating agency approvals and the decision to move the provider to suspension and/or disenrollment will be made.

16.2.1.2.2 Sanctions

1. Sanctions to the provider may include limiting the location of service, including any expansion; limiting the acuity level of individuals served; and/or suspension of claiming ability for all or particular services.
2. Providers are expected to continue to provide services to individuals unless the Division or Medicaid determines otherwise. In situations where services will cease during the provider’s sanction, the individual’s Support Coordinator will be notified by the Division to assist in transitioning to a new provider.
3. The Division will sanction a provider via written notice within 10 days of the effective date.

16.2.1.2.2.1 Suspensions

- Notices for suspension of payments will advise the following:
  a) effective date suspension is imposed;
  b) reasons for the suspension or a statement declining to give such reasons and setting forth the Division’s position regarding the suspension;
  c) state that the suspension is for a temporary period pending the completion of an investigation and any legal proceedings that may ensue; and
  d) an opportunity for a hearing if so requested
- If legal proceedings do not commence or the suspension is not removed within 60 days of the date of notice, the provider will be given a statement with the above information for continuation of the suspension. Where a suspension by one Division has been the basis for suspension by another Division, the latter shall note that fact as a reason for its suspension.
- A suspension shall not continue beyond 18 months from its effective date unless civil or criminal action regarding the alleged violation has been initiated within that period, or unless disenrollment action has been initiated. The suspension may continue until the legal proceedings are completed.
- A suspension may include all known affiliates of a provider, provided that each decision to include an affiliate is made on a case by case basis after giving due regard to all relevant facts and circumstances.
- The Division will notify the Office of Provider Enrollment, DMAHS, of the suspension and whether the intent is to also impose pre-pay status for the course of the suspension or some other determined time-period. Pre-pay status allows for submission of claims during the suspension time with retroactive payments once the outcome of the provider is determined.
16.2.1.2.3 Disenrollment

1. The provider will be advised by the Office of Provider Enrollment, DMAHS, of the following in a notice for disenrollment:
   a) reason for the disenrollment
   b) provider’s right to request an appeal with time frames and procedures
   c) effective date of the impending disenrollment
   d) That a request for an appeal of the decision for disenrollment does not preclude the determined disenrollment from being implemented

2. The provider may be required to participate in a plan for transition of services as defined by the Division, and once the transfer is complete, Medicaid will close the provider number.

3. The Office of Provider Enrollment at DMAHS will copy the Division on the notice for the provider disenrollment and terms.

16.2.1.3 Appeals & Reinstatement

16.2.1.3.1 Appeals Process

1. A provider may be granted a hearing because of the denial of a prior authorization request or issues involving the provider’s status, for example, suspension, disenrollment, and other status, as described in NJAC 10:49-11.1, or issues arising out of the claims payment process (NJAC 10:49-9.14).

2. The Office of Provider Enrollment, DMAHS, will notify the provider in writing of the disenrollment stating the reason and referencing the violation as stated in either of the Provider Agreements or state regulation and a copy will be sent to the Division. In the case of suspension, the Division will notify the provider in writing.

3. The provider has 20 days from the date of the letter to contact the Office of Legal & Regulatory Affairs by certified and regular mail of their intent to appeal. The address for the Office of Legal & Regulatory Affairs is included in the disenrollment notice.

16.2.1.3.2 Reinstatement

1. Reinstatement of a provider will occur per Medicaid policies and procedures.

2. If reinstated, the provider may receive retroactive payment for services provided per Medicaid decision.

16.3 Disenrollment Communication

During a time of disenrollment transition, whether voluntary or involuntary, or under a corrective action plan, providers must agree to the following:

- The service provider or Support Coordination Agency may not notify individuals served or send letters, notification, or other communication without prior authorization from the Division. This excludes communication related to individual monitoring, plan development/revisions, service plan specifics, or the individual’s health or safety. Any communication regarding the presence or status of corrective action plans or potential disenrollment of the agency is strictly prohibited.

- Due to the stricter provisions of conflict-free requirements for Support Coordination Agencies, individual’s information may not be shared with other Support Coordination Agencies for the express purpose of marketing or referral of services, even with the individual’s consent. In addition, Support Coordination Agencies in the process of disenrollment are prohibited from involvement in the new Support Coordination Agency selection process for the individuals affected. The Division will provide all communication regarding disenrollment, choice of agency, and process to individuals and/or families directly.

- In the event of service providers who communicate service options to individuals upon disenrollment, individuals must always be notified of choice of agency in any communication.
17 SUPPORTS PROGRAM SERVICES

The services available through the Supports Program are as follows:

- Assistive Technology
- Behavioral Supports
- Career Planning
- Cognitive Rehabilitation
- Community Based Supports
- Community Inclusion Services
- Day Habilitation
- Environmental Modifications
- Fiscal Management Services (FI)*
- Goods & Services
- Interpreter Services
- Natural Supports Training
- Occupational Therapy
- Personal Emergency Response System (PERS)
- Physical Therapy
- Prevocational Training
- Respite
- Speech, Language, and Hearing Therapy
- Support Coordination*
- Supported Employment – Individual Employment Support
- Supported Employment – Small Group Employment Support
- Supports Brokerage
- Transportation
- Vehicle Modification

*Please note – Services that are marked with an asterisk are administrative in nature and are not funded through the individualized budget. They are not included under “services” in the ISP.

This section provides service descriptions, limitations, qualifications, and standards for each service.
17.1 Assistive Technology

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17.1.1 Description

Assistive technology device means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology service means a service that directly assists a participant in the selection, acquisition, or use of an assistive technology device. Assistive technology includes: (A) the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; (B) services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants; (C) services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; (D) ongoing maintenance fees to utilize the assistive technology (e.g., remote monitoring devices); (E) coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the Service Plan; (F) training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and (G) training or technical assistance for professionals or other individuals who provide services to, or who are employed by participants.

17.1.2 Service Limits

All Assistive Technology services and devices shall meet applicable standards of manufacture, design and installation and are subject to prior approval on an individual basis by the Division. Prior approval will be based on the functional evaluation as described above. Items covered by the Medicaid State Plan cannot be purchased through this service.

17.1.3 Provider Qualifications

All providers of Assistive Technology services must comply with the standards set forth in this manual.

In addition, AT providers must meet at least one of the following:

- Occupational Therapists must be licensed per N.J.A.C. 13:44K -OR-
- Physical Therapists must be licensed per N.J.A.C. 13:39A -OR-
- Speech/Language Pathologist must be licensed per N.J.A.C. 13:44C -OR-
- Assistive Technology Specialist, bachelor’s degree in technical services or rehabilitation services related field and a minimum of 1-year working with individuals with ID/DD and is certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

In addition AT Vendors/Business Entities must:

- Be an established business as a medical supplier or assistive technology supplier in New Jersey -or-
- Have license, certification, registration, or authorization from the New Jersey Department of Consumer Affairs or any other endorsing entity and Liability Insurance -or-
- Be an out-of-state medical or assistive technology supplier who is an approved Medicaid provider in their state of residence
17.1.4 Examples of Assistive Technology Activities

- Evaluation of AT or environmental modification needs
- Purchasing, leasing, acquiring AT
- Designing, fitting, customizing devices
- Repairing or replacing devices
- Ongoing maintenance fees
- Training or technical assistance for the individual, family, guardians, professionals, etc. to use the technology

17.1.5 Assistive Technology Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.1.5.1 Need for Service and Process for Choice of Provider

The need for Assistive Technology will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). In addition, the following steps must be completed in order to access Assistive Technology:

- The Support Coordinator will assist the individual in identifying an approved Assistive Technology provider to conduct an evaluation
- The Support Coordinator will complete and submit the Assistive Technology/Environmental Modification Evaluation Request Form (Appendix D) to the Division for approval (at this time, evaluation forms must be submitted to the Service Approval Help Desk at DDD.ServiceApprovalHelpdesk@dhs.state.nj.us)
- The Division will review the evaluation request and provide a determination
- Upon approval from the Division, the Support Coordinator will add Assistive Technology to the ISP and utilize the Assistive Technology Evaluation procedure code (T2028HI)
- Upon approval of the ISP, the Assistive Technology provider conducts the evaluation as prior authorized and submits the completed evaluation and supporting documents to the Support Coordinator
- The Support Coordinator will upload the completed evaluation, supporting documents, and estimate/bid to iRecord and notify the Division at DDD.ServiceApprovalHelpdesk@dhs.state.nj.us that the evaluation and documents are available for review. All estimates/bids must include the following:
  - The requested item or a description of the repair needed, including name, model number, and any other identifying specifications (all measurements must be taken by a professional to ensure the specifications are correct)
  - Unit cost, if applicable, and total quoted price
  - Name and address of vendor on company letterhead
  - Vendor’s Federal ID number
  - Vendor representative’s name, phone number, and email address
- The Division will review the evaluation, supporting documentation, and estimate/bid and provide a determination regarding the requested Assistive Technology
- Upon Division approval, the Support Coordinator will add needed Assistive Technology services and follow the ISP approval process
- The Assistive Technology provider will render services as prior authorized by the approved ISP and claim to Medicaid

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7 Please note that examples are not all inclusive of everything that can be funded through this service
17.1.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.
## 17.2 Behavioral Supports

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### 17.2.1 Description

Individual and/or group counseling, behavioral interventions, diagnostic evaluations or consultations related to the individual’s developmental disability and necessary for the individual to acquire or maintain appropriate interactions with others. Intervention modalities must relate to an identified challenging behavioral need of the individual. Specific criteria for remediation of the behavior shall be established. The provider(s) shall be identified in the Service Plan and shall have the minimum qualification level necessary to achieve the specific criteria for remediation. Behavioral Supports includes a complete assessment of the challenging behavior(s), development of a structured behavioral modification plan, implementation of the plan, ongoing training and supervision of caregivers and behavioral aides, and periodic reassessment of the plan.

### 17.2.2 Service Limits

Behavioral Supports services are offered in addition to and do not replace treatment services for behavioral health conditions that can be accessed through the State Plan/MBHO and mental health service system. Individuals with co-occurring diagnoses of developmental disabilities and mental health conditions shall have identified needs met by each of the appropriate systems without duplication but with coordination to obtain the best outcome for the individual.

### 17.2.3 Provider Qualifications

All providers of Behavioral Supports services must comply with the standards set forth in this manual. In addition, Behavioral Supports providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the training described in Section 17.2.5.3.

In addition, staff conducting assessments, developing behavior support plans, evaluating their effectiveness, and training/supervising caregivers must meet at least one of the following:

- Board Certified Behavior Analyst – Doctoral (BCBA-D) -OR-
- Board Certified Behavior Analyst (BCBA) -OR-
- Masters-level Clinician -OR-
- PHD-level Behaviorist -OR-
- Clinician holding NADD certification

In addition, staff responsible for monitoring the implementation of the behavior support plan will meet the following criteria:

- Board Certified Assistant Behavior Analyst (BCaBA) in accordance with BACB standards -OR-
- Registered Behavior Technician (RBT) in accordance with BACB standards -OR-
- Master’s degree in applied behavior analysis, psychology, special education, or social work

### 17.2.4 Examples of Behavioral Supports Activities

- Behavioral assessment
- Development of behavior support plan

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8 Please note that examples are not all inclusive of everything that can be funded through this service
• Implementation of plan
• Training and supervision of caregivers
• Periodic reassessment of behavioral plan
• Monitoring of plan

17.2.5 Behavioral Supports Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards as well the requirements outlined in Division Circulars 5, 18, 19, 20, and 34.

17.2.5.1 Need for Service and Process for Choice of Provider
The need for Behavior Supports will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Behavioral Supports will be included in the Individual Service Plan (ISP) and the Behavioral Supports provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Behavioral Supports provider, as practicable, in the planning process to assist in identifying and developing applicable outcomes.

The Behavioral Supports provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Behavioral Supports, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP and Service Detail Report will be provided to the identified service provider.

17.2.5.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

17.2.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. In addition, all staff providing Behavioral Supports shall successfully complete the following training:

17.2.5.3.1 Applied Positive Behavioral Supports – Prior to conducting behavioral assessment or the development, training, supervision, or monitoring of a behavior support plan
  OR
• Division approved alternate training – available through a service provider that has submitted a copy of the curriculum and trainer’s credentials to the Director, Supports Program and Employment Services for review and received Division approval prior to use
17.2.5.3.2 Positive Behavior Supports Overview – Prior to implementation of behavior supports

- Introduction to Positive Behavior Supports – available through The Boggs Center on Developmental Disabilities
  **OR**
- Division approved alternate training – available through a service provider that has submitted a copy of the curriculum and trainer’s credentials to the Director, Supports Program and Employment Services for review and received Division approval prior to use

17.2.5.3.3 DDD System Mandatory Training Bundle – Within 90 days of hire

The following training is available through the College of Direct Support (CDS). Additional information about CDS is available in Section 11.4.1.

- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Prevention and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP
- DDD Life Threatening Emergencies (Danielle’s Law)

17.2.5.3.4 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire

- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.2.5.4 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Additional information regarding documentation for Behavioral Supports is forthcoming.

17.2.5.5 Quality Assurance/Monitoring

The Division will conduct quality assurance and monitoring of Behavioral Supports providers in accordance with the requirements of the Supports Program Quality Plan.

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9 For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document
17.3 Career Planning

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<td>15 minutes</td>
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</table>

17.3.1 Description
Career planning is a person-centered, comprehensive employment planning and support service that provides assistance for program participants to obtain, maintain or advance in competitive employment or self-employment. It is a focused, time-limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state’s minimum wage. The outcome of this service is documentation of the participant’s stated career objective and a career plan used to guide individual employment support. If a participant is employed and receiving supported employment services, career planning may be used to find other competitive employment more consistent with the person’s skills and interests or to explore advancement opportunities in his or her chosen career.

17.3.2 Service Limits
This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual\(^9\), and as authorized in their Service Plan. This service is available to participants at a maximum of 80 hours per Service Plan year. If the participant is eligible for services from the State’s Division of Vocational Rehabilitation Services, these services must be exhausted before Career Planning can be offered to the participant.

17.3.3 Provider Qualifications
All providers of Career Planning services must comply with the standards set forth in this manual. In addition, all staff providing Career Planning services must be a Certified Rehabilitation Counselor (CRC), Professional Vocational Evaluator (PVE), Certified Vocational Evaluator (CVE) or Employment Specialist that has successfully completed all Division approved training mandated for an employment specialist/job coach as further described in Section 17.3.5.5. Career Planning providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure staff are a minimum of 20 years of age and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

17.3.4 Examples\(^11\) of Career Planning Activities
- Determination of career direction through interest inventories, situational assessments, etc.
- Development of a plan that states the career objective and guides individual employment support

17.3.5 Career Planning Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing, regulatory, and/or certification standards.

17.3.5.1 Career Planning Overview
The career planning process utilizes the individual’s dreams, outcomes, personal preferences, interests, and needs to help the individual figure out the types of employment he/she wants to pursue and develop a plan to assist him/her in getting there. The focus of the career planning process is on identifying what the job seeker wants to do rather than a lack of skills or limitations that he/she may have. Upon identification of the desired employment outcome, the career plan will identify support needs necessary toward reaching that outcome. Each individual’s

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\(^9\) The standards for employment services (career planning, prevocational training, and supported employment individual and small group supports) have been incorporated into the Supports Program Policies & Procedures manual instead of establishing a separate manual for these services. The “Standards for Supported Employment Services Manual” from 2007 does not apply to people or services in the Supports Program.

\(^11\) Please note that examples are not all inclusive of everything that can be funded through this service.
career planning service is unique to that individual’s plan and demonstrates increasing involvement in the employment market, development of community connections, and continued movement toward inclusive settings and community employment.

The goals of Career Planning services include but are not limited to the following:

- Developing a career path that leads to maintained employment in the general workforce
- Furthering an individual’s career through increased wages earned, receipt of employment benefits, increased working hours, promotions, etc.
- Increasing an individual’s satisfaction with his/her career direction in circumstances where the individual is unsatisfied with his/her current job

17.3.5.2 Best Practices in Career Planning

- Utilizing a person centered approach to discover the individual’s likes/dislikes, job preference goals, strengths/skills, and support needs in order to develop a career plan
- Partnering with the individual and people he/she already knows to identify creative methods leading to the end result of employment within the career path of choice
- Identifying a network of people/connections who can provide assistance, leads, support, etc. to accomplish employment within the career path of choice
- Developing a written plan that will guide the individual in negotiating/meeting his/her needs
- Finding a new approach to the individual’s career path
- Connecting to the individual’s community and discovering additional resources

17.3.5.3 Need for Service and Process for Choice of Provider

Career Planning services can be provided to anyone who is unable to identify a desired career path or job and has expressed an interest to work competitively in the general workforce. The need for Career Planning services will typically be identified through the Pathway to Employment discussion that takes place annually during the person centered planning process and is documented in iRecord and in the ISP. Once this need is identified, an outcome related to exploring career options and developing a path to competitive employment in the general workforce will be included in the Individual Service Plan (ISP) and the Career Planning provider will develop a career plan that must include, at a minimum, indication of the individual’s career goal, a detailed description/outline of how the individual is going to achieve that goal, and identification of areas where employment support may be needed.

This service can only be accessed through the Division if it is not available through the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) – as documented on the F3 Form “DVRS or CBVI Determination Form for Individuals Eligible for DDD” (Appendix D)

It is recommended that the individual research potential service providers through phone calls, meetings, office visits, etc. to select the service provider that will best meet his/her needs.

The Career Planning service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Career Planning, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP and the Service Detail Report will be provided to the identified service provider.
**17.3.5.4 Minimum Staff Qualifications**

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

**17.3.5.4.1 All Staff**
- Minimum 20 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

**17.3.5.4.2 Executive Director or Equivalent**
- Bachelor’s Degree - OR -
- High school diploma and 5 years experience working with people with developmental disabilities, two of which shall have been supervisory in nature

**17.3.5.4.3 Program Management Staff/Supervisors**
- Graduated from an accredited college or university with a Bachelor’s degree, or higher, in Education, Social Work, Psychology or related field, plus one (1) year of successful experience in human services or employment services, or
- Graduated from an accredited college with an Associate’s degree, plus two (2) years of successful experience in human services, or
- Graduated with a high school diploma or equivalent and five (5) years of experience in occupational areas similar to those being offered at the program. A combination of college or technical school may be substituted for experience on a year for year basis.
- Have a clear understanding of the demands and expectations in business and industry.

**17.3.5.4.4 Certified Rehabilitation Counselors (CRC), Professional Vocational Evaluator (PVE), Certified Vocational Evaluator (CVE), or Employment Specialist**
- Education level necessary to maintain CRC, PVE, or CVE status
- Have an Associate’s degree or higher in a related field from an accredited college or university or have a high school diploma or equivalent with three (3) years of related experience
- Be familiar with the demands and expectations of business and industry

**17.3.5.5 Mandated Staff Training & Professional Development**

The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Career Planning services shall successfully complete the following training:

**17.3.5.5.1 DDD System Mandatory Training Bundle – Within 90 days of hire**

The following training is available through the College of Direct Support (CDS)\(^\text{12}\). Additional information about CDS is available in Section 11.4.1.
- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Preventions and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?

\(^{12}\) For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document.
17.2.5.5.2 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire
   - On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.3.5.5.3 Provider Developed Orientation – Within 30 days of hire
Career Planning service providers must provide an orientation for new employees that includes a minimum of the following topics:
   - Cultural Competence
   - Individual Rights
   - Working with Families
   - Incident Reporting

17.3.5.5.3 Employment Specialist Foundations: Basic Knowledge and Skills - Within the first year of hire
   - Employment Specialist Foundations: Basic Knowledge and Skills – Overview, Assessment/Discovery, Marketing & Job Development, Instruction & Data Collection, Retention & Long Term Follow Along – available through The Boggs Center on Developmental Disabilities
     OR
   - Division approved Supported Employment, Customized Employment, Employment Specialist, or Job Coach alternate training – providers may use an alternate training entity if the training is preapproved by the Director, Supports Program and Employment Services at the Division

17.3.5.4 Minimum 12 Hours of Professional Development – annually
All full-time (30 hours or more per week) Career Planning personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to Career Planning and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).

Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file. These trainings may include but are not limited to training or technical assistance from the following sources:
   - The Boggs Center on Developmental Disabilities
   - VCU
   - College of Direct Support/College of Employment Supports
   - APSE (Association for People Supporting EmploymentFirst)
   - DDD
   - DVRS
   - The Arc of New Jersey – Project Hire’s Technical Assistance Services
   - Centers for Independent Living

17.3.5.6 Documentation & Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Career Planning services must result in an individualized written career plan. The Career Planning provider can develop the preferred format for this plan but must include, at a minimum, indication of the individual’s career goal, a detailed description/outline of how the individual is going to achieve that goal, and identification of areas where employment support may be needed.

17.3.5.7 Quality Assurance and Monitoring
The Division will conduct quality assurance and monitoring of Career Planning providers in accordance with the requirements of the Supports Program Quality Plan.
17.4 Cognitive Rehabilitation

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17.4.1 Description
A systematic, functionally-oriented service of therapeutic cognitive activities, based on an assessment and understanding of the person’s brain behavior deficits. Services are directed to achieve functional changes: by (1) reinforcing, strengthening or re-establishing previously learned patterns of behavior, or (2) establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems. Therapeutic interventions include but are not limited to direct retraining, use of compensatory strategies, use of cognitive orthotics and prostheses. Activity type and frequency are determined by assessment of the participant, the development of a treatment plan based on recognized deficits, and periodic reassessments. Cognitive therapy can be provided in the individual’s home or community settings.

17.4.2 Service Limits
Daily limits as delineated by the participant’s Service Plan. Frequency and duration of service must be supported by assessment and included in the participant’s Service Plan. CRT may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants. Both group and individual sessions may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record. This service must be coordinated and overseen by a CRT provider holding at least a master’s degree. All individuals who provide or supervise the CRT service must complete six hours of relevant ongoing training in CRT and brain injury rehabilitation. Training may include, but is not limited to, participation in seminars, workshops, conferences, and in-services.

17.4.3 Provider Qualifications
All providers of Cognitive Rehabilitation services must comply with the standards set forth in this manual. In addition, Cognitive Rehabilitation providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Cognitive Rehabilitation services must meet the following:
- Certified Brain Injury Specialist (CBIS) through the Academy of Certified Brain Injury Specialists (ACBIS) – AND –
- Complete 6 hours of relevant ongoing training on Cognitive Rehabilitation Therapy or brain injury rehabilitation - AND - at least one of the following:
  - Master’s degree in an allied health field from an accredited institution where the degree is a prerequisite for licensure or certification
  - Bachelor’s degree in an *allied rehabilitation field from an accredited institution where the degree is sufficient for licensure, certification or registration
  - Master’s or Bachelor’s degree in an *allied rehabilitation field from an accredited institution where the degree is insufficient for licensure, certification, or registration or when such is not available must be supervised by a qualified professional

*Applicable allied rehabilitation degree programs include: counseling, education, medicine, neuropsychology, OT, PT, psychology, recreation therapy, social work, special education and speech-language pathology.
Supervisors of Cognitive Rehabilitation Services must meet at least one of the following:
- Cognitive Rehabilitation Therapy providers holding at least a Master’s degree
- Certification by the Society for Cognitive Rehabilitation
- Rehabilitation professional that is licensed or certified

17.4.4 Examples of Cognitive Rehabilitation Activities
- Direct retraining
- Compensatory strategies
- Cognitive orthotics and prostheses

17.4.5 Cognitive Rehabilitation policies/standards
In addition to the standards set forth in this manual, Cognitive Rehabilitative services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

17.4.5.1 Need for Service and Process for Choice of Provider
In order to access Cognitive Rehabilitation services, the NJ Comprehensive Assessment Tool (NJ CAT) must indicate that the individual has an acquired non-degenerative or traumatic brain injury and an appropriate medical prescription must be obtained. In addition, the following steps must be completed in order to access Cognitive Rehabilitation:

- The Support Coordinator uploads a copy of the medical prescription to iRecord
- The individual/family reaches out to the primary insurance carrier to request Cognitive Rehabilitation therapy
- If the primary insurance carrier approves the Cognitive Rehabilitation, the individual will access this therapy through their primary insurer and follow the process required by that insurer
- If the primary insurer denies the Cognitive Rehabilitation therapy, the individual will receive (or must request) a denial letter
- The individual will submit the primary insurer’s denial letter to the Support Coordinator
- The Support Coordinator will upload the denial letter to iRecord and assist the individual in identifying providers of Cognitive Rehabilitation therapy
- The Support Coordinator will include Cognitive Rehabilitation in the ISP as is done for other services
- When the ISP is approved, the prior authorization will be emailed to the provider and the Support Coordinator will submit the denial letter from the primary carrier to the service provider that has been identified in the ISP to provide Cognitive Rehabilitation
- The prior authorized service provider (identified in the ISP) will request the “Bypass Letter Request Form” from OSC.tplunit@osc.nj.gov
- The service provider completes the Bypass Letter Request Form, attaches the explanation of benefits (EOB) for the denied service (either for exhausted benefits or non-coverage), and submits the documents to the OSC
- Staff at the OSC will review the information and issue a Bypass Letter if appropriate
- The service provider will submit claims for rendered services along with the Bypass Letter to Molina for payment

17.4.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Please note that examples are not all inclusive of everything that can be funded through this service.
17.5 Community Based Supports

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<th>Procedure Codes</th>
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<td>H2021HI52</td>
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<td>15 minutes</td>
<td>Self-Directed Employee</td>
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17.5.1 Description
Services that provide direct support and assistance for participants, with or without the caregiver present, in or out of the participant's residence, to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in his/her Service Plan. Community-Based Supports are delivered one-on-one with a participant and may include but are not limited to: assistance with community-based activities and assistance to, as well as training and supervision of, individuals as they learn and perform the various tasks that are included in basic self-care, social skills, and activities of daily living.

17.5.2 Service Limits
Providers of Community-Based Support Services may be members of the participant’s family except for spouse or parent of a minor child, provided that the family member has met the same standards as providers who are unrelated to the individual.

17.5.3 Provider Qualifications
All providers of Community Based Supports must comply with the standards set forth in this manual. In addition, Community Based Supports providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

If the Community Based Supports provider is a Home Health Agency or Health Care Service Firm, they must meet the following additional license or accreditation requirements:
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -OR-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)

17.5.4 Examples of Community Based Supports Activities
- Support from staff to enable an individual to attend an event, take a class, etc.
- Support from staff to assist an individual participating in activities such as: assistance in completing activities of daily living, ordering off a menu, purchasing items, learning basic cooking, laundry skills, etiquette, travel training, accessing activities in the community, etc.
- One-on-one tutoring
- Support on a job site to assist in basic self-care, social skills, and activities of daily living.

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14 Please note that examples are not all inclusive of everything that can be funded through this service
*Please note that Community Based Supports can be used in addition to but cannot replace Supported Employment services (such as job coaching). Supported Employment services must be provided in accordance with the standards described in Section 17.20 by professionals who have completed the Employment Specialist/Job Coach series of trainings. For example, Community-Based Supports can be provided to assist an individual on a job site with safety awareness, remaining focused on work tasks, self-care needs, eating lunch, etc., but cannot assist the individual or his/her supervisor in learning work tasks, setting up accommodations to complete work tasks, or the training associated with learning new aspects of his/her job duties. Those activities must be conducted by an appropriately qualified and approved Supported Employment provider.

17.5.5 Community Based Supports Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.5.5.1 Need for Service and Process for Choice of Provider

The need for Community Based Supports will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Community Based Supports will be included in the Individual Service Plan (ISP) and the Community Based Supports provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Community Based Services provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Community Based Supports provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Community Based Supports, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP and Service Detail Report will be provided to the identified service provider.

17.5.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.5.5.3 Mandated Staff Training & Professional Development

The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Community Based Supports shall successfully complete the following training:
17.5.5.3.1 DDD System Mandatory Training Bundle – Within 90 days of hire
The following training is available through the College of Direct Support (CDS)\textsuperscript{15}. Additional information about CDS is available in Section 11.4.1.

- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Prevention and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP
- DDD Life Threatening Emergencies (Danielle’s Law)

17.5.5.3.2 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire
- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.5.5.3.3 Provider Developed Orientation – Within 30 days of hire
Community Based Supports service providers must provide an orientation for new employees that includes a minimum of the following topics:

- Cultural Competence
- Individual Rights
- Working with Families
- Incident Reporting

17.5.5.3.4 Individual/Family Developed Orientation for SDEs – Within 30 days of hire
The individual/family employing a SDE providing Community Based Supports must provide an orientation that covers topics that will assist the SDE in getting to know the individual and may include the following suggestions:

- Great things about the individual
- Areas of importance to the individual
- Best ways to support the individual
- Information about how the individual communicates
- Individual rights
- Working with families
- Incident Reporting

17.5.5.3.5 Medication (unless medications are not being distributed) – Prior to administering medications
The following training is available through the College of Direct Support (CDS). Additional information about CDS is available in Section 11.4.1.

- Introduction
- An Overview of Direct Support Roles in Medication Support
- Medication Basics
- Working with Medications
- Administration of Medications and Treatments
- Follow-up, Communication, and Documentation of Medications

\textsuperscript{15} For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document
17.5.5.3.6 Medication Practicum (unless medications are not being distributed) – Prior to administering medications and annually thereafter

- On-site competency assessment conducted by the service provider or individual/family (for SDEs)

17.5.5.3.7 Cardio Pulmonary Resuscitation (CPR) and Standard First Aid – Prior to assuming sole responsibility of an individual receiving services

Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified training program for CPR and for Standard First Aid following the guidelines provided in Section 11.4.2.

17.5.5.3.8 CPR and Standard First Aid Recertification – In accordance with time frames established by the certified training program

Staff shall submit documentation of successful completion of recertification in CPR and Standard First Aid in accordance with the recertification timeframes established by the certified training program and following the guidelines provided in Section 11.4.2.

17.5.5.3.9 Specialized Staff Training – Within 90 days of hire, as needed

Staff that work with individuals with medical restrictions, special instructions, or specialized needs shall receive training to meet those needs. Topics in this area shall be addressed to meet the individual’s needs and may include but are not limited to the following:

- Specialized diets/mealtime needs – including eating techniques, consistency of foods, nutritional supplements, food thickeners, the use of prescribed equipment, chair positioning, the level of supervision needed, etc.
- Mobility procedures and safe use of mobility devices
- Seizure management and support
- Assistance, care, and support for individuals with identified specific needs related to physical and/or medical conditions
- Assistance, care, and support for individuals with identified mental health and/or behavioral needs (must comply with relevant Division policies)

17.5.5.3.10 Positive Behavior Supports Overview (if applicable and because staff are working with individuals who have behavior support needs) – Prior to implementation of behavior supports

- Introduction to Positive Behavior Supports – available through The Boggs Center on Developmental Disabilities
  
  OR

- Division approved alternate training – available through a service provider that has submitted a copy of the curriculum and trainer’s credentials to the Director, Supports Program and Employment Services for review and received Division approval prior to use

17.5.5.3.11 Individual Rights – reviewed annually

17.5.5.3.12 Minimum 12 Hours of Professional Development – annually

All full-time (30 hours or more per week) Community Based Supports personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to Community Based Supports and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).
Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file.

**17.5.5.4 Documentation and Reporting**
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

**17.5.5.5 Quality Assurance/Monitoring**
The Division will conduct quality assurance and monitoring of Community Based Supports providers in accordance with the requirements of the Supports Program Quality Plan.
### 17.6 Community Inclusion Services

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
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<td>H2015HIU4</td>
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<td>Tier D</td>
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<td>H2015HIU5</td>
<td>$7.46</td>
<td>15 minutes</td>
<td>Tier E</td>
<td>Either</td>
</tr>
</tbody>
</table>

#### 17.6.1 Description

Services provided outside of a participant’s home that support and assist participants in educational, enrichment or recreational activities as outlined in his/her Service Plan that are intended to enhance inclusion in the community. Community Inclusion Services are delivered in a group setting not to exceed six (6) individuals.

#### 17.6.2 Service Limits

Community Inclusion Services are limited to 30 hours per week. Transportation to or from a Community Inclusion Service site is not included in the service.

#### 17.6.3 Provider Qualifications

All providers of Community Inclusion Services must comply with the standards set forth in this manual. In addition, all Community Inclusion Services providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

**If the Community Inclusion Services provider is a Home Health Agency or Health Care Service Firm, they must meet the following additional license or accreditation requirements:**
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -OR-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)

#### 17.6.4 Examples of Community Inclusion Services Activities

- Small group outings to community festivals, museums, book clubs, theater groups, cultural events, holiday celebrations, sporting events, etc.
- Small group leisure activities in the community
- Small group educational activities in the community

#### 17.6.5 Community Inclusion Services Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

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16 Please note that examples are not all inclusive of everything that can be funded through this service
17.6.5.1 Need for Service and Process for Choice of Provider

The need for Community Inclusion services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Community Inclusion services will be included in the Individual Service Plan (ISP) and the Community Inclusion Services provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Community Inclusion provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Community Inclusion provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Community Inclusion, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

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17.6.5.3.1 DDD System Mandatory Training Bundle – Within 90 days of hire

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17.6.5.3.10 Individual Rights – reviewed annually

17.6.5.3.11 Minimum 12 Hours of Professional Development – annually

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Documentation of training shall be maintained in the employee’s personnel file.

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Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Standardized documents are available in Appendix D. Providers using an electronic health record (EHR) or billing system that cannot duplicate these standardized documents will remain in compliance if all the information required on these documents is captured somewhere and can be shown/reviewed during an audit.

17.6.5.4.1 Community Inclusion Services – Individualized Goals

The provider of Community Inclusion Services, in collaboration with the individual, must develop strategies for each personally defined outcome related to the Community Inclusion Services that the service provider has chosen to provide as indicated in the ISP. These strategies must be completed within 15 calendar days of the date the individual begins to receive Community Inclusion Services from the provider and must be documented on the Community Inclusion Services – Individualized Goals document. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These
strategy revisions must be completed within 15 calendar days of the ISP modification or approval of the annual ISP.

17.6.5.4.2 Community Inclusion Services – Activities Log
The Community Inclusion Services provider will complete the Community Inclusion Services – Activities Log on each date services are delivered to indicate which strategies were addressed that day and provide a notation of activities done to address the strategy and what occurred that day as these activities were conducted.

17.6.5.4.3 Community Inclusion Services – Quarterly Update
On a quarterly basis, according to the individual’s ISP plan year, the Community Inclusion Services provider will provide a summary of that quarter’s services by completing the Quarterly Update.

17.6.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Community Inclusion providers in accordance with the requirements of the Supports Program Quality Plan.
### 17.7 Day Habilitation

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<td>Employment/Day</td>
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<td>T2021HIU7</td>
<td>$16.30</td>
<td>15 minutes</td>
<td>Tier F/Acuity Differentiated</td>
<td>Employment/Day</td>
</tr>
</tbody>
</table>

**17.7.1. Description**

Services that provide education and training to acquire the skills and experience needed to participate in the community, consistent with the participant’s Service Plan. This may include activities to support participants with building problem-solving skills, self-help, social skills, adaptive skills, daily living skills, and leisure skills. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are provided during daytime hours and do not include employment-related training. Day Habilitation may be offered in a center-based or community-based setting.

**17.7.2 Service Limits**

Day Habilitation does not include services, activities or training which the participant may be entitled to under federal or state programs of public elementary or secondary education, State Plan services, or federally funded vocational rehabilitation. Day Habilitation is limited to 30 hours per week.

**17.7.3 Provider Qualifications**

All providers of Day Habilitation services must comply with the standards set forth in this manual. In addition, Day Habilitation providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

**17.7.3.1 Day Habilitation Certification**

All Day Habilitation service providers shall only operate after receiving a valid Day Habilitation Certification and becoming an approved Medicaid/DDD provider for Day Habilitation services.

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18 The “Standards for Adult Day Programs” manual from 2007 does not apply to people or services in the Supports Program
Day Habilitation Certification is required for each specific site, is time limited, and is non-transferable.

17.7.3.1.1 Provisional Certification
Prior to submitting the Combined Application to become a Medicaid/DDD provider for Day Habilitation services, providers are required to obtain Provisional Day Habilitation Certification. This one-year certification verifies that the agency’s Day Habilitation services have met the minimum requirements to provide Day Habilitation services at each location in which these services will be offered.

Prior to the expiration of the one-year provisional certification, a full audit of the provider’s day habilitation services will be conducted in order to determine ongoing certification.

17.7.3.1.2 Ongoing Certification
Upon expiration of the Day Habilitation Certification, an audit of the provider’s Day Habilitation services will be conducted in order to determine ongoing certification. Certification type will be issued as follows:

- **3 Year Certification** – awarded for compliance scores of 86% and above in both critical and significant standards
- **1 Year Certification** – awarded when compliance scores fall between 85% and 70% in critical and/or significant standards
- **Conditional Certification** – awarded when compliance scores are 69% or below in critical and/or significant standards

17.7.4 Day Habilitation Activities Guidelines
The Division of Developmental Disabilities encourages best practices and engaging activities in day habilitation services (day programs) and offers the following guidance as a starting point for day habilitation service providers in planning and executing comprehensive activities in their programs.

17.7.4.1 General Guidelines
Day habilitation service providers should include activities that follow the following general guidelines:

- **Be Age-Appropriate**
- **Offer Variety & Choice**
- **Emphasize Community Experiences**
- **Focus on Small Groups and Individual Interactions and Experiences**

17.7.4.1.1 Examples\(^\text{19}\) of Activities
Activities should be individualized based on likes, dislikes, areas of interests, desires, dreams, etc. as documented in the Person Centered Planning Tool (PCPT). The following list is not exhaustive, but is simply to generate ideas on the types of activities that can occur and assist with the development of positive programming.

17.7.4.1.1.1 Community Experiences
Some of the following community experiences can assist in developing personal interests:

- Shopping – budgeting, money management
- Restaurants – ordering from menus, personal choices, paying the bill
- Sports/fitness events and activities
- Library, Book clubs
- Health fairs
- Museums

\(^\text{19}\) Please note that examples are not all inclusive of everything that can be funded through this service
• Cultural events
• Travel and community safety, use of public transportation
• Theater, community concerts
• Community festivals
• Holiday celebrations
• Parks, walking, picnics
• Community gardens

17.7.4.1.1.2 Activities
• Cooking, meal preparation, food safety
• Money management
• Health, fitness
• Laundry
• Personal hygiene
• Classes on skill development
  o Advocacy
  o Assertiveness
  o Communication
  o Choices, decision-making
  o Problem-solving
  o Boundaries
  o Healthy sexuality
  o Relationship building
• Developing personal interests
  o Cards and competitive/collaborative games
  o Painting, artwork, drawing, constructing models, needlecraft, jewelry design, sculpting, woodworking, scrapbooking, photography
  o Theater, film-making
  o Dancing, music, playing instruments, singing
  o Horticulture, gardening, terrariums
  o Athletics, sports, fitness
  o Reading, books, poetry
  o Computer and other devices/technology, social media experience
• Current events
• Telling time
• Cleaning

17.7.5 Day Habilitation Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.7.5.1 Need for Service and Process for Choice of Provider
The need for Day Habilitations services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Day Habilitation services will be included in the Individual Service Plan (ISP) and the Day Habilitation service provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Day Habilitation provider in the planning process to assist in identifying and developing applicable outcomes.
It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Day Habilitation service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Day Habilitation services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

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The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.7.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Day Habilitation services shall successfully complete the following training:

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- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Preventions and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP
- DDD Life Threatening Emergencies (Danielle’s Law)

17.7.5.3.2 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire
- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.7.5.3.3 Provider Developed Orientation – Within 30 days of hire
Day Habilitation service providers must provide an orientation for new employees that includes a minimum of the following topics:

- Cultural Competence
- Individual Rights

\textsuperscript{20} For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document
• Working with Families
• Incident Reporting

17.7.5.3.4 Medication (unless medications are not being distributed) – Prior to administering medications
The following training is available through the College of Direct Support (CDS). Additional information about CDS is available in Section 11.4.1.
• Introduction
• An Overview of Direct Support Roles in Medication Support
• Medication Basics
• Working with Medications
• Administration of Medications and Treatments
• Follow-up, Communication, and Documentation of Medications

17.7.5.3.5 Medication Practicum (unless medications are not being distributed) – Prior to administering medications and annually thereafter
• On-site competency assessment conducted by the service provider or individual/family (for SDEs)

17.7.5.3.6 Cardio Pulmonary Resuscitation (CPR) and Standard First Aid – Prior to assuming sole responsibility of an individual receiving services
Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified training program for CPR and for Standard First Aid following the guidelines provided in Section 11.4.2.

17.7.5.3.7 CPR and Standard First Aid Recertification – In accordance with time frames established by the certified training program
Staff shall submit documentation of successful completion of recertification in CPR and Standard First Aid in accordance with the recertification timeframes established by the certified training program and following the guidelines provided in Section 11.4.2.

17.7.5.3.8 Fire Evacuation & Emergency Procedures – Annually
Must be trained upon hire and reviewed annually thereafter by the service provider

17.7.5.3.9 Universal Precautions – Annually
Must be trained upon hire and reviewed annually thereafter by the service provider

17.7.5.3.10 Specialized Staff Training – Within 90 days of hire, as needed
Staff that work with individuals with medical restrictions, special instructions, or specialized needs shall receive training to meet those needs. Topics in this area shall be addressed to meet the individual’s needs and may include but are not limited to the following:
• Specialized diets/mealtime needs – including eating techniques, consistency of foods, nutritional supplements, food thickeners, the use of prescribed equipment, chair positioning, the level of supervision needed, etc.
• Mobility procedures and safe use of mobility devices
• Seizure management and support
• Assistance, care, and support for individuals with identified specific needs related to physical and/or medical conditions
• Assistance, care, and support for individuals with identified mental health and/or behavioral needs (must comply with relevant Division policies)
17.7.5.3.11 Positive Behavior Supports Overview (if applicable and because staff are working with individuals who have behavior support needs) – Prior to implementation of behavior supports

- Introduction to Positive Behavior Supports – available through The Boggs Center on Developmental Disabilities

\textbf{OR}

- Division approved alternate training – available through a service provider that has submitted a copy of the curriculum and trainer’s credentials to the Director, Supports Program and Employment Services for review and received Division approval prior to use

17.7.5.3.12 Individual Rights – reviewed annually

17.7.5.3.13 Minimum 12 Hours of Professional Development – annually

All full-time (30 hours or more per week) Day Habilitation personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to Day Habilitations and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).

Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file.

17.7.5.4 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Standardized documents are available in Appendix D. Providers using an electronic health record (EHR) or billing system that cannot duplicate these standardized documents will remain in compliance if all the information required on these documents is captured somewhere and can be shown/reviewed during an audit.

17.7.5.4.1 Day Habilitation – Individualized Goals

The provider of Day Habilitation services, in collaboration with the individual, must develop strategies to assist the individual in reaching the outcome(s) related to the Day Habilitation services that the service provider has been chosen to provide as indicated in the ISP. These strategies must be completed within 15 calendar days of the date the individual begins to receive Day Habilitation services from the provider and must be documented on the Day Habilitation Individualized Goals Log. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These strategy revisions must be completed within 15 calendar days of the ISP modification or approval of the annual ISP.
17.7.5.4.2 Day Habilitation – Activities Log
The Day Habilitation provider will complete the Day Habilitation – Activities Log on each date services are delivered to indicate which strategies were addressed that day and provide a notation of activities done to address the strategy and what occurred that day as these activities were conducted.

17.7.5.4.3 Day Habilitation – Quarterly Update
On a quarterly basis, according to the individual’s ISP plan year, the Day Habilitation provider will provide a summary of that quarter’s services by completing the Quarterly Update.

17.7.5.5 Service Settings
When day habilitation activities are being conducted in a center, the following standards must be met for the building (site):

- Day Habilitation services shall take place in a non-residential setting and separate from any home or facility in which any individual resides
- The service provider shall comply with all local, municipal, county, and State codes
- The Certificate of Continued Occupancy (CCO) or Certificate of Occupancy (CO) or other documentation issued by local authority shall be available on site and a copy shall be posted
- The service provider shall be in compliance with the Americans with Disabilities Act (ADA) requirements
- Municipal fire safety inspections shall be conducted consistent with local code and maintained on file
- Exit signs shall be posted over all exits
- The site shall have a fire alarm system appropriate to the population served
- The site shall have sufficient ventilation in all areas
- The site shall have adequate lighting
- The facility shall be maintained in a clean, safe condition, to include internal and external structure
  - Aisles, hallways, stairways, and main routes of egress shall be clear of obstruction and stored material
  - Floors and stairs shall be free and clear of obstruction and slip resistant
  - Equipment, including appliances, machinery, adaptive equipment, assistive devices, etc. shall be maintained in safe working order
  - Adequate sanitary supplies shall be available including soap, paper towels, toilet tissue
- The service provider shall ensure that health and sanitation provisions are made for food preparation and food storage
  - The service shall maintain appropriate local or county Department of Health certificates, where appropriate
- Prior to relocating a site used to provide Day Habilitation services, potential sites must be reviewed and approved by the Division. Requests for site review and approval shall be directed through the Division designee.

17.7.5.6 Medical/Behavioral

17.7.5.6.1 Individual Medical Restrictions/Special Instructions
Individuals receiving day habilitation services may have a variety of medical restrictions or special instructions related to their health and safety. Information about these restrictions or special instructions shall be included in the Individualized Service Plan, shared with identified service providers, and documented in the individual file.

Day Habilitation service providers shall:
- Maintain current documentation of medical restrictions or special instructions within the individual file and on the emergency card.
• Ensure that all personnel understand, follow, and are trained as needed in all medical restrictions or special instructions associated with the individuals receiving services
• Comply with N.J.A.C. 10:42, Division Circular #20 “Mechanical Restraint & Safeguarding Equipment” when utilizing safeguarding equipment (e.g. braces, thoracic jackets, splints, etc.) necessary to achieve proper body position and balance
• Adhere to any special dietary and/or texture requirements (e.g. feeding techniques, consistency of foods, the use of prescribed feeding equipment, level of supervision needed when eating, etc.) as ordered by the physician and/or documented in the ISP

17.7.5.6.2 Illness/Contagious Conditions
• If an individual arrives for day habilitation services in apparent ill health or becomes ill during day habilitation service hours, the service provider shall:
  o Require that the individual be removed from services for symptoms including but not limited to fever, vomiting, diarrhea, body rash, sore throat and swollen glands, severe coughing, eye discharge, or yellowish skin or eyes
  o Notify the caregiver
  o Document actions in the individual record
• If an individual is suspected of having a contagious condition, the individual shall be removed from services until a physician’s written approval/clearance is obtained as documented in the individual file. The service provider shall ensure exposed individuals and their primary caregiver or guardian are notified of related signs and symptoms.
• If an individual requires emergency treatment at a hospital or other facility during day habilitation service hours, day habilitation service staff shall remain with the individual until the caregiver or guardian arrives.

17.7.5.7 Emergencies

17.7.5.7.1 Emergency Plans
The provider shall develop written plans, policies, and procedures to be followed in the event of an emergency evacuation or shelter in place (for circumstances requiring that people remain in the building) and ensure that all staff are sufficiently trained on these plans, policies, and procedures. Emergency numbers shall be posted by each telephone. Emergency cards must be kept up to date and maintained in a central location so they are available and portable in emergencies.

17.7.5.7.2 Emergency Procedures
At a minimum, procedures shall specify the following:
• Practices for notifying administration, personnel, individuals served, families, guardians, etc.
• Locations of emergency equipment, alarm signals, evacuation routes
• Description of evacuation procedure for all individuals receiving services – including mechanism to ensure everyone has been evacuated and is accounted for, meeting location(s), evacuation routes, method to determine reentry, method for reentry, etc.
• Description of shelter in place procedure for all individuals receiving services – including mechanism to ensure everyone has been moved to a safe location and is accounted for, destinations within the building for various emergencies, routes to designated destinations, method to determine clearance to exit the building, method for exiting, etc.
• Reporting procedures in accordance with Division Circular #14 “Reporting Unusual Incidents”
• Methods for responding to Life-Threatening Emergencies in accordance with Division Circular #20A “Life Threatening Emergencies”
17.7.5.7.3 Evacuation Diagrams
An evacuation diagram specific to the facility/program location shall be posted conspicuously throughout the facility. At a minimum these diagrams must consist of the following:
- Evacuation route and/or nearest exit,
- Location of all exits,
- Location of alarm boxes (pull station), and
- Location of fire extinguishers

17.7.5.7.4 Emergency Drills
Drills for a variety of emergencies (fire, natural disaster, etc.) shall be conducted regularly to ensure individuals receiving Day Habilitation services understand the emergency procedures. At a minimum emergency drills shall meet the following criteria:
- Rotated between the variety of potential emergencies given the location and population served
- Conducted monthly with individuals served present
- Varied as to accessible exits
- Documented to include date, time of drill, length of time to evacuate, number of individuals participating, name(s) of participating staff, problems identified, corrective actions for problems, and signature of person in charge

17.7.5.7.5 Emergency Cards
The Day Habilitation service provider shall maintain an Emergency Card for each individual. This card will consolidate relevant emergency, health, and medical information provided by the ISP into one, readily available and portable document in case of emergencies. The provider shall verify the information provided by the ISP and review and update the Emergency Card at least annually. The Emergency Card shall include, at a minimum, the following information:
- Individual’s Name
- Individual’s Date of Birth
- Individual’s DDD ID Number
- Emergency Contact Information
- Guardianship Information, if applicable
- Diagnosis
- Medications, if applicable
- Individual Medical Restrictions/Special Instructions, if applicable
- Medical Contact Information
  - Primary Physician Information
  - Preferred Hospital
- Healthcare Contact Information
  - Managed Care Organization (MCO) Information
  - Private Insurance, if applicable
  - Administrative Services Organization (ASO), if applicable
- Support Coordinator Contact Information

17.7.5.7.6 Emergency Consent for Treatment Form
The provider shall discuss the individual’s wishes related to emergency treatment and obtain a signed general statement of consent for emergent care that includes but is not limited to the following:
- Medical or surgical treatment
- Hospital admission
- Examination and diagnostic procedures
- Anesthetics
• Transfusions
• Operations deemed necessary by competent medical clinicians to save or preserve the life of the named individual in the event of an emergency

17.7.5.7.7 First Aid Kit
Each day habilitation site shall maintain a first aid kit which minimally includes the following items:
• Antiseptic
• Rolled gauze bandages
• Sterile gauze bandages
• Adhesive paper or ribbon tape
• Scissors
• Adhesive bandages (Band-Aids)
• Standard type or digital thermometer

17.7.5.8 Medication
The service provider shall comply with the Division-approved Medication Module

17.7.5.8.1 Medication Policies & Procedures
Day Habilitation service providers must develop written policies and procedures specific to the following:
• Prescription, over-the-counter (OTC) and “as needed” (PRN) medications;
• Storage, administration and recording of medications;
• Definition and reporting of errors, emergency medication for life threatening conditions and staff training requirements

17.7.5.8.2 Storage
On-Site
• All prescription medication shall be stored in the original container issued by the pharmacy and shall be properly labeled.
• All OTC medication shall be stored in the original container in which they were purchased and the labels kept intact.
• The service provider shall supervise the use and storage of prescription medication and ensure a storage area of adequate size for both prescription and non-prescription medications is provided and locked.
• The medication storage area shall be inaccessible to all persons, except those designated by the service provider.
  o Designated staff shall have a key to permit access to all medications, at all times and to permit accountability checks and emergency access to medication.
  o Specific controls regarding the use of the key to stored medication shall be established by the service provider.
• Each individual’s prescribed medication shall be separated and compartmentalized within the storage area (i.e. Tupperware, Zip-loc bags, etc.)
• If refrigeration is required, medication must be stored in a locked box in the refrigerator or in a separate locked refrigerator.
• Oral medications must be separated from other medications.
• OTC medications must be stored separately from prescription medications in a locked storage area.

Off-Site
• Medications must be stored in a locked box/container.
• Each individual’s prescribed medication shall be separated and compartmentalized within the locked container; the container must be with staff at all times; locking medications in the glove-compartment is not permitted.
• Special storage arrangements shall be made for medication requiring temperature control
• Designated staff shall have a key to permit access to all medications at all times and to permit accountability checks and emergency access to medication
• The service provider must ensure that all medication to be administered off-site is placed in a sealed container labeled with the following:
  o The individual’s name
  o The name of the medication

17.7.5.8.3 Prescription Medication
A copy of the prescription shall be on record stating:
• The individual’s full name
• The date of the prescription
• The name of the medication
• The dosage
• The frequency

17.7.5.8.3.1 Documentation
• Written documentation shall be filed in the individual record indicating that the prescribed medication is reviewed at least annually by the prescribing physician, i.e. prescriptions current within one year.
• A Medication Administration Record (MAR) shall be maintained for each individual receiving prescription medication
  o The service provider shall transcribe information from the pharmacy label onto the Medication Administration Record (MAR)
  o If the exact administration time the medication is to be administered is not prescribed by the physician, determination of the time shall be coordinated with the caregiver and then recorded on the MAR i.e. at mealtimes
  o The staff person who prepares the medication must administer the medication and document it on the Medication Administration Record (MAR) immediately or upon return to the facility
  o Any change in medication dosage by the physician shall be immediately noted on the current MAR by staff, consistent with the provider’s procedure
• Verbal orders from a physician shall be confirmed in writing within 24 hours or by the first business day following receipt of the verbal order and the prescription shall be revised at the earliest opportunity
• All medications received by the adult day service shall be recorded at the time of receipt including the date received and the amount received i.e. 30 pills, 1-5 oz tube, etc.

17.7.5.8.3.2 Supplies
• An adequate supply of medication must be available at all times; as a general guideline, refill the medication when a 5-day supply remains
• For individuals who are supported through services which are not associated with a facility, the dosage of medication for the day must be provided in a properly labeled pharmacy container
  o The dosage
  o The frequency
  o The time of administration
  o The method of administration

17.7.5.8.3.3 Emergency Administration of Prescription Medication
Service providers shall ensure the safety of individuals who have a history of severe life-threatening conditions requiring the administration of prescription medication in emergency situations. Examples include, but are not limited to:
- Severe allergic reaction (called anaphylaxis) which requires the use of epinephrine via an “epi-pen” injection
- Cardiac conditions requiring the administration of nitroglycerin tablets

Staff shall follow life-threatening emergency procedures and the orders/protocol established by the physician

17.7.5.8.4 PRN (as needed) Prescription Medication

PRN prescription medication must be authorized by a physician. The authorization must clearly state the following:
- The individual’s full name
- The date of the prescription
- The name of the medication
- The dosage
- The interval between doses
- Maximum amount to be given during a 24-hour period
- A stop-date, when appropriate; and,
- Under what conditions the PRN medication shall be administered

17.7.5.8.4.1 Administration of PRN
- Determine the time the previous PRN medication(s) was given (through caregiver)
- Must be approved by the supervisory staff or designee, before administering
- Must be administered by the staff person who prepares the medication
- Followed by checking in with the individual 1-2 hours after administration to observe effect of PRN
- Convey time PRN was given by the day habilitation provider to the caregiver

17.7.5.8.4.2 Documentation
- Administration of the medication, including time of administration, must be documented by the staff person who prepared it on the Medication Administration Record (MAR) immediately or upon return to the facility
- Results of checking on individual 1-2 hours after administration to observe if the PRN is working

17.7.5.8.5 PRN Over the Counter (OTC) Medication

17.7.5.8.5.1 Administration of PRN – OTC
- Can only been done when an OTC form signed by the physician is on file and includes the following:
  - Conditions under which the OTC is to be given
  - The type of medication
  - The dosage
  - The frequency
  - Maximum amount to be given during a 24-hour period
  - Under what conditions to administer additional OTC
- Determine the time the previous OTC medication was given (through caregiver)
- Must be administered by the staff person who prepares the medication
- Convey the time the OTC was given by the day habilitation provider to the caregiver

17.7.5.8.5.2 Documentation
- Administration of the OTC medications must be documented by the staff person who prepared it on a Medication Administration Record (MAR) separate from the one utilized for prescription medication
17.7.5.8.6 Self-Medication
Individuals receiving medication shall take their own medication to the extent that it is possible, as noted in iRecord and communicated through the Support Coordinator, and in accordance with the day habilitation service provider’s procedures.

17.7.5.8.6.1 Documentation
The following information shall be maintained in the individual’s record:

- The name of the medication
- The type of medication(s)
- The dosage
- The frequency
- The date prescribed
- The location of the medication

17.7.5.8.5.2 Storage
- Medication shall be kept in an area that provides for the safety of others, if necessary
- Each individual who administers his or her own medication shall receive training and monitoring by the service provider regarding the safekeeping of medications for the protection of others, as necessary

17.7.5.9 Transportation
The rate established for Day Habilitation services includes transportation. Day Habilitation service providers are required to provide pick up and drop off transportation for individuals residing in the Day Habilitation provider’s defined catchment area within reason of the day habilitation services operational hours. Catchment area and reasonable pick up and drop off hours are submitted during the provider application and/or day habilitation certification process. In addition, day habilitation providers are required to provide transportation for Day Habilitation activities that are planned in the community. At no time may an individual receiving services be left alone in a vehicle.

17.7.5.9.1 Vehicles
All vehicles utilized by the Day Habilitation provider to transport individuals receiving services shall:

- Comply with all applicable safety and licensing regulations of the State of New Jersey Motor Vehicle Commission regulations
- Be maintained in safe operating condition
- Contain seating that does not exceed maximum capacity as determined by the number of available seatbelts and wheelchair securing devices
- Be wheelchair accessible by design and equipped with lifts and wheelchair securing devices which are maintained in safe operating condition when transporting individuals using wheelchairs
- Be equipped with the following:
  - 10:BC dry chemical fire extinguisher
  - First Aid kit
  - At least 3 portable red reflector warning devices
  - Snow tires, all weather use tires, or chains when weather conditions dictate

17.7.5.9.1.1 Maintenance
The day habilitation provider shall develop a preventative maintenance system and conduct monthly, at a minimum, review of the condition of vehicles.

17.7.5.9.2 Policies & Procedures
The day habilitation provider shall develop transportation policies and procedures that include but are not limited to the following:
• Emergency/accident procedures that include notification per agency and insurance company processes
• Pick up/drop off processes – catchment area, times, waiting period, supervision needed for drop off and process when someone is not home to provide necessary supervision,
• Suspension
  o Reasons for suspension – must be explained and signed off by individual
  o Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
  o Return to transportation
  o Appeal process
• Cancellations
  o Due to the day habilitation provider – weather, program closures, etc.
  o Due to the individual – illness, decision not to go to day habilitation that day, etc.

17.7.5.10 Service Provider Policies & Procedures Manual
Day Habilitation service providers shall develop, maintain, and implement a manual of written policies and procedures to ensure that the service delivery system complies with the standards governing day habilitation services. These policies and procedures shall be designed in accordance with the Supports Program and Community Care Waiver (CCW) Policy & Procedures Manuals and applicable Division Circulars. At a minimum, the following areas must be addressed within the service provider’s policies & procedures manual:

• Unusual Incident Reporting
• Investigations in compliance with DC#15 “Complaint Investigations in Community Programs”
• Complaint/grievance resolution procedures for individuals receiving services, which shall have a minimum of 2 levels of appeal, the last of which shall, at a minimum, involve the executive director
• Emergency plans
• Life-threatening emergencies in compliance with #20A
• Health/Medical
• Medication administration (including procedures for self-medication)
• Transportation
• Personnel
• Admission, Suspension, Discharge

17.7.5.11 Day Habilitation Service Admission
The Support Coordinator will assist the individual in researching Day Habilitation service providers and indicate the provider of choice in the ISP. Each Day Habilitation service provider is responsible for establishing an admission process and developing criteria for acceptance into their Day Habilitation services.

17.7.5.11.1 Provider Admission Policies and Procedures
The Day Habilitation service provider shall develop, maintain, and implement admission policies and procedures. These policies and procedures shall be made readily available to prospective participants and their Support Coordinators and, at a minimum, include the following:
• Pre-admission process – in person meeting, tour of services, documentation, physical exam…
• Criteria for acceptance – diagnosis/disability type, tier…
• Appeal process
• Admission process – determining start date, submission of referral packet…
• Waiting list
• Program rules and expectations, rights and responsibilities
17.7.5.11.2 Prior Authorization for Day Habilitation Services

The Support Coordinator will identify the need for Day Habilitation services through review of the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process facilitated by the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome(s) related to the results expected through participation in Day Habilitation services will be included in the Individualized Service Plan (ISP). The Support Coordinator will assist the individual in identifying potential Day Habilitation providers based on knowledge of the individual’s needs; criteria provided by the individual; the individual’s research conducted with service providers through phone calls, face-to-face meetings, tours, etc.; and the provider’s written admission policies and procedures. Upon confirmation of a Day Habilitation service provider, the Support Coordinator will indicate the chosen provider in the ISP along with units, frequency, and duration of the Day Habilitation service and submit the completed ISP to the Support Coordination Supervisor for approval. A prior authorization for services will be generated and sent to the chosen Day Habilitation service provider when the ISP has been approved. The Day Habilitation provider cannot receive reimbursement for services rendered until this prior authorization has been generated. The Support Coordinator will also send the approved ISP to providers indicated in the ISP within 3 business days of approval.

17.7.5.12 Day Habilitation Suspension/Discharge

17.7.5.12.1 Suspension

The Day Habilitation service provider shall develop, maintain, and implement suspension policies and procedures. These policies and procedures shall be explained to individuals to ensure they understand them and shall, at a minimum, include the following:

- Reasons for suspension – must be explained and signed off by individual
- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
- Return to services
- Appeal process

17.7.5.12.2 Discharge

The Day Habilitation service provider shall develop, maintain, and implement discharge policies and procedures. These policies and procedures shall be explained to individuals to ensure they understand them and shall, at a minimum, include the following:

- Reasons for discharge – must be explained and signed off by individual
- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.
- Appeal process
17.8 Environmental Modifications

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17.8.1 Description

Those physical adaptations to the private residence of the participant or the participant’s family, based on assessment and as required by the participant's Service Plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home. Such adaptations include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or the installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the participant.

17.8.2 Service Limits

All services shall be provided in accordance with applicable State or local building codes and are subject to prior approval on an individual basis by DDD. Excluded items are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

17.8.3 Provider Qualifications

All providers of Environmental Modification services must comply with the standards set forth in this manual.

In addition, Environmental Modifications providers must meet the following:

- Contractors must be registered contractors per N.J.S.A. 56:8-136 -AND-
- Licensed in the State of NJ for specific service to be rendered (i.e. Electrical, plumbing, general contractor) -AND-
- Service provided must be provided in accordance with applicable state or local building codes

17.8.4 Examples of Environmental Modifications

- Ramps
- Grab-bars
- Widening of doorways
- Modifications of bathrooms
- Emergency generator for equipment
- Air filters/humidifiers
- Stair lifts
- Ceiling track systems for transfers

17.8.5 Environmental Modifications Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

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21 Please note that examples are not all inclusive of everything that can be funded through this service
17.8.5.1 Need for Service and Process for Choice of Provider

The need for an Environmental Modification will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). In addition, the following steps must be completed in order to access Environmental Modifications:

- The Support Coordinator will assist the individual in identifying an approved Assistive Technology provider to conduct an evaluation.
- The Support Coordinator will complete and submit the Assistive Technology/Environmental Modification Evaluation Request Form (Appendix D) to the Division for approval (at this time, evaluation forms must be submitted to the Service Approval Help Desk at DDD.ServiceApprovalHelpdesk@dhs.state.nj.us).
- The Division will review the evaluation request and provide a determination.
- Upon approval from the Division, the Support Coordinator will add Assistive Technology to the ISP and utilize the Assistive Technology Evaluation procedure code (T2028HI).
- Upon approval of the ISP, the Assistive Technology provider conducts the evaluation as prior authorized and submits the completed evaluation and supporting documents to the Support Coordinator.
- The Support Coordinator will upload the completed evaluation, supporting documents, and estimate/bid to iRecord and notify the Division at DDD.ServiceApprovalHelpdesk@dhs.state.nj.us that the evaluation and documents are available for review. All estimates/bids must include the following:
  - The requested item needed, including name, model number, and any other identifying specifications (all measurements must be taken by a professional to ensure the specifications are correct).
  - Unit cost and quantity, if applicable, and total quoted price.
  - Clear itemization of cost of material, labor, demolition, and disposal.
  - Name and address of vendor on company letterhead.
  - Vendor’s Federal ID number.
  - Vendor representative’s name, phone number, and email address.
- The Division will review the evaluation, supporting documentation, and estimate/bid and provide a determination regarding the requested Environmental Modifications.
- Upon Division approval, the Support Coordinator will add needed Environmental Modifications and follow the ISP approval process.
- The Environmental Modifications provider will render services as prior authorized by the approved ISP and claim through the FI.

17.8.5.2 Documentation & Record Keeping

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.
17.9 Fiscal Management Services

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
<th>Budget Component</th>
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<tr>
<td>T2040HI22</td>
<td>To Be Determined</td>
<td>Month</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

17.9.1 Description
Service/function that assists the participant (or the participant’s family or representative, as appropriate) to: (a) manage and direct the disbursement of funds contained in the participant-directed budget; (b) facilitate the employment of staff by the family or participant, by performing (as the participant’s agent) such employer responsibilities as processing payroll, withholding Federal, state, and local tax and making tax payments to appropriate tax authorities; and, (c) performing fiscal accounting and making expenditure reports to the participant or family and state authorities.

17.9.2 Service Limitations
As specified by the Department of Human Services

17.9.3 Provider Qualifications
The Department of Human Services solicited Request for Proposals (RFP) for a Fiscal Intermediary. The FI will be responsible for following processes and meeting deliverables established through the RFP. Once awarded, additional policies/procedures will be incorporated into this manual.

*The Division will continue to contract with their current FI until a provider is identified through the RFP process. Additional information regarding the Fiscal Intermediary policies and procedures is forthcoming.*
17.10 Goods & Services

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
<th>Budget Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1999HI22</td>
<td>Reasonable &amp; Customary</td>
<td>Single</td>
<td>NA</td>
<td>Either</td>
</tr>
</tbody>
</table>

17.10.1 Description
Goods and Services are services, equipment or supplies, not otherwise provided through generic resources, the Supports Program, or through the State Plan, which address an identified need (including improving and maintaining the participant’s opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant’s safety in the home environment; and, the participant does not have the funds to purchase the item or service or the item or service is not available through another source. Goods and Services are purchased from the participant’s budget and paid and documented by the fiscal intermediary.

17.10.2 Service Limits
Experimental or prohibited treatments are excluded. Goods and Services must be based on assessed need and specifically documented in the Service Plan.

17.10.3 Provider Qualifications
All providers of Goods & Services must comply with the standards set forth in this manual and complete State/Federal Criminal Background checks and Central Registry checks for all staff as applicable. In addition, staff providing Goods & Services must meet the qualifications/standards mandated by the relevant industry from which the specific service is being provided.

17.10.4 Examples\(^{22}\) of Goods & Services
- Fingerprinting, drug testing costs needed to be considered for a job but not otherwise covered by DVRS
- Garage door opener for access to home
- Public Transportation
- Microwave oven to assist someone in cooking his/her own meals
- Classes
- Durable medical equipment prescribed by a physician but not otherwise covered
- Activity Fees
- Security Deposit

17.10.5 Goods & Services Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.10.5.1 Need for Service and Process for Choice of Provider
The need for Goods & Services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person-Centered Planning Tool (PCPT). All Goods & Services require Division approval in order for prior authorization to be provided for the purchase of the Goods & Services. The following steps must be completed in order to access Goods & Services:

\(^{22}\) Please note that examples are not all inclusive of everything that can be funded through this service

NJ Division of Developmental Disabilities
The Support Coordinator will assist the individual in identifying entities from which he/she can access the needed Goods & Services.

The Support Coordinator will complete and submit the Goods & Services Request Form (Appendix D) to the Division for approval (at this time, Goods & Services Request Forms must be submitted to the Service Approval Help Desk at DDD.ServiceApprovalHelpDesk@dhs.state.nj.us)

The Division will review the request to ensure it meets Goods & Services criteria, ask for supporting documentation or additional information as needed, and provide a determination.

Upon Division approval, the Support Coordinator will add Goods & Services to the ISP and follow the ISP approval process.

The Goods & Services provider will render services as prior authorized by the approved ISP and claim through the FI.

17.10.5.1.1 Goods & Services Criteria
A request for Goods & Services will be reviewed against the following criteria to determine approval:

- Need is disability-related
- Addresses an identified need
- Decreases the need for other services or promotes community inclusion or increases safety in the home
- Not available through another entity
- Fully integrated
- Employment-related
- Does not benefit someone other than the individual
- Available to the general public and not specifically designed for people with disabilities

17.10.5.1.2 Goods & Services Exclusions
The following items can never be accessed through Goods & Services:

- Purely entertainment or solely for recreation or entertainment
- Political in nature or lobbying
- Personal items/services not related to the disability
- Gift cards
- Vacation expenses
- General food, clothing, beverages
- Room & board
- Hotel, motel, bed & breakfast, etc.
- Personal training
- Cash
- Gambling, alcohol, tobacco
- Experimental or prohibited treatments
7.10.5.1.3 Criteria to Utilize Goods & Services to Fund Classes

Funding for an individual to develop/build skills by attending classes that are available to the general public can be made available through Goods & Services within the Division’s Supports Program when other means to pay for these classes are not available for the individual.

Funding for classes that are available to the general public can be provided through Goods & Services when the following criteria are met:

- the requirements necessary to access Goods & Services are met – AND –
- the class is linked to an assessed need for the individual – AND –
- the class will develop skills that will directly lead to employment in a particular career – OR –
- the class will assist the individual in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings, per the Centers for Medicare and Medicaid Services (CMS) core service definition of “habilitation.”

Justification regarding how the class will meet the criteria of leading to employment or the core service definition of habilitation will be completed and submitted by the Support Coordinator while completing the Individualized Service Plan (ISP) and documented through iRecord. Once approved by the Support Coordination Supervisor, the justification must be reviewed and approved by the Division and will be prior authorized through the approved ISP and claimed through the Fiscal Intermediary using the procedural code for Goods & Services.

17.10.5.1.4 Criteria to Utilize Goods & Services to Fund Activity Fees

Funding for activity fees necessary to pay for attendance at various events available to the general public – such as admission fees to a museum, theater/concert tickets, etc. – can be made available through Goods & Services within the Division’s Supports Program when other means to pay for these fees are not available for the individual. There is a $1,000.00 cap per year on activity fees used for the individual and/or for someone providing support to assist the individual in participating in the activity through Community Base Supports.

17.10.5.2 Minimum Staff Qualifications

Staff providing goods & services must meet the qualifications associated with the relevant profession, business, or industry and the provision of that good or service.

17.10.5.3 Mandated Staff Training & Professional Development

The goods & services provider shall comply with any relevant industry standards and licensing and/or certification standards.

17.10.5.4 Documentation and Reporting

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Footnote:

23 Entities that primarily serve people with disabilities can also provide lessons/experiences or information that can be similar to that described as “Goods & Services” above. These providers would offer these lessons/experiences through other waiver services such as day habilitation or prevocational training. For example, a cooking class offered by a social/human services provider would be provided through “day habilitation services” or a basic computer class would be provided through “prevocational training” services. When these other services are offered by social/human service providers primarily serving people with intellectual and developmental disabilities, they are prior authorized through the approved ISP and claimed directly by the Medicaid provider using the procedural code identified for that particular service.
17.5.5.5 Quality Assurance/Monitoring

The Division will conduct quality assurance and monitoring of Goods & Services in accordance with the requirements of the Supports Program Quality Plan.
17.11 Interpreter Services

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<td>American Sign Language</td>
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<td>Individual/Family Supports</td>
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<td>T1013HI52</td>
<td></td>
<td></td>
<td>Reasonable &amp; Customary</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.11.1 Description

Service delivered to a participant face-to-face to support them in integrating more fully with community-based activities or employment. Interpreter services may be delivered in a participant’s home or in a community setting. For language interpretation, the interpreter service must be delivered by an individual proficient in reading and speaking in the language in which the participant speaks.

17.11.2 Service Limits

Interpreter services may be used when the State Plan service for language line interpretation is not available or not feasible or when natural interpretive supports are not available.

17.11.3 Provider Qualifications

All providers of Interpreter Services must comply with the standards set forth in this manual. In addition, Interpreter Services providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and are proficient in reading and speaking the language being interpreted.

In addition, staff providing Sign Language Interpreter Services must meet the following:
- Successfully passed the New Jersey Division of the Deaf and Hard of Hearing (DDHH) Screening -OR-
- Certified by the National Registry of Interpreters for the Deaf

17.11.4 Interpreter Services Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.11.4.1 Need for Service and Process for Choice of Provider

The need for Interpreter Services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Interpreter Services will be included in the Individual Service Plan (ISP) and the Interpreter Services provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Interpreter Services provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Interpreter Services provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Interpreter Services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.
The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP and Service Detail Report will be provided to the identified service provider.

17.11.4.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks -AND-
- Proficient in reading and speaking the language being interpreted -OR-
- For sign language interpretation – successfully passed the New Jersey Division of the Deaf and Hard of Hearing (DDHH) Screening OR Certified by the National Registry of Interpreters for the Deaf

17.11.4.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Interpreter Services shall successfully complete the following training:

17.11.4.3.1 SDEs
For SDEs, any additional training mandated, and provided by, the individual/family shall be completed within the time period as specified by the individual/family.

17.11.4.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

17.11.4.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Interpreter Services providers in accordance with the requirements of the Supports Program Quality Plan.
17.12 Natural Supports Training

<table>
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<tr>
<th>Procedure Codes</th>
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<td>15 minutes</td>
<td>NA</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.12.1 Description

Training and counseling services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, individual is defined as: “any person, family member, neighbor, friend, companion, or co-worker who provides uncompensated care, training, guidance, companionship or support to a participant.” Training includes instruction about treatment regimens and other services included in the Service Plan, and includes updates as necessary to safely maintain the participant at home. Counseling must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the participant’s Service Plan. Natural Supports Training may be delivered to one individual or may be shared with one other individual.

17.12.2 Service Limits

This service may not be provided in order to train paid caregivers. When delivered by a Direct Service Professional (DSP), the DSP must have a minimum of two years’ experience working with individuals with developmental disabilities. When delivered by a licensed professional, the licensed professional must have a license in psychiatry, physical therapy, occupational therapy, speech language pathology, social work, or must be a registered nurse or a degreed psychologist.

17.12.3 Provider Qualifications

All providers of Natural Supports Training must comply with the standards set forth in this manual.

In addition, staff providing Natural Supports Training must meet at least one of the following:

- Licensed Registered Nurses must be licensed per N.J.S.A. 45:11-23
- Licensed Psychiatrist must be licensed per N.J.A.C. 13:35
- Licensed Physical Therapist must be licensed per N.J.A.C. 13:39A
- Licensed Social Worker must be licensed per N.J.A.C. 13:44G
- Clinical Psychologist must be licensed per N.J.A.C. 13:42
- Licensed Speech Therapist must be licensed per N.J.A.C. 13:44C
- Licensed Occupational Therapist must be licensed per N.J.A.C. 13:44K
- Bachelor's degree in technical services or rehabilitation services related field and a minimum of 1-year working with individuals with ID/DD and is certified by RESNA

In addition, Home Health Agencies or Health Care Service Firms providing Natural Supports Training must meet the following license or accreditation requirements:

- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -OR-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)
17.12.4 Examples24 of Natural Supports Training

- Training on use of AT device
- Training on a hoist lift
- Training on ambulation/transfer techniques
- Training on dietary/eating techniques
- Training on diabetes management
- Training on implementation of behavior plan
- Training on PT or OT activities at home

17.12.5 Natural Supports Training Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.12.5.1 Need for Service and Process for Choice of Provider

The need for Natural Supports Training will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Natural Supports Training will be included in the Individual Service Plan (ISP) and the Natural Supports Training provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Natural Supports Training provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Natural Supports Training provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Natural Supports Training, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.12.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Licensed Registered Nurses must be licensed per N.J.S.A. 45:11-23
- Licensed Psychiatrist must be licensed per N.J.A.C. 13:35
- Licensed Physical Therapist must be licensed per N.J.A.C. 13:39A
- Licensed Social Worker must be licensed per N.J.A.C 13:44G
- Clinical Psychologist must be licensed per N.J.A.C. 13:42
- Licensed Speech Therapist must be licensed per N.J.A.C. 13:44C
- Licensed Occupational Therapist must be licensed per N.J.A.C. 13:44K
- Bachelor's degree in technical services or rehabilitation services related field and a minimum of 1-year working with individuals with ID/DD and is certified by RESNA

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24 Please note that examples are not all inclusive of everything that can be funded through this service
17.12.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. In addition, all staff providing Natural Supports Training shall successfully complete the following training:

17.12.5.3.1 Within 30 Days of Hire
- Overview of Developmental Disabilities – accessible through the College of Direct Support.
- Prevention of Abuse, Neglect, and Exploitation – accessible through the College of Direct Support.
- Life Threatening Emergencies (Danielle’s Law) as per Division Circular #20A “Life Threatening Emergencies”

17.12.5.4 Documentation and Reporting
Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

17.12.5.4.1 Natural Supports Training Log
The provider of Natural Supports Training must maintain documentation of the participants receiving training, topics covered, and content on the Natural Supports Training Log.

17.12.5.5 Quality Assurance/Monitoring
The Division will conduct quality assurance and monitoring of Natural Supports Training providers in accordance with the requirements of the Supports Program Quality Plan.
17.13 Occupational Therapy

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<th>Units</th>
<th>Additional Descriptor</th>
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<td>$7.60</td>
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<td>Group – Blended</td>
<td>Individual/Family Supports</td>
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<td>9753HI</td>
<td>$26.61</td>
<td>15 minutes</td>
<td>Individual</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.13.1 Description
The scope and nature of these services do not otherwise differ from the Occupational Therapy services described in the State Plan. They may be either rehabilitative or habilitative in nature. Services that are rehabilitative in nature are only provided when the limits of occupational therapy services under the approved State Plan are exhausted. The provider qualifications specified in the State plan apply. Occupational Therapy may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants.

17.13.2 Service Limits
These services are only available as specified in participant’s Service Plan and when prescribed by an appropriate health care professional. These services can be delivered on an individual basis or in groups. A group session is limited to one therapist with a maximum of five participants and may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record.

17.13.3 Provider Qualifications
All providers of Occupational Therapy services must comply with the standards set forth in this manual. In addition, Occupational Therapy providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Occupational Therapy services must meet the following:
- Licensed Occupational Therapists must be licensed per N.J.A.C. 13:344K or
- Licensed Occupational Therapy Assistant must be licensed per N.J.A.C. 13:44K

In addition Licensed, Certified Home Health Agencies providing Occupational Therapy services must meet the following license or accreditation requirements:
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services

17.13.4 Examples of Occupational Therapy Activities
- Occupational therapy activities as prescribed by the appropriate health care professional.

17.13.5 Occupational Therapy Policies/Standards
In addition to the standards set forth in this manual, Occupational Therapy services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

17.13.5.1 Need for Service and Process for Choice of Provider
The need for Occupational Therapy will be identified through the NJ Comprehensive Assessment Tool (NJ CAT), the person centered planning process documented in the Person Centered Planning Tool (PCPT), and an appropriate medical prescription. In addition, the following steps must be completed in order to access Occupational Therapy:
- The Support Coordinator will review the NJ CAT to identify an indication that the Occupational Therapy is needed

25 Please note that examples are not all inclusive of everything that can be funded through this service

NJ Division of Developmental Disabilities
• The Support Coordinator uploads a copy of the medical prescription to iRecord
• The individual/family reaches out to the primary insurance carrier to request Occupational Therapy
• If the primary insurance carrier approves the Occupational Therapy, the individual will access this therapy through their primary insurer and follow the process required by that insurer
• If the primary insurer denies the Occupational Therapy, the individual will receive (or must request) a denial letter
• The individual will submit the primary insurer’s denial letter to the Support Coordinator
• The Support Coordinator will upload the denial letter to iRecord and assist the individual in identifying providers of Occupational Therapy
• The Support Coordinator will include Occupational Therapy in the ISP as is done for other services
• When the ISP is approved, the prior authorization will be emailed to the provider and the Support Coordinator will submit the denial letter from the primary carrier to the service provider that has been identified in the ISP to provide Occupational Therapy
• The prior authorized service provider (identified in the ISP) will request the “Bypass Letter Request Form” from OSC.tplunit@osc.nj.gov
• The service provider completes the Bypass Letter Request Form, attaches the explanation of benefits (EOB) for the denied service (either for exhausted benefits or non-coverage), and submits the documents to the OSC
• Staff at the OSC will review the information and issue a Bypass Letter if appropriate
• The service provider will submit claims for rendered services along with the Bypass Letter to Molina for payment

17.13.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services. Occupational Therapy providers are expected to maintain general notes required of Medicaid providers.
17.14 Personal Emergency Response System (PERS)

<table>
<thead>
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<th>Procedure Codes</th>
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<td>Single</td>
<td>Purchase/Installation/Testing</td>
<td>Individual/Family Supports</td>
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<tr>
<td>S5161HI</td>
<td>Reasonable &amp; Customary</td>
<td>Month</td>
<td>Response Center Monitoring</td>
<td>Individual/Family Supports</td>
</tr>
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</table>

17.14.1 Description

PERS is an electronic device that enables program participants to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant’s phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified herein. The service may include the purchase, the installation, a monthly service fee, or all of the above.

17.14.2 Service Limits

All PERS shall meet applicable standards of manufacture, design and installation and are subject to prior approval on an individual basis by DDD.

17.14.3 Provider Qualifications

All providers of PERS must comply with the standards set forth in this manual.

In addition, PERS providers must meet the following:

- Certified by the Centers for Medicare and Medicaid Services
- UL/ETL Approved Devices

17.14.4 Examples of PERS Activities

- PERS equipment
- Cost of installation and testing
- Monthly cost of response center services

17.14.5 PERS Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.14.5.1 Need for Service and Process for Choice of Provider

The need for PERS will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the use of the relevant PERS will be included in the Individual Service Plan (ISP).

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26 Please note that examples are not all inclusive of everything that can be funded through this service
17.15 Physical Therapy

<table>
<thead>
<tr>
<th>Procedure Codes</th>
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<th>Units</th>
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<td>15 minutes</td>
<td>Individual</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.15.1 Description
The scope and nature of these services do not otherwise differ from the Physical Therapy services described in the State Plan. They may be either rehabilitative or habilitative in nature. Services that are rehabilitative in nature are only provided when the limits of physical therapy services under the approved State Plan are exhausted. The provider qualifications specified in the State plan apply. Physical Therapy may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants.

17.15.2 Service Limits
These services are only available as specified in participant’s Service Plan and when prescribed by an appropriate health care professional. These services can be delivered on an individual basis or in groups. A group session is limited to 1 therapist with 5 participants and may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record.

17.15.3 Provider Qualifications
All providers of Physical Therapy services must comply with the standards set forth in this manual. In addition, Physical Therapy providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Physical Therapy services must meet the following:
- Licensed Physical Therapists must be licensed per N.J.A.C. 13:39A
- Licensed Physical Therapy Assistant must be licensed per N.J.A.C. 13:39A

In addition Licensed, Certified Home Health Agencies providing Physical Therapy services must meet the following license or accreditation requirements:
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services

17.15.4 Examples of Physical Therapy Activities
- Physical therapy activities as prescribed by the appropriate health care professional.

17.15.5 Physical Therapy Policies/Standards
In addition to the standards set forth in this manual, Physical Therapy services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

17.15.5.1 Need for Service and Process for Choice of Provider
The need for Physical Therapy will be identified through the NJ Comprehensive Assessment Tool (NJ CAT), the person centered planning process documented in the Person Centered Planning Tool (PCPT), and an appropriate medical prescription. In addition, the following steps must be completed in order to access Physical Therapy:

- The Support Coordinator will review the NJ CAT to identify an indication that the Physical Therapy is needed
- The Support Coordinator uploads a copy of the medical prescription to iRecord

Please note that examples are not all inclusive of everything that can be funded through this service
• The individual/family reaches out to the primary insurance carrier to request Physical Therapy
• If the primary insurance carrier approves the Physical Therapy, the individual will access this therapy through their primary insurer and follow the process required by that insurer
• If the primary insurer denies the Physical Therapy, the individual will receive (or must request) a denial letter
• The individual will submit the primary insurer’s denial letter to the Support Coordinator
• The Support Coordinator will upload the denial letter to iRecord and assist the individual in identifying providers of Physical Therapy
• The Support Coordinator will include Physical Therapy in the ISP as is done for other services
• When the ISP is approved, the prior authorization will be emailed to the provider and the Support Coordinator will submit the denial letter from the primary carrier to the service provider that has been identified in the ISP to provide Physical Therapy
• The prior authorized service provider (identified in the ISP) will request the “Bypass Letter Request Form” from OSC.tplunit@osc.nj.gov
• The service provider completes the Bypass Letter Request Form, attaches the explanation of benefits (EOB) for the denied service (either for exhausted benefits or non-coverage), and submits the documents to the OSC
• Staff at the OSC will review the information and issue a Bypass Letter if appropriate
• The service provider will submit claims for rendered services along with the Bypass Letter to Molina for payment

17.15.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services. Physical Therapy providers are expected to maintain general notes required of Medicaid providers.
### 17.16 Prevocational Training

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#### 17.16.1 Description

Services that provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services may include training in effective communication with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; and general workplace safety and mobility training. Prevocational Training is intended to be a service that participants receive over a defined period of time and with specific outcomes to be achieved in preparation for securing competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational Training services cannot be delivered within a sheltered workshop. Supports are delivered in a face-to-face setting, either one-on-one with the participant or in a group of two to eight participants.

#### 17.16.2 Service Limits

This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual<sup>29</sup>, and as authorized in their Service Plan. Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401) or P.L. 94-142. Prevocational Training is limited to 30 hours per week. Transportation to or from a Prevocational Training site is not included in the service.

#### 17.16.3 Provider Qualifications

All providers of Prevocational Training services must comply with the standards set forth in this manual. In addition, Prevocational Training providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

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<sup>28</sup> Tiered rates for Prevocational Training are utilized when services are being provided to groups of 2-8 individuals.

<sup>29</sup> The standards for employment services (career planning, prevocational training, and supported employment individual and small group supports) have been incorporated into the Supports Program Policies & Procedures Manual instead of establishing a separate manual for these services. The “Standards for Supported Employment Services Manual” from 2007 does not apply to people or services in the Supports Program.
17.16.4 Examples\(^{30}\) of Prevocational Training

- Job Clubs
- Basic computer skill classes
- Developing effective communication with supervisors, coworkers, customers
- Learning about and developing skills related to professional conduct, attire, following directions, attending to task, solving problems at the worksite
- Improving/learning workplace safety
- Volunteer experiences (in compliance with the *Fair Labor Standards Act*)

17.16.5 Prevocational Training Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.16.5.1 Need for Service and Process for Choice of Provider

The need for Prevocational Training will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the Pathway to Employment discussion that takes place during the person centered planning process and is documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Prevocational Training will be included in the Individual Service Plan (ISP) and the Prevocational Training service provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Prevocational Training service provider in the planning process to assist in identifying and developing applicable outcomes. With the exception of services provided to assist someone in volunteering in their community or college programs/classes designed to be taken from start to finish over a set period of time, Prevocational Training services are limited to one (1) year. If the individual needs to continue receiving Prevocational Training services – for activities other than volunteering – beyond 1 year or the set period of time for the college program/classes, the Support Coordinator and Prevocational Training provider must submit the completed “Continuation of Prevocational Training Justification” form to the Division for approval. If Prevocational Training services are approved to extend beyond the initial year, the Support Coordinator and Prevocational Training provider must submit justification every 6 months thereafter in order to continue extending the need for Prevocational Training.

This service can only be accessed through the Division if it is not available through the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) – as documented on the F3 Form “DVRS or CBVI Determination Form for Individuals Eligible for DDD.”

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Prevocational Training service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Prevocational Training, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP and Service Detail Report will be provided to the identified service provider.

\(^{30}\) Please note that examples are not all inclusive of everything that can be funded through this service
17.16.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.16.5.3 Mandated Staff Training & Professional Development

The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Prevocational Training shall successfully complete the following training:

17.16.5.3.1 DDD System Mandatory Training Bundle – Within 90 days of hire

The following training is available through the College of Direct Support (CDS) 31. Additional information about CDS is available in Section 11.4.1.

- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Preventions and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP
- DDD Life Threatening Emergencies (Danielle’s Law)

17.16.5.3.2 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire

- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.16.5.3.3 Provider Developed Orientation – Within 30 days of hire

Prevocational Training service providers must provide an orientation for new employees that includes a minimum of the following topics:

- Cultural Competence
- Individual Rights
- Working with Families
- Incident Reporting

17.16.5.3.4 Medication (unless medications are not being distributed) – Prior to administering medications

The following training is available through the College of Direct Support (CDS). Additional information about CDS is available in Section 11.4.1.

- Introduction
- An Overview of Direct Support Roles in Medication Support
- Medication Basics
- Working with Medications
- Administration of Medications and Treatments
- Follow-up, Communication, and Documentation of Medications

31 For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document
17.16.5.3.5 Medication Practicum (unless medications are not being distributed) – Prior to administering medications and annually thereafter
   • On-site competency assessment conducted by the service provider or individual/family (for SDEs)

17.16.5.3.6 Cardio Pulmonary Resuscitation (CPR) and Standard First Aid – Prior to assuming sole responsibility of an individual receiving services
   Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified training program for CPR and for Standard First Aid following the guidelines provided in Section 11.4.2.

17.16.5.3.7 CPR and Standard First Aid Recertification – In accordance with time frames established by the certified training program
   Staff shall submit documentation of successful completion of recertification in CPR and Standard First Aid in accordance with the recertification timeframes established by the certified training program and following the guidelines provided in Section 11.4.2.

17.16.5.3.8 Fire Evacuation & Emergency Procedures (when service is facility based) – Annually
   Must be trained upon hire and reviewed annually thereafter by the service provider

17.16.5.3.9 Universal Precautions (when service is facility based) – Annually
   Must be trained upon hire and reviewed annually thereafter by the service provider

17.16.5.3.10 Specialized Staff Training – Within 90 days of hire, as needed
   Staff that work with individuals with medical restrictions, special instructions, or specialized needs shall receive training to meet those needs. Topics in this area shall be addressed to meet the individual’s needs and may include but are not limited to the following:
   • Specialized diets/mealtime needs – including eating techniques, consistency of foods, nutritional supplements, food thickeners, the use of prescribed equipment, chair positioning, the level of supervision needed, etc.
   • Mobility procedures and safe use of mobility devices
   • Seizure management and support
   • Assistance, care, and support for individuals with identified specific needs related to physical and/or medical conditions
   • Assistance, care, and support for individuals with identified mental health and/or behavioral needs (must comply with relevant Division policies)

17.16.5.3.11 Positive Behavior Supports Overview (if applicable and because staff are working with individuals who have behavior support needs) – Prior to implementation of behavior supports
   • Introduction to Positive Behavior Supports – available through The Boggs Center on Developmental Disabilities
     OR
     • Division approved alternate training – available through a service provider that has submitted a copy of the curriculum and trainer’s credentials to the Director, Supports Program and Employment Services for review and received Division approval prior to use

17.16.5.3.12 Individual Rights – reviewed annually

17.16.5.3.13 Minimum 12 Hours of Professional Development – annually
   All full-time (30 hours or more per week) Prevocational Training, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars,
conferences, in-services, etc. which are relevant to Prevocational Training and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).

Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file.

17.16.5.4 Documentation & Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Standardized documents are available in Appendix D. Providers using an electronic health record (EHR) or billing system that cannot duplicate these standardized documents will remain in compliance if all the information required on these documents is captured somewhere and can be shown/reviewed during an audit.

17.7.5.4.1 Prevocational Training – Individualized Goals

The provider of Prevocational Training, in collaboration with the individual, must develop strategies to assist the individual in reaching each outcome related to the Prevocational Training that the service provider has been chosen to provide as indicated in the ISP. These strategies must be completed within 15 calendar days of the date the individual begins to receive Prevocational Training from the provider and must be documented on the Prevocational Training Individualized Goals Log. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These strategy revisions must be completed within 15 calendar days of the ISP modification or approval of the annual ISP.

17.7.5.4.2 Prevocational Training – Activities Log

The Prevocational Training provider will complete the Prevocational Training – Activities Log on each date services are delivered to indicate which strategies were addressed that day and provide a notation of activities done to address the strategy and what occurred that day as these activities were conducted.

17.7.5.4.3 Prevocational Training – Quarterly Update

On a quarterly basis, according to the individual’s ISP plan year, the Prevocational Training provider will provide a summary of that quarter’s services by completing the Quarterly Update.

17.16.5.5 Service Settings

When prevocational training activities are being conducted in a center, the following standards must be met for the building (site):

- Prevocational Training services shall take place in a non-residential setting and separate from any home or facility in which any individual resides
- The service provider shall comply with all local, municipal, county, and State codes
• The Certificate of Continued Occupancy (CCO) or Certificate of Occupancy (CO) or other documentation issued by local authority shall be available on site and a copy shall be posted
• The service provider shall be in compliance with the Americans with Disabilities Act (ADA) requirements
• Municipal fire safety inspections shall be conducted consistent with local code and maintained on file
• Exit signs shall be posted over all exits
• The site shall have a fire alarm system appropriate to the population served
• The site shall have sufficient ventilation in all areas and, if applicable
• The site shall have adequate lighting
• The facility shall be maintained in a clean, safe condition, to include internal and external structure
  o Aisles, hallways, stairways, and main routes of egress shall be clear of obstruction and stored material
  o Floors and stairs shall be free and clear of obstruction and slip resistant
  o Equipment, including appliances, machinery, adaptive equipment, assistive devices, etc. shall be maintained in safe working order
  o Adequate sanitary supplies shall be available including soap, paper towels, toilet tissue
• The service provider shall ensure that health and sanitation provisions are made for food preparation and food storage
  o The service shall maintain appropriate local or county Department of Health certificates, where appropriate

17.16.5.6 Emergencies
When prevocational training activities are being conducted in a center, the following standards must be met to ensure health and safety:

17.16.5.6.1 Emergency Plans
The provider shall develop written plans, policies, and procedures to be followed in the event of an emergency evacuation or shelter in place (for circumstances requiring that people remain in the building) and ensure that all staff are sufficiently trained on these plans, policies, and procedures. Emergency numbers shall be posted by each telephone. Emergency cards must be kept up to date and maintained in a central location so they are available and portable in emergencies.

17.16.5.6.2 Emergency Procedures
At a minimum, procedures shall specify the following:
• Practices for notifying administration, personnel, individuals served, families, guardians, etc.
• Locations of emergency equipment, alarm signals, evacuation routes
• Description of evacuation procedure for all individuals receiving services – including mechanism to ensure everyone has been evacuated and is accounted for, meeting location(s), evacuation routes, method to determine reentry, method for reentry, etc.
• Description of shelter in place procedure for all individuals receiving services – including mechanism to ensure everyone has been moved to a safe location and is accounted for, destinations within the building for various emergencies, routes to designated destinations, method to determine clearance to exit the building, method for exiting, etc.
• Reporting procedures in accordance with Division Circular #14 “Reporting Unusual Incidents”
• Methods for responding to Life-Threatening Emergencies in accordance with Division Circular #20A “Life Threatening Emergencies”

17.16.5.6.3 Evacuation Diagrams
An evacuation diagram specific to the facility/program location shall be posted conspicuously throughout the facility. At a minimum these diagrams must consist of the following:
• Evacuation route and/or nearest exit,
• Location of all exits,
• Location of alarm boxes (pull station), and
• Location of fire extinguishers

17.16.5.6.4 Emergency Drills
Drills for a variety of emergencies (fire, natural disaster, etc.) shall be conducted regularly to ensure individuals receiving Prevocational Training services understand the emergency procedures. At a minimum emergency drills shall meet the following criteria:
• Rotated between the variety of potential emergencies given the location and population served
• Conducted monthly with individuals served present
• Varied as to accessible exits
• Documented to include date, time of drill, length of time to evacuate, number of individuals participating, name(s) of participating staff, problems identified, corrective actions for problems, and signature of person in charge

17.16.5.6.5 Emergency Cards
The Prevocational Training service provider shall maintain an Emergency Card for each individual. This card will consolidate relevant emergency, health, and medical information provided by the ISP into one, readily available and portable document in case of emergencies. The provider shall verify the information provided by the ISP and review and update the Emergency Card at least annually. The Emergency Card shall include, at a minimum, the following information:
• Individual’s Name
• Individual’s Date of Birth
• Individual’s DDD ID Number
• Emergency Contact Information
• Guardianship Information, if applicable
• Diagnosis
• Medications, if applicable
• Individual Medical Restrictions/Special Instructions, if applicable
• Medical Contact Information
  o Primary Physician Information
  o Preferred Hospital
• Healthcare Contact Information
  o Managed Care Organization (MCO) Information
  o Private Insurance, if applicable
  o Administrative Services Organization (ASO), if applicable
• Support Coordinator Contact Information

17.16.5.6.6 Emergency Consent for Treatment Form
The provider shall discuss the individual’s wishes related to emergency treatment and obtain a signed general statement of consent for emergent care that includes but is not limited to the following:
• Medical or surgical treatment
• Hospital admission
• Examination and diagnostic procedures
• Anesthetics
• Transfusions
• Operations deemed necessary by competent medical clinicians to save or preserve the life of the named individual in the event of an emergency
17.16.5.6.7 First Aid Kit
Each prevocational training site shall maintain a first aid kit which minimally includes the following items:
- Antiseptic
- Rolled gauze bandages
- Sterile gauze bandages
- Adhesive paper or ribbon tape
- Scissors
- Adhesive bandages (Band-Aids)
- Standard type or digital thermometer

17.16.5.7 Medication
The service provider shall comply with the Division-approved Medication Module

17.16.5.7.1 Medication Policies & Procedures
Prevocational Training service providers must develop written policies and procedures specific to the following:
- Prescription, over-the-counter (OTC) and “as needed” (PRN) medications;
- Storage, administration and recording of medications;
- Definition and reporting of errors, emergency medication for life threatening conditions and staff training requirements

17.16.5.7.2 Storage
On-Site
- All prescription medication shall be stored in the original container issued by the pharmacy and shall be properly labeled.
- All OTC medication shall be stored in the original container in which they were purchased and the labels kept in tact
- The service provider shall supervise the use and storage of prescription medication and ensure a storage area of adequate size for both prescription and non-prescription medications is provided and locked.
- The medication storage area shall be inaccessible to all persons, except those designated by the service provider
  - Designated staff shall have a key to permit access to all medications, at all times and to permit accountability checks and emergency access to medication
  - Specific controls regarding the use of the key to stored medication shall be established by the service provider
- Each individual’s prescribed medication shall be separated and compartmentalized within the storage area (i.e. Tupperware, Zip-loc bags, etc.)
- If refrigeration is required, medication must be stored in a locked box in the refrigerator or in a separate locked refrigerator
- Oral medications must be separated from other medications
- OTC medications must be stored separately from prescription medications in a locked storage area

Off-Site
- Medications must be stored in a locked box/container
- Each individual’s prescribed medication shall be separated and compartmentalized within the locked container; the container must be with staff at all times; locking medications in the glove-compartment is not permitted
- Special storage arrangements shall be made for medication requiring temperature control
- Designated staff shall have a key to permit access to all medications at all times and to permit accountability checks and emergency access to medication
• The service provider must ensure that all medication to be administered off-site is placed in a sealed container labeled with the following:
  o The individual’s name
  o The name of the medication

17.7.5.7.3 Prescription Medication
A copy of the prescription shall be on record stating:
• The individual’s full name
• The date of the prescription
• The name of the medication
• The dosage
• The frequency

17.16.5.7.3.1 Documentation
• Written documentation shall be filed in the individual record indicating that the prescribed medication is reviewed at least annually by the prescribing physician, i.e. prescriptions current within one year.
• A Medication Administration Record (MAR) shall be maintained for each individual receiving prescription medication
  o The service provider shall transcribe information from the pharmacy label onto the Medication Administration Record (MAR)
  o If the exact administration time the medication is to be administered is not prescribed by the physician, determination of the time shall be coordinated with the caregiver and then recorded on the MAR i.e. at mealtimes
  o The staff person who prepares the medication must administer the medication and document it on the Medication Administration Record (MAR) immediately or upon return to the facility
  o Any change in medication dosage by the physician shall be immediately noted on the current MAR by staff, consistent with the provider’s procedure
• Verbal orders from a physician shall be confirmed in writing within 24 hours or by the first business day following receipt of the verbal order and the prescription shall be revised at the earliest opportunity
• All medications received by the adult day service shall be recorded at the time of receipt including the date received and the amount received i.e. 30 pills, 1-5 oz tube, etc.

17.16.5.7.3.2 Supplies
• An adequate supply of medication must be available at all times; as a general guideline, refill the medication when a 5-day supply remains
• For individuals who are supported through services which are not associated with a facility, the dosage of medication for the day must be provided in a properly labeled pharmacy container
  o The dosage
  o The frequency
  o The time of administration
  o The method of administration

17.16.5.7.3.3 Emergency Administration of Prescription Medication
Service providers shall ensure the safety of individuals who have a history of severe life-threatening conditions requiring the administration of prescription medication in emergency situations. Examples include, but are not limited to:
• Severe allergic reaction (called anaphylaxis) which requires the use of epinephrine via an “epi-pen” injection
• Cardiac conditions requiring the administration of nitroglycerin tablets
Staff shall follow life-threatening emergency procedures and the orders/protocol established by the physician.

17.16.5.7.4 PRN (as needed) Prescription Medication

PRN prescription medication must be authorized by a physician. The authorization must clearly state the following:

- The individual’s full name
- The date of the prescription
- The name of the medication
- The dosage
- The interval between doses
- Maximum amount to be given during a 24-hour period
- A stop-date, when appropriate; and,
- Under what conditions the PRN medication shall be administered

17.16.5.7.4.1 Administration of PRN

- Determine the time the previous PRN medication(s) was given (through caregiver)
- Must be approved by the supervisory staff or designee, before administering
- Must be administered by the staff person who prepares the medication
- Followed by checking in with the individual 1-2 hours after administration to observe effect of PRN
- Convey time PRN was given by the prevocational training provider to the caregiver

17.16.5.7.4.2 Documentation

- Administration of the medication, including time of administration, must be documented by the staff person who prepared it on the Medication Administration Record (MAR) immediately or upon return to the facility
- Results of checking on individual 1-2 hours after administration to observe if the PRN is working

17.16.5.7.5 PRN Over the Counter (OTC) Medication

17.16.5.7.5.1 Administration of PRN – OTC

- Can only been done when an OTC form signed by the physician is on file and includes the following:
  - Conditions under which the OTC is to be given
  - The type of medication
  - The dosage
  - The frequency
  - Maximum amount to be given during a 24-hour period
  - Under what conditions to administer additional OTC
- Determine the time the previous OTC medication was given (through caregiver)
- Must be administered by the staff person who prepares the medication
- Convey the time the OTC was given by the prevocational training provider to the caregiver

17.16.5.7.5.2 Documentation

- Administration of the OTC medications must be documented by the staff person who prepared it on a Medication Administration Record (MAR) separate from the one utilized for prescription medication

17.16.5.7.6 Self-Medication

Individuals receiving medication shall take their own medication to the extent that it is possible, as noted in iRecord and communicated by the Support Coordinator, and in accordance with the prevocational training service provider’s procedures.
17.16.5.7.6.1 Documentation
The following information shall be maintained in the individual’s record:
- The name of the medication
- The type of medication(s)
- The dosage
- The frequency
- The date prescribed
- The location of the medication

17.16.5.7.5.2 Storage
- Medication shall be kept in an area that provides for the safety of others, if necessary
- Each individual who administers his or her own medication shall receive training and monitoring by the service provider regarding the safekeeping of medications for the protection of others, as necessary

17.16.5.8 Quality Assurance and Monitoring
The Division will conduct quality assurance and monitoring of Prevocational Training providers in accordance with the requirements of the Supports Program Quality Plan.
17.17 Respite

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<tbody>
<tr>
<td>T1005HI</td>
<td>$4.78</td>
<td>15 minutes</td>
<td>Out of Home Overnight</td>
<td>Individual/Family Supports</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tier A – 12 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tier B – 24 units</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tier C – 40 units</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Tier D – 56 units</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Tier E – 72 units</td>
<td></td>
</tr>
<tr>
<td>T1005HI</td>
<td>$4.78</td>
<td>15 minutes</td>
<td>Out of Home Overnight</td>
<td>Individual/Family Supports</td>
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<tr>
<td></td>
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<td>Tier A – 12 units</td>
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<td>Tier B – 24 units</td>
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<td>Tier C – 40 units</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Tier D – 56 units</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Tier E – 72 units</td>
<td></td>
</tr>
<tr>
<td>T2036HI</td>
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<td>Nightly</td>
<td>Camp Overnight</td>
<td>Individual/Family Supports</td>
</tr>
<tr>
<td>S9125HI</td>
<td>$141.04</td>
<td>Daily</td>
<td>Out of Home CCR Only</td>
<td>Individual/Family Supports</td>
</tr>
<tr>
<td>T1005HI52</td>
<td>Reasonable &amp; Customary</td>
<td>Single</td>
<td>Self-Directed Employee</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

**17.17.1 Description**

Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be delivered in multiple periods of duration such as partial hour, hourly, daily without overnight, or daily with overnight. Respite may be provided in the participant’s home, a DHS licensed group home, or another community-based setting approved by DHS. Some settings, such as a hotel, may be approved by the State for use when options using other settings have been exhausted.

**17.17.2 Service Limits**

Room and board costs will not be paid when services are provided in the participant’s home. Hotel Respite shall not exceed two consecutive weeks and 30 days per year.

**17.17.3 Provider Qualifications**

All providers of Respite services must comply with the standards set forth in this manual. In addition, Respite providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training. Providers of Overnight Camp Respite must also follow the New Jersey Youth Camp Standards N.J.A.C. 8:25.

**17.17.4 Respite Options**

Traditionally, the Division has applied the label “respite” to a variety of programs, services, and activities. Individuals enrolled in the Supports Program can continue to access the vast majority of these programs and services through Respite services in circumstances where those services meet the service description for Respite or through the variety of other services available through the Supports Program when the services provided meet those service descriptions instead. For example, a program that has traditionally been referred as a Saturday Drop Off Program and considered Respite, may actually be considered Day Habilitation if activities provided during the program are designed to assist the individuals who attend with developing social or leisure skills. If this program provides assistance to a group of 2-6 individuals who are going to the museum on that Saturday, it may be considered Community Inclusion Services. If it is a place where individuals go on a Saturday in order to ensure that they are cared for in order to provide some relief to their caregiver(s), it would be considered Respite. It is important for the provider to clearly match the services they are providing to the descriptions provided in this manual in order to determine which service is actually being provided.
17.17.4.1 Base/Out of Home Overnight Respite
Base Respite is provided in or out of the individual’s home.

Out of Home Overnight Respite can be provided within a setting licensed under 10:44A or within a hotel. Units authorized for Out of Home Overnight Respite will be associated with the individual’s tier as illustrated in the table below.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Authorized Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>12 units</td>
</tr>
<tr>
<td>Aa</td>
<td>24 units</td>
</tr>
<tr>
<td>B</td>
<td>24 units</td>
</tr>
<tr>
<td>Ba</td>
<td>48 units</td>
</tr>
<tr>
<td>C</td>
<td>40 units</td>
</tr>
<tr>
<td>Ca</td>
<td>80 units</td>
</tr>
<tr>
<td>D</td>
<td>56 units</td>
</tr>
<tr>
<td>Da</td>
<td>112 units</td>
</tr>
<tr>
<td>E</td>
<td>72 units</td>
</tr>
<tr>
<td>Ea</td>
<td>144 units</td>
</tr>
</tbody>
</table>

Respite service providers can be prior authorized to claim for up to this number of units of service to cover the overnight hours for an individual receiving the respite service. Daytime hours can be covered by other services. For example, a provider will be prior authorized to receive payment for a total of $191.20/night (or 40 units) of overnight respite for an individual in Tier C. An approved provider of Supported Employment, Day Habilitation, Community Based Supports, Community Inclusion Services, etc. would provide services during the daytime hours and claim for those services separate from respite.

17.17.4.2 Camp Overnight Respite
Respite provided in a camp setting typically during the summer months. The nightly camp rate covers the overnight service. If the camp is also providing services during the day, the provider would need to be approved to provide that service(s) and the service(s) will be prior authorized in the ISP at the rate for which that particular service applies. For example, a camp provider may provide Day Habilitation or Community Inclusion Services during the day and will claim for that particular service during those hours. The provider would also claim for the daily rate of $76.40 to cover the overnight camp respite service.

17.17.4.3 Out of Home Community Care Residence Respite
Respite provided in a setting licensed under 10:44C.

17.17.4.4 Self-Directed Employee (SDE) Respite
Respite provided in or out of the home by someone who has been hired by the individual.

17.17.5 Respite Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.17.5.1 Need for Service and Process for Choice of Provider
The need for Respite services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Individuals and families are encouraged to include the Respite provider in the planning process to assist in identifying and developing applicable outcomes.
It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet his/her needs.

The Respite provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Respite, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.5.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.17.5.3 Mandated Staff Training & Professional Development

The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Respite shall successfully complete the following training:

17.17.5.3.1 DDD System Mandatory Training Bundle – Within 90 days of hire

The following training is available through the College of Direct Support (CDS)\(^\text{32}\). Additional information about CDS is available in Section 11.4.1.

- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Prevention and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP
- DDD Life Threatening Emergencies (Danielle’s Law)

17.17.5.3.2 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire

- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.17.5.3.3 Provider Developed Orientation – Within 30 days of hire

Respite service providers must provide an orientation for new employees that includes a minimum of the following topics:

- Cultural Competence
- Individual Rights
- Working with Families
- Incident Reporting

\(^{32}\) For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document

NJ Division of Developmental Disabilities
17.17.5.3.4 Individual/Family Developed Orientation for SDEs – Within 30 days of hire
The individual/family employing a SDE providing Respite must provide an orientation that covers topics that will assist the SDE in getting to know the individual and may include the following suggestions:

- Great things about the individual
- Areas of importance to the individual
- Best ways to support the individual
- Information about how the individual communicates
- Individual rights
- Working with families
- Incident Reporting

17.17.5.3.5 Medication (unless medications are not being distributed) – Prior to administering medications
The following training is available through the College of Direct Support (CDS). Additional information about CDS is available in Section 11.4.1.

- Introduction
- An Overview of Direct Support Roles in Medication Support
- Medication Basics
- Working with Medications
- Administration of Medications and Treatments
- Follow-up, Communication, and Documentation of Medications

17.17.5.3.6 Medication Practicum (unless medications are not being distributed) – Prior to administering medications and annually thereafter

- On-site competency assessment conducted by the service provider or individual/family (for SDEs)

17.17.5.3.7 Cardio Pulmonary Resuscitation (CPR) and Standard First Aid – Prior to assuming sole responsibility of an individual receiving services
Staff shall not assume sole responsibility for an individual served until he/she has current certification from a nationally certified training program for CPR and for Standard First Aid following the guidelines provided in Section 11.4.2.

17.17.5.3.8 CPR and Standard First Aid Recertification – In accordance with time frames established by the certified training program
Staff shall submit documentation of successful completion of recertification in CPR and Standard First Aid in accordance with the recertification timeframes established by the certified training program and following the guidelines provided in Section 11.4.2.

17.17.5.3.9 Specialized Staff Training – Within 90 days of hire, as needed
Staff that work with individuals with medical restrictions, special instructions, or specialized needs shall receive training to meet those needs. Topics in this area shall be addressed to meet the individual’s needs and may include but are not limited to the following:

- Specialized diets/mealtime needs – including eating techniques, consistency of foods, nutritional supplements, food thickeners, the use of prescribed equipment, chair positioning, the level of supervision needed, etc.
- Mobility procedures and safe use of mobility devices
- Seizure management and support
- Assistance, care, and support for individuals with identified specific needs related to physical and/or medical conditions
• Assistance, care, and support for individuals with identified mental health and/or behavioral needs (must comply with relevant Division policies)

17.17.5.3.10 Positive Behavior Supports Overview (if applicable and because staff are working with individuals who have behavior support needs) – Prior to implementation of behavior supports

• Introduction to Positive Behavior Supports – available through The Boggs Center on Developmental Disabilities
  
  OR

• Division approved alternate training – available through a service provider that has submitted a copy of the curriculum and trainer’s credentials to the Director, Supports Program and Employment Services for review and received Division approval prior to use

17.17.5.3.11 Individual Rights – reviewed annually

17.17.5.3.12 Minimum 12 Hours of Professional Development – annually

All full-time (30 hours or more per week) Respite personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, inservices, etc. which are relevant to Respite and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).

Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file.

17.5.5.4 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

17.5.5.5 Quality Assurance/Monitoring

The Division will conduct quality assurance and monitoring of Respite providers in accordance with the requirements of the Supports Program Quality Plan.
17.18 Speech, Language, and Hearing Therapy

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
<th>Budget Component</th>
</tr>
</thead>
<tbody>
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<td>15 minutes</td>
<td>Individual</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.18.1 Description
The scope and nature of these services do not otherwise differ from the Speech Therapy services described in the State Plan. They may be either rehabilitative or habilitative in nature. Services that are rehabilitative in nature are only provided when the limits of speech therapy services under the approved State Plan are exhausted. The provider qualifications specified in the State plan apply. Speech, Language or Hearing Therapy may be provided on an individual basis or in groups. A group session is limited to one therapist with maximum of five participants.

17.18.2 Service Limits
These services are only available as specified in participant’s Service Plan and when prescribed by an appropriate health care professional. These services can be delivered on an individual basis or in groups. Group sessions are limited to one therapist with five participants and may not exceed 60 minutes in length. The therapist must record the time the therapy session started and when it ended in the participant's clinical record.

17.18.3 Provider Qualifications
All providers of Speech, Language, and Hearing Therapy services must comply with the standards set forth in this manual. In addition, Speech, Language, and Hearing Therapy providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training.

In addition, staff providing Speech, Language, and Hearing Therapy must meet the following:
- Licensed Speech Therapists must be licensed per N.J.A.C. 13:44C

In addition Licensed, Certified Home Health Agencies providing Speech, Language, and Hearing Therapy services must meet the following license or accreditation requirements:
- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services

17.18.4 Examples of Speech, Language, and Hearing Therapy Activities
- Speech, language and hearing therapy activities as prescribed by the appropriate health care professional.

17.18.5 Speech, Language, and Hearing Therapy Policies/Standards
In addition to the standards set forth in this manual, Speech, Language, and Hearing Therapy services must be performed under the guidelines described in the New Jersey practice arts for occupational and physical therapists.

17.18.5.1 Need for Service and Process for Choice of Provider
The need for Speech, Language, and Hearing Therapy will be identified through the NJ Comprehensive Assessment Tool (NJ CAT), the person centered planning process documented in the Person Centered Planning Tool (PCPT), and an appropriate medical prescription. In addition, the following steps must be completed in order to access Speech, Language, and Hearing Therapy:
- The Support Coordinator will review the NJ CAT to identify an indication that the Speech, Language, and Hearing Therapy is needed

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33 Please note that examples are not all inclusive of everything that can be funded through this service
• The Support Coordinator uploads a copy of the medical prescription to iRecord
• The individual/family reaches out to the primary insurance carrier to request Speech, Language, and Hearing Therapy
• If the primary insurance carrier approves the Speech, Language, and Hearing Therapy, the individual will access this therapy through their primary insurer and follow the process required by that insurer
• If the primary insurer denies the Speech, Language, and Hearing Therapy, the individual will receive (or must request) a denial letter
• The individual will submit the primary insurer’s denial letter to the Support Coordinator
• The Support Coordinator will upload the denial letter to iRecord and assist the individual in identifying providers of Speech, Language, and Hearing Therapy
• The Support Coordinator will include Speech, Language, and Hearing Therapy in the ISP as is done for other services
• When the ISP is approved, the prior authorization will be emailed to the provider and the Support Coordinator will submit the denial letter from the primary carrier to the service provider that has been identified in the ISP to provide Speech, Language, and Hearing Therapy
• The prior authorized service provider (identified in the ISP) will request the “Bypass Letter Request Form” from OSC.tplunit@osc.nj.gov
• The service provider completes the Bypass Letter Request Form, attaches the explanation of benefits (EOB) for the denied service (either for exhausted benefits or non-coverage), and submits the documents to the OSC
• Staff at the OSC will review the information and issue a Bypass Letter if appropriate
• The service provider will submit claims for rendered services along with the Bypass Letter to Molina for payment

17.18.5.2 Documentation & Record Keeping
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services. Speech, Language, and Hearing Therapy providers are expected to maintain general notes required of Medicaid providers.
17.19 Support Coordination

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
<th>Units</th>
<th>Additional Descriptor</th>
<th>Budget Component</th>
</tr>
</thead>
<tbody>
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<td>$239.81</td>
<td>Monthly</td>
<td>Month</td>
<td>NA</td>
</tr>
</tbody>
</table>

17.19.1 Description
Services that assist participants in gaining access to needed program and State plan services, as well as needed medical, social, educational and other services. Support Coordination is managed by one individual (the Support Coordinator) for each participant. The Support Coordinator is responsible for developing and maintaining the Individualized Service Plan with the participant, their family, and other team members designated by the participant. The Support Coordinator is responsible for the ongoing monitoring of the provision of services included in the Individualized Service Plan.

17.19.2 Service Limits
All Supports Program participants receive monthly contact with their Support Coordinator. The Supports Coordinator cannot be legal guardians of the participant, or other individuals who reside with the participant.

17.19.3 Provider Qualifications
All providers of Support Coordination must comply with the standards set forth in this manual. In addition, Support Coordination Agencies shall ensure all staff meets the following qualifications:

- Bachelor’s Degree or higher in any field - and-
- 1 year of experience working with adult (21 or older) individuals with developmental disabilities
  - The experience must be the equivalent of a year of full-time documented experience working with adults (21 or older) with intellectual/developmental disabilities;
  - This experience can include paid employment, volunteer experience, and/or being a family caregiver of an adult with a developmental disability;
  - If you have previously provided care coordination to a different population and some percentage of the individuals you served had developmental disabilities, you may be able to demonstrate the equivalence of a year of experience working with adults with developmental disabilities - and-
- Support Coordination Supervisors must meet all of the qualifications of a Support Coordinator - and-
  - Support Coordination Supervisors cannot be related by blood or marriage to anyone who’s plan they will supervise or sign off on - and-
  - State, Federal Criminal Background checks and Central Registry check at the time of hire - and-
  - Successfully complete trainings required by the Division before rendering services.

17.19.4 Support Coordination Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.19.4.1 Role of the Support Coordination Supervisor (SC Supervisor)
The SC Supervisor does not have a caseload and provides oversight and management of the Support Coordinators.

17.19.4.2 Responsibilities of the Support Coordination Supervisor
The SC Supervisor is responsible for:
- Assigning Support Coordinators to individuals who have been assigned to the Support Coordination Agency
- Ensuring that caseloads are at the proper capacity to meet all deliverables
• Reviewing and approving all Individualized Service Plans (ISP), utilizing the ISP Quality Review Checklist, and obtaining approval for the ISP from the Division
• Ensuring that resources other than those funded by the Division have been explored and are either not available or not sufficient to meet the documented need
• Ensuring that services are provided in accordance with the service definitions and parameters outlined in Division policy
• Reviewing and signing, as appropriate, the Support Coordination Monitoring Tool. At a minimum the tool must be reviewed and signed during the following circumstances:
  o First 60 days of any new Support Coordinator
  o When performance issues with a Support Coordinator are identified
  o Involved/difficult cases
• Conducting internal monitoring and oversight of Support Coordination Agency documentation and practices
• Acting as the liaison with designated Division personnel
• Ensuring compliance with all qualifications, standards, and policies related to Support Coordination as explained in this guide
• Remaining up-to-date and in compliance with policy changes and updates posted on the Support Coordination Resource Page

17.19.4.3 Role of the Support Coordinator
The Support Coordinator manages Support Coordination services for each participant. Support Coordination services are services that assist participants in gaining access to needed program and State plan services, as well as needed medical, social, educational and other services. The Support Coordinator is responsible for developing and maintaining the Individualized Service Plan with the participant, their family (if applicable), and other team members designated by the participant. The Support Coordinator is responsible for the ongoing monitoring of the provision of services included in the Individualized Service Plan.

The Support Coordinator writes the Individual Service Plan based on assessed need and the person-centered planning process with the individual and the planning team. The Support Coordinator links the individual to needed services and supports and assists the individual in identifying service providers as needed. The Support Coordinator also ensures that the services and supports remain within the allotted budget and monitor the delivery of services. The Support Coordinator must make a clear distinction between acting as a resource and providing advocacy on behalf of the individual/family. The Support Coordinator provides information, supports individuals in advocating for themselves, and links individuals to advocacy resources but does not serve as the advocate for the individual/family.

The Support Coordinator’s role can be divided into the following 4 general functions: individual discovery, plan development, coordination of services, and monitoring.

17.19.4.3.1 Individual Discovery
Individual discovery is the process by which the Support Coordinator, in conjunction with the individual and planning team, gathers and evaluates information in order to assist the individual to determine his/her outcomes, supports, and service needs. This function begins once the individual is assigned a Support Coordinator and occurs concurrently with other functions. This process and the tools used to facilitate it are further described in section 7.4.1 “Assessments/Evaluations.”

17.19.4.3.2 Plan Development
This function involves the process by which the Support Coordinator facilitates a planning team to develop the Person Centered Planning Tool (PCPT) and Individualized Service Plan (ISP). The PCPT is a person-centered
plan which identifies needed outcomes, supports, and services. The ISP directs the provision of those supports and services. Section 6 details the policies and procedures necessary to complete this function.

17.19.4.3.3 Coordination of Services
This function includes activities necessary to obtain the supports and services identified in the ISP. Coordination of services requirements are outlined in Section 6.

17.19.4.3.4 Monitoring
Monitoring is the process by which the Support Coordinator ensures that the individual progresses toward identified outcomes and receives quality supports and services as outlined in the ISP and in accordance with the Division’s mission and core principles. Section 13 describes specific responsibilities for accomplishing the monitoring function.

17.19.4.4 Responsibilities of the Support Coordinator
The Support Coordinator is responsible for:

- Using and coordinating community resources and other programs/agencies in order to ensure that services funded by the Division will be considered only when the following conditions are met:
  - other resources and supports are insufficient or unavailable,
  - the services do not meet the needs of the individual, and
  - the services are attributable to the person’s disability.
- Accessing these community resources and other programs/agencies by
  - utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies;
  - developing a thorough understanding of programs and services operated by other local, State, and federal agencies;
  - ensuring these resources are used and making referrals as appropriate; and
  - coordinating services between and among the varied agencies so the services provided by the Division complement, but do not duplicate, services provided by the other agencies.
- Developing a thorough understanding of the services funded by the Division and ensuring these services are utilized in accordance with the parameters defined in Section 17 of this manual
- Interviewing the individual and, if appropriate, the family; reviewing/compiling various assessments or evaluations to make sure this information is understandable and useful for the planning team to assist in identifying needed supports; and facilitating completion of discovery tools, if applicable.
- Scheduling and facilitating planning team meetings; writing and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.
- Obtaining authorization from the SC Supervisor for Division-funded services.
- Monitoring and following up to ensure delivery of quality services, and ensuring that services are provided in a safe manner, in full consideration of the individual’s rights.
- Maintaining a confidential case record that includes but is not limited to the NJ Comprehensive Assessment Tool (NJ CAT), completed Support Coordinator Monitoring Tools, PCPTs, ISPs, notes/reports, annual satisfaction surveys, and other supporting documents uploaded to the iRecord for each individual served.
- Ensuring individuals served are free from abuse and neglect, reporting suspected abuse or neglect in accordance with specified procedures, and providing follow-up as necessary.
- Ensuring that incidents are reported in a timely manner in accordance with policy and follow-up responsibilities are identified and completed.
- Notifying the individual, planning team, and service provider and revising the ISP whenever services are changed, reduced, or services are terminated.
• Reporting any suspected violations of contract, certification or monitoring/licensing requirements to the Division.
• Entering required information into the iRecord in an accurate and timely manner.
• Ensuring that individuals/families are offered informed choice of service provider.
• Notifying the individual regarding any pertinent expenditure issues.
• Conducting monthly contacts, quarterly face-to-face visits, and an annual home visit that includes review of the ISP and is documented on the Support Coordinator Monitoring Tool.

17.19.4.5 Support Coordinator Deliverables
- Monthly contact documented on the Support Coordinator Monitoring Tool
- Quarterly face-to-face contact documented on the Support Coordinator Monitoring Tool
- Annual home visit documented on the Support Coordinator Monitoring Tool
- Completed PCPT & ISP by 30 days from date the individual was enrolled into the Supports Program and annually thereafter
- Notes/reports as needed
- Reporting data to the Division upon request

If meeting the previously mentioned deliverables is delayed 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 should notify the individual that non-compliance regarding Division policy will be reported to the Division. If non-compliance continues, the SC Supervisor shall notify the designated Division SC Quality Assurance Specialist and he/she shall follow-up with the individual to determine the reasons why non-compliance has occurred. Ongoing non-compliance for circumstances beyond those that may be unavoidable (such as hospitalization) may result in termination from Division services. Information regarding these incidents of non-compliance, attempted or successful contacts with the individual (or family), reasons for non-compliance, etc. shall be documented through case notes entered into iRecord.

17.19.4.6 Mandated Staff Training & Professional Development
Approved Support Coordination Agencies are responsible for ensuring that all SC Supervisors on staff meet the qualifications, including completion of mandatory training, necessary to deliver Support Coordination services.

17.19.4.6.1 Orientation – Prior to delivering services
Prior to delivering services, Support Coordinators and Support Coordination Supervisors must complete the orientation.

17.19.4.6.1.1 Prerequisite Support Coordination Orientation Lessons – Prior to delivering services
These 5 lessons found in the College of Direct Support Course: Support Coordination Orientation (DDD 1.2015) must be completed prior to attending the 2-day classroom training provided through The Boggs Center on Developmental Disabilities. Topics of the 5 lessons are as follows:
• Welcome to Support Coordination
• Overview of DDD System
• Policies/Practices for Support Coordination
• Support Coordination Documentation
• Support Coordination Supports & Resources

17.19.4.6.1.2 Two-Day Classroom Training – prior to delivering services
This classroom training provided through the Elizabeth M. Boggs Center on Developmental Disabilities will cover the following topics:
• Current disability philosophy, best practices, and the roles of a support coordinator
• Development of the Person Centered Planning Tool (PCPT) and Individualized Service Plan (ISP)
- Development of personally defined outcomes
- Connecting the individual to community-based supports and services
- Conducting monitoring responsibilities

17.19.4.6.2 DDD System Mandatory Training Bundle – Within 90 days of hire
The following training is available through the College of Direct Support (CDS)\(^\text{34}\). Additional information about CDS is available in Section 11.4.1.
- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Prevention and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP
- DDD Life Threatening Emergencies (Danielle’s Law)

17.19.4.6.3 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire
- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.19.4.6.4 Provider Developed Orientation – Within 30 days of hire
Support Coordination service providers must provide an orientation for new employees that includes a minimum of the following topics:
- Cultural Competence
- Individual Rights
- Working with Families
- Incident Reporting

17.19.4.6.5 Minimum 12 Hours of Professional Development – annually
All full-time (30 hours or more per week) Support Coordination personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to Support Coordination and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).

Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file.

Accessing CDS
Each Support Coordination agency needs to designate at least one person at their organization to be the Agency CDS Administrator. The Agency CDS Administrator is the person that enters the Support Coordinators into the CDS, assigns online lessons, and has access to run agency reports and use the various other features of the system. The first step is to register this designated person for the CDS Administrator Training by going to:
[http://rwjms.rutgers.edu/boggscenter/training/CDSAdministratorTraining.html](http://rwjms.rutgers.edu/boggscenter/training/CDSAdministratorTraining.html).

\(^{34}\) For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document
Once Boggs confirms with you that your CDS Administrator is approved, they will set up the agency in CDS. The CDS Administrator attends training and gets access to the system and assigns required online lessons to support coordinators.

17.19.4.6.6 iRecord Tutorials
Video tutorials explaining how to perform various tasks on iRecord are available and can be accessed on the Support Coordination website at http://rwjms.rutgers.edu/boggscener/index.html.

17.19.4.6.7 Optional Training
The Division also offers several optional training courses to Support Coordinators as part of the College of Direct Support (CDS), through webinars, and via classroom training sessions.

17.19.4.6.8 SC Supervisor Meetings
The Division offers SC Supervisors the opportunity to network, receive updates, and discuss the delivery of Support Coordination Services on a regular basis. These meetings are announced through the listserv facilitated by The Boggs Center on Developmental Disabilities.

17.19.4.7 Conflict Free Care Management
According to the Centers for Medicare & Medicaid Services (CMS), care management services must be “conflict-free,” which has the following characteristics: there is a separation of care management from direct services provision; there is a separation of eligibility determination from direct services provision; care managers do not establish the levels of funding for individuals; and anyone who is conducting evaluations, assessments, and the plan of care cannot be related by blood or by marriage to the individual or any of their paid caregivers.


17.19.4.8 Caseloads & Capacity
Currently, there are no mandated caseload ratios, but the Support Coordination Agency must be able to meet the deliverables and fulfill the roles and responsibilities outlined in Sections 6.1 and 6.2. In addition, the Division will monitor caseload ratios as reported by the Support Coordination Agency and may institute caseload limits if a particular Support Coordination Agency is not meeting the deliverables or able to fulfill the roles and responsibilities of the Support Coordinator or if there is an overall concern regarding ratios and Support Coordination services.

A Support Coordination Agency must provide services in at least one county and for a minimum of 60 individuals. Support Coordination Agencies providing services in this interim phase are given the opportunity to build their capacity to meet this requirement. Once the Supports Program is operationalized and individuals begin to be enrolled, Support Coordination Agencies will be expected to serve the minimum of 60 individuals.

17.19.4.9 Zero Reject & Zero Discharge
The Support Coordination Agency must accept all individuals as assigned and cannot discharge individuals from services. A Support Coordination Agency cannot specialize in providing Support Coordination services to individuals with a particular type of disability or deny services because of the level of support an individual may or may not need. Only the Division may discharge individuals from services. The Support Coordination Agency must notify the Division of circumstances – such as failure to comply with Division eligibility or policies – that may warrant discharge from services.
17.19.4.10 Coverage

The Support Coordination Agency must ensure that Support Coordination services are available at all times. At a minimum, these services must be available via phone contact, and an answering service is acceptable as long as there is a Support Coordinator available on-call.

In circumstances where an individual contacts 24 hour services after business hours, emergent cases shall be directed to the on-call Support Coordinator for follow-up. The Support Coordinator must contact the individual and direct him/her to appropriate resources and/or make phone calls, including but not limited to 911, emergency personnel, and other government entities as appropriate. A meeting to develop a contingency plan to address the issue must be held on the following morning/day.

If the individual cannot meet with the Support Coordinator during business hours, the Support Coordination Agency must schedule monthly/quarterly/annual contacts/visits, planning meetings, etc. outside of business hours to accommodate the individual’s needs.

17.19.4.11 Quality Assurance Responsibilities

Support Coordinators may become aware of quality assurance issues during the course of their work, e.g., licensing standards which are out of compliance, inappropriate implementation of programs, or serious incidents not being reported. The Support Coordinator must report problems to the designated Division SC Quality Assurance Specialist and document these concerns in a case note and/or the Support Coordinator Monitoring Tool.

17.19.4.12 Documentation Guidelines

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Establishing and maintaining accurate records is critical and supporting documentation for all services rendered is essential.

In addition, assessments, tools, and service plans must be aligned so that the service plan directly relates to identified needs from the assessment.

All documentation must be HIPAA compliant. For example, paper documents/case records must be stored securely with appropriate safeguards, and the individual’s written authorization for release of information must be obtained before any protected health information can be shared.

There are serious consequences to fraudulent documentation; thus, providers must take precautions to ensure compliance with all applicable laws and regulations. Common documentation errors include, but are not limited to, the following:

- 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
- 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.

17.19.4.12.1 Making Corrections to Documents

**Paper Documents**
- Deletions, erasures, and whiting out errors is not permitted
- Content can only be changed by the original writer
- Corrections must be made by the person who originally wrote the document with one line through the error including initials and date of correction

**Electronic Documents**
- Documents uploaded/entered into iRecord cannot be altered once submitted. An additional case note explaining the correction must be entered into the system.

17.19.4.12.2 Required Support Coordination Documents
- Support Coordinator Monitoring Tool
- Person-Centered Planning Tool (PCPT)
- Individualized Service Plan (ISP)
- Participants Statement of Rights & Responsibilities
- ISP Quality Review Checklist
- F3 Form – DVRS or CBVI Determination Form for Individuals Eligible for DDD
- F6 Form - Non-Referral to DVRS or CBVI Form

17.19.4.12.3 Other Related Documents
- Support Coordination Agency Selection Form
- NJ Comprehensive Assessment Tool (NJ CAT)
- Optional Individual Discovery Tools
- Participant Enrollment Agreement
- Easter Seals SDE Packet
- Unusual Incident Report
- Satisfaction Surveys - to be developed

17.19.5 Resources/Technical Assistance

Additional information and guidance related to Support Coordination can be accessed through the following resources:

17.19.5.1 Intensive Case Management Support
For situations where an individual requires more extensive care management, the Support Coordinator can contact their designated Division SC Quality Assurance Specialist for additional assistance. This Division staff member will consult with an appropriate Regional staff person to identify resources and information in order to assist with troubleshooting the situation.

17.19.5.2 Unusual Incident Reporting (UIR)
UIR Coordinators are available in each Region to provide assistance with recording of incidents – including forms, timeframes, types of incidents, role of the Support Coordinator, etc. Contact information is available in the “Support Coordinators Guide to Unusual Incident Reporting.”
17.19.5.3 iRecord Support
To report technical problems with the iRecord, or request technical assistance, select the “Feedback” link at the top of the screen.

Alternatively, if the feedback button is not available any technical inquiries can be sent to the Division service desk at DDD.ITRequests@dhs.state.nj.us. This address may be used to report bugs, suggest future functionality or request technical assistance. For assistance with content of plans or how to write plans, please contact the designated Division point person.

17.19.5.4 General Resources, Information, & Clarification
- Support Coordination Help Desk – DDD.SCHelpdesk@dhs.state.nj.us
- iRecord Help Desk – DDD.ITRequests@dhs.state.nj.us
- Designated Division SC Quality Assurance Specialist – as assigned per region
- Medicaid Eligibility Help Desk – DDD.MediEligihelpdesk@dhs.state.nj.us
- Person-Centered Planning/Thinking
  - www.inclusion.com
  - www.learningcommunity.us
  - www.capacityworks2.com
  - The Boggs Center on Developmental Disabilities
    http://rwjms.rutgers.edu/boggscenter/training/person_centered.html

17.19.5.5 Supervisory Resources, Information, & Clarification
- Support Coordination Help Desk – DDD.SCHelpdesk@dhs.state.nj.us
- SC Supervisor Help Desk – DDD.SCSupervisorSupport@dhs.state.nj.us

17.19.6 Communication/Feedback
In an effort to streamline communication and provide the most effective support to Support Coordination Agencies, the Division has established the following protocol for requesting direction and clarification pertaining to the process and delivery of Support Coordination services:

Step 1: Support Coordination Help Desk – DDD.SCHelpdesk@dhs.state.nj.us
This is the first point of contact for general information related to Support Coordination policies, training, forms, and questions about assignment of monitors.

Step 2: Support Coordination Monitors
Each Support Coordination Agency is assigned a designated Division SC Quality Assurance Specialist known as a Support Coordination Monitor. This staff person reviews and approves ISPs for new Support Coordination Agencies and those agencies that have not yet been authorized to approve their own ISPs and provides quality improvement feedback and clarification of specific Division policies.

Step 3: SC Supervisor Support Help Desk – DDD.SCSupervisorSupport@dhs.state.nj.us
This help desk should be used for issues that have not been resolved through steps 1 and 2 and should be utilized after those levels of communication have been exhausted.

Step 4: Direct Communication at Administrative Level of Support Coordination Services
When all other levels of communication have not resolved the issue, communication should be sent directly to the Director, Quality Improvement & System Reform.
### 17.20 Supported Employment – Individual & Small Group Employment Support

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#### 17.20.1 Descriptions

**17.20.1.1 Supported Employment – Individual Employment Support**

Activities needed to help a participant obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The service may be delivered for an intensive period upon the participant’s initial employment to support the participant who, because of their disability, would not be able to sustain employment without supports. Supports in the intensive period are delivered in a face-to-face setting, one-on-one. The service may also be delivered to a participant on a less intensive, ongoing basis (“follow along”) where supports are delivered either face-to-face or by phone with the participant and/or his or her employer. Services are individualized and may include but are not limited to: training and systematic instruction, job coaching, benefit support, travel training, and other workplace support services including services not specifically related to job-skill training that enable the participant to be successful in integrating into the job setting.

**17.20.1.2 Supported Employment – Small Group Employment Support**

Services and training activities provided to participants in regular business, industry and community settings for groups of two to eight workers with disabilities. Services may include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Services must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities. Services may include but are not limited to: job placement, job development, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefit support, travel training and planning.

#### 17.20.2 Service Limits

**17.20.2.1 Supported Employment – Individual Employment Support**

This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual<sup>36</sup>, and as authorized in their Service Plan. Documentation is maintained in the file of each participant. Tiered rates for Supported Employment – Small Group Employment Supports are utilized when Supported Employment services are being provided to groups of 2-8 individuals.<sup>35</sup> The standards for employment services (career planning, prevocational training, and supported employment individual and small group supports) have been incorporated into the Supports Program Policies & Procedures Manual instead of being included in the Employment Services and Supports Policy Manual.
individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401) or P.L. 94-142. Supported Employment – Individual Employment Support is limited to 30 hours per week. Transportation to or from a Supported Employment site is not included in the service. When Supported Employment is provided at a work site in which people without disabilities are employed, payment will be made only for the adaptations, supervision and training required for participants as a result of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business setting or for incentive payments, subsidies or unrelated training expenses.

17.20.2.2 Supported Employment – Small Group Employment Support

This service is available to participants in accordance with the DHS/DDD Employment Services and Supports Policy Manual\textsuperscript{15}, and as authorized in their Service Plan. Documentation is maintained in the file of each individual receiving this service that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401) or P.L. 94-142. Supported Employment – Small Group Employment Support is limited to 30 hours per week. Transportation to or from a Supported Employment site is not included in the service. When Supported Employment is provided at a work site in which people without disabilities are employed, payment will be made only for the adaptations, supervision and training required for participants as a result of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business setting or for incentive payments, subsidies or unrelated training expenses.

17.20.3 Provider Qualifications

All providers of Supported Employment services (Individual or Small Group Employment Support) must comply with the standards set forth in this manual. In addition, Supported Employment providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure staff successfully completes the Division mandated training, are a minimum of 20 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.

17.20.4 Examples\textsuperscript{37} of Supported Employment Activities

17.20.4.1 Supported Employment – Individual Employment Support

- Training and systematic instruction
- Job coaching
- Benefit support/planning
- Job development
- Travel training
- Training that will enable an individual to be successful in integrating on a job setting (even where not specifically related to job-skills)
- Job site analysis

17.20.4.2 Supported Employment – Small Group Employment Support

- Mobile crews / crew labor
- Group placement (enclaves)
- Social enterprises in which employees are making at least minimum wage
- On-site job training
- Job development
- Job site analysis

establishing a separate manual for these services. The “Standards for Supported Employment Services Manual” from 2007 does not apply to people or services in the Supports Program.

\textsuperscript{37} Please note that examples are not all inclusive of everything that can be funded through this service.

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17.20.5 Supported Employment Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.20.5.1 Supported Employment Overview
The Division believes that all individuals with a developmental disability can fulfill their employment aspirations and achieve social and economic inclusion through employment opportunities. The Division further believes that all individuals with developmental disabilities are entitled to the same competitive wages, work conditions, and career development as their co-workers. In other words, “Real Jobs for Real Pay.”

17.20.5.1.1 Phases of Supported Employment
Supported Employment services are typically provided in three phases: pre-placement, intensive job coaching, and long-term follow-along (LTFA). These phases are conducted based on individual needs and are not required for everyone receiving Supported Employment services.

17.20.5.1.1.1 Pre-Placement Phase
Services utilized to assist the job seeker in identifying a career path and potential job matches and finding competitive employment in the general workforce. Activities conducted in this phase of Supported Employment include but are not limited to the following:

- Assessments – particularly situational assessments (also known as trial work experience, community-based vocational assessment, job sampling) to identify the individuals strengths, skills, preferences, support needs, etc.
- Vocational profile development – details areas of career interest; identifies strengths, skills, preferences, support needs; and provides a plan for finding employment
- Job development – utilizing assessment information to target jobs available in the local labor market and link the job seeker with job opportunities consistent with his/her interests, abilities, and identified work goal. Some activities may include meeting with employers, proposing a potential employee to the employer, etc.
- Development/improvement of job seeking skills – assistance with resume development, building interview skills, assisting with networking, completing applications, etc.
- Addressing concerns/barriers – assisting the job seeker in understanding how to maintain benefits while working, explaining work incentives available through the Social Security Administration, explaining WorkAbility – NJ’s Medicaid Buy-In Program, linking the individual to transportation options, etc.
- Job site analysis – the systematic study of a specific job that is conducted by observing a worker performing his/her job and making note of the tasks and duties performed by the worker as well as determining the skill, educational, and experience requirements necessary for the job and the safety and work culture of the environment in which this job is performed.
- Outreach to businesses – setting up interviews (and/or trial work periods for individuals with limited interview skills), explaining the benefits of hiring the job seeker, arranging customized employment opportunities, identifying and proposing support needs as applicable, job carving, job restructuring, etc.

17.20.5.1.1.2 Intensive Job Coaching Phase
Services utilized once the job seeker has become employed to assist the employer in teaching the job, communicating standards, and supporting the employee as well as assist the newly hired employee in learning the job, understanding how to perform his/her work tasks to the standard of the employer, and integrating into the work site. Activities conducted in this phase of Supported Employment include but are not limited to the following:

- Assistance with orientation and new hire activities
- On-site job coaching
- Direct training on job duties/tasks
• Developing strategies, interventions, jigs, accommodations, and natural supports
• Travel training
• Supporting the employee in communicating with the employer
• Fading from the job site as the employer becomes more skilled at his/her job and independent

17.20.5.1.1.3 Long-Term Follow-Along Phase (LTFA)

Services utilized once the employee is stabilized on the job and can perform his/her job independently with the strategies, interventions, jigs, accommodations, and natural supports that have been established. Activities conducted in this phase of Supported Employment include but are not limited to the following:

• Ongoing and regular on or off site support to ensure job stabilization continues
• Address changes to job duties/tasks
• Meet standards of a new supervisor
• Address issues/concerns that come up
• Assist in career planning (promotions, salary increases, new tasks/jobs, other job opportunities, etc.)

17.20.5.2 Need for Service and Process for Choice of Provider

Supported Employment services can be provided to anyone who is in need of assistance in finding or keeping competitive employment in the general workforce. The need for Supported Employment services will typically be identified through the Pathway to Employment discussion that takes place during the person centered planning process and documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to finding and/or keeping competitive employment in the general workforce will be included in the Individual Service Plan (ISP) and the Supported Employment provider will develop strategies to assist the individual in reaching the desired outcome(s).

This service can only be accessed through the Division if it is not available through the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) – as documented on the F3 Form “DVRS or CBVI Determination Form for Individuals Eligible for DDD.” The Pre-Placement and Intensive Job Coaching phases of Supported Employment are typically provided by DVRS or CBVI; however, these phases are always available through the Division if the individual cannot access them through DVRS or CBVI. The Long-Term Follow-Along (LTFA) phase of Supported Employment – if needed – is always provided through the Division. In circumstances when an individual is receiving Division funding during the LTFA phase of Supported Employment loses his/her job and needs employment services to provide assistance in finding a new job, he/she must go to DVRS/CBVI to determine eligibility (even if he/she was not previously eligible for employment services through DVRS/CBVI). While going through the eligibility determination process or awaiting services to be arranged through DVRS/CBVI, the Division will provide funding for Supported Employment services. Once the individual is deemed eligible for DVRS/CBVI, the funding will switch back to them. If the individual is not eligible for DVRS/CBVI services, the Division will continue to fund them. The Support Coordinator must be informed by the individual, family, and/or Supported Employment provider of this change in employment. The Support Coordinator will revise the ISP as needed to reflect changes to Supported Employment service needs if applicable and ensure that the individual has sought out DVRS/CBVI services by uploading the referral and resulting F3 forms to iRecord.

It is recommended that the individual research potential service providers through phone calls, meetings, office visits, etc. to select the service provider that will best meet his/her needs.

Due to potential issues related to employee/employer relationships, confidentiality, conflicts of interest, etc., an individual in need of Supported Employment services to assist him/her in maintaining employment with a Supported Employment provider will need to access those Supported Employment services from a Supported Employment provider separate from the one that is employing him/her.
The Supported Employment service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Supported Employment services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP will be provided to the identified service provider.

17.20.5.3 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

17.20.5.3.1 All Staff
- Minimum 20 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required

17.20.5.3.2 Executive Director or Equivalent
- Bachelor’s Degree - OR -
- High school diploma and 5 years experience working with people with developmental disabilities, two of which shall have been supervisory in nature

17.20.5.3.3 Program Management Staff/Supervisors
- Graduated from an accredited college or university with a Bachelor’s degree, or higher, in Education, Social Work, Psychology or related field, plus one (1) year of successful experience in human services or employment services, or
- Graduated from an accredited college with an Associate’s degree, plus two (2) years of successful experience in human services, or
- Graduated with a high school diploma or equivalent and five (5) years of experience in occupational areas similar to those being offered at the program. A combination of college or technical school may be substituted for experience on a year for year basis.
- Have a clear understanding of the demands and expectations in business and industry.

17.20.5.3.4 Employment Specialist
- Have an Associate’s degree or higher in a related field from an accredited college or university or have a high school diploma or equivalent with three (3) years of related experience
- Be familiar with the demands and expectations of business and industry

17.20.5.4 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Supported Employment services shall successfully complete the following training:
17.20.5.4.1 DDD System Mandatory Training Bundle – Within 90 days of hire
The following training is available through the College of Direct Support (CDS)\(^{38}\). Additional information about CDS is available in Section 11.4.1.

- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Preventions and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP
- DDD Life Threatening Emergencies (Danielle’s Law)

17.20.5.4.2 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire
- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.20.5.4.3 Provider Developed Orientation – Within 30 days of hire
Supported Employment service providers must provide an orientation for new employees that includes a minimum of the following topics:
- Cultural Competence
- Individual Rights
- Working with Families
- Incident Reporting

17.20.5.4.3 Employment Specialist Foundations: Basic Knowledge and Skills - Within 90 days of hire
- Employment Specialist Foundations: Basic Knowledge and Skills – Overview, Assessment/Discovery, Marketing & Job Development, Instruction & Data Collection, Retention & Long Term Follow Along – available through The Boggs Center on Developmental Disabilities
  OR
- Division approved Supported Employment, Customized Employment, Employment Specialist, or Job Coach alternate training—providers may use an alternate training entity if the training is preapproved by the Director, Supports Program and Employment Services at the Division

17.20.5.4.4 Minimum 12 Hours of Professional Development – annually
All full-time (30 hours or more per week) Supported Employment personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to Supported Employment and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).

Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file.

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\(^{38}\) For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document
These trainings may include but are not limited to training or technical assistance from the following sources:

- The Boggs Center on Developmental Disabilities
- VCU
- College of Direct Support/College of Employment Supports
- APSE (Association for People Supporting EmploymentFirst)
- DDD
- DVRS
- The Arc of New Jersey – Project Hire’s Technical Assistance Services
- Centers for Independent Living

17.20.5.5 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Standardized documents are available in Appendix D. Providers using an electronic health record (EHR) or billing system that cannot duplicate these standardized documents will remain in compliance if all the information required on these documents is captured somewhere and can be shown/reviewed during an audit.

17.20.5.5.1 Supported Employment Services – Pre-Employment Service Log

The provider of Supported Employment services, in collaboration with the individual, must develop strategies to assist a job seeking individual in obtaining competitive employment in the general workforce in an area related to applicable ISP outcomes and document the related activities and progress on the Supported Employment Services – Pre-Employment Service Log each time a service is delivered.

17.20.5.5.2 Supported Employment Services – Intervention Plan and Service Log

The provider of Supported Employment Services, in collaboration with the individual and his/her employer, must identify areas in which the employed individual needs to improve in order to remain employed. The areas that need to be addressed/improved along with the strategy that will be utilized to correct these issues must be documented on the first page of the Supported Employment Services – Intervention Plan & Service Log. The Supported Employment provider will also document the services that were provided and progress the individual has made toward his/her outcomes and meeting employer standards on the second page of the Supported Employment Services – Intervention Plan and Service Log during each date in which services are provided.

17.20.5.6 Quality Assurance and Monitoring

The Division will conduct quality assurance and monitoring of Supported Employment providers in accordance with the requirements of the Supports Program Quality Plan.
17.21 Supports Brokerage

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Rates</th>
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<td>15 minutes</td>
<td>Individual/Family Supports</td>
<td></td>
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<tr>
<td>T2041HIU7</td>
<td>Reasonable &amp; Customary</td>
<td>15 minutes</td>
<td>Self-Directed Employee</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.21.1 Description

Service/function that assists the participant (or the participant’s family or representative, as appropriate) in arranging for, directing and managing services. Serving as the agent of the participant or family, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. Practical skills training is offered to enable families and participants to independently direct and manage program services. Examples of skills training include providing information on recruiting and hiring personal care workers, managing workers and providing information on effective communication and problem-solving. The service/function includes providing information to ensure that participants understand the responsibilities involved with directing their services.

17.21.2 Service Limits

This service is available only to participants who self-direct some or all of the services in their Service Plan and is intended to supplement, but not duplicate, the Support Coordination service. The extent of the assistance furnished to the participant or family is specified in the Service Plan. The Supports Brokerage services cannot be paid to New Jersey DDD provider agencies or employees of these agencies, legal guardians of the participant, or other individuals who reside with the participant.

17.21.3 Provider Qualifications

All providers of Supports Brokerage must comply with the standards set forth in this manual. In addition, Supports Brokerage providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required, and have at least two years of experience working with individuals with ID/DD.

If the Community Inclusion Services provider is a Home Health Agency or Health Care Service Firm, they must meet the following additional license or accreditation requirements:

- Licensed per N.J.A.C. 8:42 and Certified by the Centers for Medicare and Medicaid Services -or-
- Accredited by one of the following:
  - New Jersey Commission on Accreditation for Home Care Inc. (CAHC)
  - Community Health Accreditation Program (CHAP)
  - Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - National Association for Home Care and Hospice (NAHC)

17.21.4 Examples of Supports Brokerage Activities

- Providing information on recruiting and hiring workers
- Developing advertisements, flyers, and other recruiting materials as needed for hiring staff
- Completing applicant screenings
- Providing assistance to complete and submit employment paperwork to fiscal agent.
- Support in managing workers
- Interviewing potential applicants, along with the person with disabilities and/or designee

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39 Please note that examples are not all inclusive of everything that can be funded through this service
17.21.5 Supports Brokerage Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.21.5.1 Need for Service and Process for Choice of Provider
The need for Supports Brokerage services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Supports Brokerage services will be included in the Individual Service Plan (ISP) and the Supports Brokerage provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Supports Brokerage service provider in the planning process to assist in identifying and developing applicable outcomes.

The Supports Brokerage service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Supports Brokerage services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP and Service Detail Report will be provided to the identified service provider.

17.21.5.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks – AND –
- Valid driver’s license and abstract (not to exceed 5 points) if driving is required – AND –
- Two years of experience working with individuals with ID/DD

17.21.5.3 Mandated Staff Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Supports Brokerage shall successfully complete the following training:

17.21.5.3.1 DDD System Mandatory Training Bundle – Within 90 days of hire
The following training is available through the College of Direct Support (CDS). Additional information about CDS is available in Section 11.4.1.

- DDD Shifting Expectations: Changes in Perception, Life Experience, & Services
- Prevention of Abuse, Neglect, & Exploitation Module
  - CDS Maltreatment Prevention and Response: Lesson 1: The Direct Supports Professional Role
  - CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?
  - CDS Maltreatment Preventions and Response: Lesson 4: What is Neglect?
  - CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?
  - CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP

For information about the option to continue to utilize the Interim Preservice Training System until June 30, 2016, please refer to the New Mandated Training Requirements Summary for 2016 document
17.21.5.3.2 Prevention of Abuse, Neglect, & Exploitation Practicum – Within 90 days of hire

- On-site competency assessment provided by the service provider or individual/family (for SDEs)

17.21.5.3.3 Provider Developed Orientation – Within 30 days of hire

Supports Brokerage service providers must provide an orientation for new employees that includes a minimum of the following topics:

- Cultural Competence
- Individual Rights
- Working with Families
- Incident Reporting

17.21.5.3.4 Individual/Family Developed Orientation for SDEs – Within 30 days of hire

The individual/family employing a SDE providing Supports Brokerage must provide an orientation that covers topics that will assist the SDE in getting to know the individual and may include the following suggestions:

- Great things about the individual
- Areas of importance to the individual
- Best ways to support the individual
- Information about how the individual communicates
- Individual rights
- Working with families
- Incident Reporting

17.21.5.3.5 Minimum 12 Hours of Professional Development – annually

All full-time (30 hours or more per week) Supports Brokerage personnel, including program management/supervisors, shall annually attend at minimum 12 hours of professional development trainings, seminars, webinars, conferences, in-services, etc. which are relevant to Supports Brokerage and/or supporting individuals with intellectual and developmental disabilities. All mandated training and orientation can be included within these 12 hours. These 12 hours are based on a calendar year and prorated for staff hired after January 1 in any year (for example, staff hired in April must complete 9 hours of professional development training; staff hired in December must complete 1 hour of professional development training).

Part-time personnel (less than 30 hours/week) must complete 6 professional development training hours per year regardless of hire date.

Documentation of training shall be maintained in the employee’s personnel file.

17.21.5.4 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, number of units of the delivered service, and details of the service that was provided for each individual and must align with the prior authorization received for the provision of services.

17.21.5.5 Quality Assurance/Monitoring

The Division will conduct quality assurance and monitoring of Supports Brokerage providers in accordance with the requirements of the Supports Program Quality Plan.
17.22 Transportation

<table>
<thead>
<tr>
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<th>Units</th>
<th>Additional Descriptor</th>
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<td>A0090HI22</td>
<td>$0.74</td>
<td>Mile</td>
<td>Transportation Provider or Self-Directed Employee</td>
<td>Either</td>
</tr>
</tbody>
</table>

17.22.1 Description
Service offered in order to enable participants to gain access to services, activities and resources, as specified by the Service Plan. This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State Plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge are utilized.

17.22.2 Service Limits
Reimbursement for transportation is limited to distances not to exceed 150 miles one way.

17.22.3 Provider Qualifications
All providers of Transportation must comply with the standards set forth in this manual. In addition, Transportation providers shall complete State/Federal Criminal Background checks and Central Registry checks for all staff and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points).

17.22.4 Transportation Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

All vehicles utilized by the Transportation provider to transport individuals receiving services shall:
- Comply with all applicable safety and licensing regulations of the State of New Jersey Motor Vehicle Commission regulations
- Be maintained in safe operating condition
- Contain seating that does not exceed maximum capacity as determined by the number of available seatbelts and wheelchair securing devices
- Be wheelchair accessible by design and equipped with lifts and wheelchair securing devices which are maintained in safe operating condition when transporting individuals using wheelchairs
- Be equipped with the following:
  - 10:BC dry chemical fire extinguisher
  - First Aid kit
  - At least 3 portable red reflector warning devices
  - Snow tires, all weather use tires, or chains when weather conditions dictate

17.22.4.1 Need for Service and Process for Choice of Provider
The need for Transportation will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the use of Transportation will be included in the Individual Service Plan (ISP).

17.22.4.1.1 Exclusions
- Transportation provided as part of the Day Habilitation service (pick up and drop off within the service provider’s catchment area and transportation to community activities as part of Day Habilitation services)
- Public Transportation is funded through Goods & Services

NJ Division of Developmental Disabilities
17.22.4.2 Minimum Staff Qualifications
The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).
- Minimum 18 years of age – AND –
- Complete State/Federal Criminal Background checks and Central Registry checks
- Valid driver’s license and abstract (not to exceed 5 points)

17.22.4.3 Mandated Training & Professional Development
The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training.

17.22.4.4 Documentation and Reporting
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, pick up and drop off addresses, and mileage of the delivered service for each individual and must align with the prior authorization received for the provision of services.
17.23 Vehicle Modifications

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<th>Procedure Codes</th>
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<tbody>
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<td>T2039HI</td>
<td>Reasonable &amp; Customary</td>
<td>Single</td>
<td>NA</td>
<td>Individual/Family Supports</td>
</tr>
</tbody>
</table>

17.23.1 Description
Assessments, adaptations, or alterations to an automobile or van that is the participant’s primary means of transportation in order to accommodate the special needs of the participant. Vehicle adaptations are specified by the Service Plan, are necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.

17.23.2 Service Limits
All Vehicle Modifications are subject to prior approval on an individual basis by DDD. The following are specifically excluded: (1) Adaptations or improvements to the vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual; (2) Purchase or lease of a vehicle; and (3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications.

17.23.3 Provider Qualifications
All providers of Vehicle Modification services must comply with the standards set forth in this manual.

In addition, Vehicle Modifications providers must meet the following:
- Accredited by the National Mobility Equipment Dealers Association (NMEDA) recognized Quality Assurance Program, or its equivalent
- Compliance with NJ State motor vehicle codes

17.23.4 Examples of Vehicle Modifications
- Vehicle steering/brake controls
- Vehicle lift
- Vehicle ramp
- Raising/lowering vehicle roof/floor

17.23.5 Vehicle Modifications Policies/Standards
In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards.

17.23.5.1 Need for Service and Process for Choice of Provider
The need for a Vehicle Modification will be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person centered planning process documented in the Person Centered Planning Tool (PCPT). In addition, the following steps must be completed in order to access Vehicle Modifications:

- The Support Coordinator will assist the individual in identifying a business that offers this service and gather an estimate and supporting documentation
- The Support Coordinator will upload the estimate/bid and any supporting documents to iRecord and notify the Division at DDD.ServiceApprovalHelpdesk@dhs.state.nj.us for review. All estimates/bids must include the following:

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41 Please note that examples are not all inclusive of everything that can be funded through this service
The requested item needed, including name, model number, and any other identifying specifications (all measurements must be taken by a professional to ensure the specifications are correct)
- Unit cost and quantity, if applicable, and total quoted price
- Clear itemization of cost of material, labor, and shipping/freight if applicable
- Name and address of vendor on company letterhead
- Vendor’s Federal ID number
- Vendor representative’s name, phone number, and email address

The Division will review the estimate/bid and supporting documentation and provide a determination regarding the requested Vehicle Modifications
- Upon Division approval, the Support Coordinator will add needed Vehicle Modifications and follow the ISP approval process
- The Vehicle Modifications provider will render services as prior authorized by the approved ISP and claim through the FI

17.23.5.2 Documentation and Reporting
Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.
APPENDIX A – GLOSSARY OF TERMS

**Acuity Factor** – an amount added to the tier for individuals with high clinical support needs based on medical and/or behavioral concerns, notated by “a” next to the tier assignment. The acuity factor can also impact the rate and/or unit of a service base rate for services where that may be applicable.

**Bump-Up** – a short-term increase in an individual’s budget if he/she experiences changes in life circumstances that result in a need for additional temporary services that exceed his/her budget. A bump-up is capped at $5,000 per individual, will be effective for up to one year, and can only be provided once every three years.

**Centers for Medicare and Medicaid Services (CMS)** – the federal agency within the U.S. Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children’s Health Insurance Program (SCHIP), and health insurance portability standards.

**Children’s System of Care (CSOC)** – the Division within the New Jersey Department of Children and Families that serves children (under 21) with emotional and behavioral health care challenges and their families and children (under 21) with developmental and intellectual disabilities and their families. Services include community-based services, in-home services, out-of-home residential services, and family support services.

**College of Direct Support (CDS)** – a collection of web-based courses designed for direct support staff, people with disabilities, their families and others who support people with disabilities. The course work connects learners with a nationally recognized curriculum that empowers people to lead more independent and self-directed lives.

**Commission for the Blind and Visually Impaired (CBVI)** – the Division within the New Jersey Department of Human Services that provides specialized services to persons who are blind or visually impaired and provides education in the community to reduce the incidence of vision loss.

**Community Care Waiver (CCW)** – a New Jersey Home and Community-Based Services (HCBS) Medicaid waiver program that funds community-based services and supports for adults (age 21 and older) with intellectual and developmental disabilities who have been assessed to meet the specified level of care (LOC) for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) – i.e., an institutional level of care.

**Comprehensive Medicaid Waiver (CMW)** – the New Jersey Department of Human Services’ Medicaid waiver that is a collection of reform initiatives designed to sustain the program long-term as a safety-net for eligible populations, rebalance resources to reflect the changing healthcare landscape and prepare the state to implement provisions of the federal Affordable Care Act in 2014. The Supports Program is the Division of Developmental Disabilities’ initiative within this waiver.

**Department of Children & Families (DCF)** – the state agency that works to ensure the safety, well-being and success of children, youth, families and communities.

**Department of Education (DOE)** – the Department in state government that oversees the programs and services provided in all public and nonpublic primary and secondary schools in New Jersey; administers state and federal aid to schools and school districts; and establishes and regulates New Jersey’s educational policies.

**Department of Human Services (DHS)** – the Department of state government that serves seniors, individuals and families with low incomes; people with mental illnesses, addictions, developmental disabilities, or late-onset disabilities; people who are blind, visually impaired, deaf, hard of hearing, or deaf-blind; parents needing child care services, child support and/or healthcare for their children; and families facing catastrophic medical expenses.
for their children. DHS and its eight divisions provide programs and services designed to give eligible individuals and families the help they need to find permanent solutions to a myriad of life challenges.

**Department of Labor and Workforce Development (LWD)** – the Department of state government that provides workforce development, family leave insurance, analyzes labor market information, health and safety guidelines, social security disability programs, temporary disability, unemployment benefits, worker’s compensation and resources for employers. The Department of LWD also provides services and support to individuals with disabilities in the workforce through the Division of Vocational Rehabilitation Services.

**Division Circulars** – documents issued by the Assistant Commissioner of the Division of Developmental Disabilities which set policy for the various agencies within the Division. Division Circulars can be found on the Division of Developmental Disabilities’ website at [http://www.nj.gov/humanservices/ddd/news/publications/divisioncirculars.html](http://www.nj.gov/humanservices/ddd/news/publications/divisioncirculars.html)

**Division of Developmental Disabilities (DDD)** – the Division within the New Jersey Department of Human Services that coordinates funding for services and supports that assist adults age 21 and older with intellectual and developmental disabilities to live as independently as possible. An overview of DDD is outlined in section 1.2 in this manual.

**Division of Vocational Rehabilitation Services (DVRS)** – the Division within the New Jersey Department of Labor and Workforce Development that provides services to assist individuals with disabilities to prepare for, obtain, and/or maintain competitive employment consistent with their strengths, priorities, needs and abilities.

**Employment/Day Budget Component** – the portion of the individual budget that can be used to purchase services that are categorized as supporting an individual with their employment and day support needs based. An indication of the budget component in which each service is categorized is available within the table provided for each service in Section 17 of this manual.

**Fair Hearing** – an administrative proceeding to resolve an appeal of a Medicaid waiver-funded service when the service has been denied, or will be reduced, suspended or terminated.

**Fiscal Intermediary (FI)** – the entity that manages the financial aspects of the Supports Program on behalf of an individual choosing to direct their services through a Self-Directed Employee. In addition, the FI acts as a conduit for an organization or enterprising entity that is not a Medicaid provider but engages in commercial, industrial, or professional activities that are offered to the general public and will be available to individuals enrolled in the Supports Program. More information about the responsibilities of the FI can be found in section 10 of this manual.

**Health Information and Portability and Accountability Act (HIPAA)** – the federal law passed by Congress in 1996 that protects the privacy of protected health information (PHI) and personally identifiable information (PII) and establishes national standards for its written, oral, and electronic security.

**Home and Community-Based Services (HCBS)** – Medicaid-funded services and supports that are provided to individuals in their own home or community. HCBS programs serve a variety of targeted populations groups, including individuals experiencing chronic illness or individuals with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities.

**Individual/Participant** – an adult age 21 or older who has been determined to be eligible to receive services funded by the Division of Developmental Disabilities.
Individual Budget – an up-to amount of funding allocated to an eligible individual based on his/her tier assignment in order to provide services and supports. Each Individual Budget is made up of an Employment/Day budget component and an Individual/Family Supports budget component.

Individual/Family Supports Budget Component – the portion of the individual budget that can be used to purchase services that are categorized as providing support to the individual and/or family in addition to their employment/day services. An indication of the budget component in which each service is categorized is available within the table provided for each service in Section 17 of this manual.

Individualized Service Plan (ISP) – the standardized Division of Developmental Disabilities’ service planning document, developed based on assessed needs identified through the NJ Comprehensive Assessment Tool (NJCAT); the Person-Centered Planning Tool (PCPT); and additional documents as needed, that identifies an individual’s outcomes and describes the services needed to assist the individual in attaining the outcomes identified in the plan. An approved ISP authorizes the provision of services and supports.

iRecord – DDD’s secure, web-based electronic health record application.

Level of Care – the assessed level of assistance an individual requires in order to meet his/her health and safety needs and accomplish activities of daily living. Eligibility for certain Medicaid-funded long-term services and supports is tied to an individual’s Level of Care designation.

Managed Care Organizations (MCO) – organizations, also known as HMOs or health plans, that contract with state agencies to provide a health care delivery system that manages cost, utilization and quality of Medicaid health benefits and additional Medicaid services.

Managed Long Term Services & Supports (MLTSS) – the program that ensures the delivery of long-term services and supports through New Jersey Medicaid’s NJ FamilyCare managed care program. MLTSS is designed to expand home and community-based services, promote community inclusion and ensure quality and efficiency. MLTSS provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services, or in a nursing home.

Medicaid – a federal and state jointly funded program that provides health insurance to parents/caretakers and dependent children, pregnant women, and people who are aged, blind or disabled. These programs pay for hospital services, doctor visits, prescriptions, nursing home care and other healthcare needs, depending on what program a person is eligible for.

National Core Indicators (NCI) – standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. NCI is a voluntary effort by public developmental disabilities agencies to measure and track their own performance.

NJ Comprehensive Assessment Tool (NJ CAT) – the mandatory needs-based assessment used by the Division of Developmental Disabilities as part of the process of determining an individual's eligibility to receive Division-funded services and assessing an individual’s support needs in three main areas: self-care, behavioral, and medical.

Person Centered Planning Tool (PCPT) – a mandatory discovery tool used to guide the person centered planning process and to assist in the development of an individual’s service plan.
Planning for Adult Life Project – a statewide project funded by the NJ Division of Developmental Disabilities (DDD) to assist students (ages 16-21) with developmental disabilities and their families in charting a life course for adulthood. This project facilitates student and parent groups and offers informational sessions, webinars, and resource materials that address core areas that include but are not limited to employment, postsecondary education, housing, legal/financial planning, self-direction, health/behavioral health, and planning/visioning a life course.

Planning Team – a team of people, with a valuable connection to the individual, that participate in planning meetings and contribute to the development of the PCPT and ISP. At a minimum, the planning team includes the individual and Support Coordinator. Parents, family members, friends, service providers, coworkers, etc. are also often included in the planning team as established by the individual.

Prior Authorization – the approval – obtained prior to service delivery – that details start/end dates, number of units, and procedure codes authorized in order for the identified provider(s) to receive payment for services once they have been rendered.

Provider Database – a searchable database of approved service providers.

Self-Directed Employee (SDE) – a person who is recruited and offered employment directly by the individual or the individual’s authorized representative to perform waiver services for which SDEs are qualified.

Service Provider – the entity or individual who will provide the waiver service(s) indicated in the ISP. Service providers must meet the qualifications and standards related to the service(s) being offered.

Support Coordination Agency (SCA) – an organization approved by the Medicaid and the Division of Developmental Disabilities to provide services that assist participants in gaining access to needed program and state plan services, as well as needed medical, social, educational, and other services.

Support Coordination Supervisor (SCS) – the professional within a Support Coordination Agency that provides oversight and management of the Support Coordinators and approves ISPs.

Support Coordinator (SC) – the professional responsible for developing and maintaining the Individualized Service Plan with the participant, their family, and other team members; linking the individual to needed services; and monitoring the provision of services included in the Individualized Service Plan.

Supported Employment Budget Component – an additional component of the individual budget that can be accessed in situations when the individual budget does not sustain the level of Supported Employment – Individual Employment Support needed in order for the individual to find or keep a competitive job in the general workforce.

Supports Program – the Division of Developmental Disabilities initiative included in the Comprehensive Medicaid Waiver (CMW) that provides needed supports and services for individuals eligible for DDD who are not on the Community Care Waiver (CCW).

Tier – an assigned descriptor, based on support needs determined through the NJ CAT, that determines the individual budget and reimbursement rate a provider will receive for that individual for particular services.
APPENDIX B – HELPFUL LINKS TO THE DIVISION

Division of Developmental Disabilities - www.nj.gov/humanservices/ddd/home/
- Applying for Services - www.nj.gov/humanservices/ddd/services/apply/index.html
- Becoming a Provider - www.nj.gov/humanservices/ddd/programs/sppp.html
- Community Care Waiver (CCW) - www.nj.gov/humanservices/ddd/services/ccw/index.html
- Contact Information - www.nj.gov/humanservices/ddd/staff/
- Fee-for-Service Implementation - www.nj.gov/humanservices/ddd/programs/ffs_implementation.html
- Medicaid Eligibility and DDD - www.nj.gov/humanservices/ddd/services/medicaideligibility.html
- Provider Database – Coming Soon!
- Support Coordination - www.nj.gov/humanservices/ddd/services/support_coordination.html
- Supports Program - www.nj.gov/humanservices/ddd/programs/supports_program.html
- Webinars - www.nj.gov/humanservices/ddd/resources/webinars.html
# APPENDIX C – DIVISION HELP DESKS

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<tr>
<td>Fee-for-Service</td>
<td><a href="mailto:DDD.FeeForService@dhs.state.nj.us">DDD.FeeForService@dhs.state.nj.us</a></td>
</tr>
<tr>
<td>IT Requests</td>
<td><a href="mailto:DDD.ITRequests@dhs.state.nj.us">DDD.ITRequests@dhs.state.nj.us</a></td>
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<tr>
<td>Medicaid Eligibility</td>
<td><a href="mailto:DDD.MediEligHelpdesk@dhs.state.nj.us">DDD.MediEligHelpdesk@dhs.state.nj.us</a></td>
</tr>
<tr>
<td>Provider Database</td>
<td><a href="mailto:DDD.ProviderDatabaseHelpdesk@dhs.state.nj.us">DDD.ProviderDatabaseHelpdesk@dhs.state.nj.us</a></td>
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<tr>
<td>Provider Enrollment Unit</td>
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</tr>
<tr>
<td>Supports Program</td>
<td><a href="mailto:DDD.SuppProgHelpdesk@dhs.state.nj.us">DDD.SuppProgHelpdesk@dhs.state.nj.us</a></td>
</tr>
<tr>
<td>Support Coordination</td>
<td><a href="mailto:DDD.SCHelpdesk@dhs.state.nj.us">DDD.SCHelpdesk@dhs.state.nj.us</a></td>
</tr>
<tr>
<td>Support Coordination Supervisors Support</td>
<td><a href="mailto:DDD.SCSupervisorSupport@dhs.state.nj.us">DDD.SCSupervisorSupport@dhs.state.nj.us</a></td>
</tr>
</tbody>
</table>
APPENDIX D – DOCUMENTS

Appendix D contains copies of the following documents:

Quick Reference Guide to Service Delivery Documentation Requirements

Service Delivery Documents
Please note that the fillable versions of these documents are available by clicking on the name of the document below or at www.nj.gov/humanservices/ddd/programs/supports_program.htm.

- Community Based / Individual Supports Activity Log
- Community Inclusion Services – Individualized Goals
- Community Inclusion Services – Activities Log
- Community Inclusion Services – Quarterly Update
- Day Habilitation – Individualized Goals
- Day Habilitation – Activities Log
- Day Habilitation – Quarterly Update
- Natural Supports Training Log
- Prevocational Training – Individualized Goals
- Prevocational Training – Activities Log
- Prevocational Training – Quarterly Update
- Supported Employment Services – Pre-Employment Service Log
- Supported Employment Services – Intervention Plan & Service Log

Planning Documents
- Person-Centered Planning Tool (PCPT)
- Individualized Service Plan (ISP)

Other Documentation and Forms
- Participant Statement of Rights & Responsibilities
- Participant Enrollment Agreement
- ISP Quality Review Checklist
- Addressing Identified Clinical Needs Form
- Assistive Technology/Environmental Modification Evaluation Request Form
- Goods & Services Request Form
- Supported Employment Funding Request Form
- Continuation of Prevocational Training Justification Form
- Move to Discharge Form
- Support Coordination Agency Selection Form
- DVRS/CBVI Determination Form
- Non-Referral to DVRS/CBVI Form
- Support Coordination Monitoring Tool
QUICK REFERENCE GUIDE TO SERVICE DELIVERY DOCUMENTATION

The following documentation requirements must be utilized for individuals enrolled in the Supports Program and can be applied to all other individuals (including those individuals on the CCW) effective immediately. They must be utilized for anyone who isn’t enrolled in the Supports Program once they become enrolled and for anyone on the CCW once they are moved to the Fee-for-Service system. Support Coordination documentation is already in use and will continue for anyone enrolled in the Supports Program or in the interim system.

Please Note: In addition to the documentation requirements specific to service delivery that are documented below and described further in Section 17 of the Supports Program Policies & Procedures Manual, service providers must comply with documentation requirements related to service certification/licensing, staff training, facilities, medications, emergencies, individual records, etc. as described in this manual.

Providers using an electronic health record (EHR) or billing system that cannot duplicate these standardized documents will remain in compliance if all the information required on these documents is captured somewhere and can be shown/reviewed during an audit.

<table>
<thead>
<tr>
<th>Services</th>
<th>Required Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Services</td>
<td>• Documentation of the delivery of all services must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services and the individual’s ISP.</td>
</tr>
<tr>
<td>Career Planning</td>
<td>• Career Plan – developed by the Career Planning provider but must include, at a minimum, indication of the individual’s career goal, a detailed description/outline of how the individual is going to achieve that goal, and identification of areas where employment support may be needed.</td>
</tr>
<tr>
<td>Community Based Supports</td>
<td>• Community Based / Individual Supports Activity Log</td>
</tr>
<tr>
<td>Self-Directed Employees (SDE)</td>
<td></td>
</tr>
<tr>
<td>Community Inclusion Supports</td>
<td>• Community Inclusion Services – Individualized Goals</td>
</tr>
<tr>
<td>Day Habilitation</td>
<td>• Community Inclusion Services – Activities Log</td>
</tr>
<tr>
<td>Day Habilitation</td>
<td>• Community Inclusion Services – Quarterly Update</td>
</tr>
<tr>
<td>Natural Supports Training</td>
<td>• Natural Supports Training Log</td>
</tr>
<tr>
<td>Prevocational Training</td>
<td>• Prevocational Training – Individualized Goals</td>
</tr>
<tr>
<td>Prevocational Training</td>
<td>• Prevocational Training – Activities Log</td>
</tr>
<tr>
<td>Prevocational Training</td>
<td>• Prevocational Training – Quarterly Update</td>
</tr>
<tr>
<td>Support Coordination</td>
<td>• Person-Centered Planning Tool (PCPT)</td>
</tr>
<tr>
<td>Support Coordination</td>
<td>• Individualized Service Plan (ISP)</td>
</tr>
<tr>
<td>Support Coordination</td>
<td>• Support Coordinator Monitoring Tool</td>
</tr>
<tr>
<td>Support Coordination</td>
<td>• For all documents visit: <a href="http://rwjms.rutgers.edu/boggscenter/projects/njsp.html">http://rwjms.rutgers.edu/boggscenter/projects/njsp.html</a></td>
</tr>
<tr>
<td>Supported Employment – Individual Employment Support</td>
<td>• Supported Employment Services – Pre-Employment Service Log</td>
</tr>
<tr>
<td>Supported Employment – Small Group Employment Support</td>
<td>• Supported Employment Services – Intervention Plan and Service Log</td>
</tr>
</tbody>
</table>
New Jersey Department of Human Services  
Division of Developmental Disabilities  
www.nj.gov/humanservices/ddd

Community Based / Individual Supports

Name: ___________________________  Service Plan Year: ___________________________

ISP Outcome: ___________________________

Service Strategies (check all that apply):
- Assistance with Activities of Daily Living (such as getting dressed, eating, personal hygiene, etc.)
- Assistance with Increasing Community Participation (such as daily errands, attending events, going to a restaurant, purchasing items, travel training, etc.)
- Assistance with Increasing Independence (such as helping the individual learn to do laundry, cook, clean, dress, grocery shop, pay for items, etc.)
- Assistance with On-The-Job Support (such as safety awareness, using the restroom, attending to task, lunch/breaks, etc.)
- Assistance with Learning Activities (such as basic tutoring – math, reading, writing; support in attending a class, etc.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Individualized Activity</th>
<th>Tell us about the day, and how the activities will help the individual reach the above outcome</th>
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Completed By: ___________________________

NJ Division of Developmental Disabilities  
February 2016
## Community Inclusion Services – Individualized Goals

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<tr>
<th>Outcome #</th>
<th>Community Inclusion Services Outcome(s) from ISP</th>
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<th>Strategy #</th>
<th>Strategies for Reaching ISP Outcome(s)</th>
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Who was involved in developing these strategies?
*(Please note that the individual must always be involved in this process.)*

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Name 2</th>
<th>Name 3</th>
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Completed By: ___________________________ Date of Completion: ___________________________

NJ Division of Developmental Disabilities

July 2015
# Community Inclusion Services – Activities Log

**Name of Individual:**

<table>
<thead>
<tr>
<th>Date</th>
<th># of Units</th>
<th>Strategy #</th>
<th>Today’s Status</th>
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</table>

**Total # of Units:**

**Completed By:**

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New Jersey Department of Human Services  
Division of Developmental Disabilities  
www.nj.gov/humanservices/ddd
## Community Inclusion Services – Quarterly Update

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Quarter Start Date</th>
<th>Quarter End Date</th>
<th>Total # Hours of Day Habilitation Services</th>
</tr>
</thead>
</table>

Describe how the activities participated in during this quarter assisted the individual in meeting his/her ISP outcome(s):

Do changes need to be made to strategies/activities based on the above information?

Are there any outstanding issues/concerns from the previous quarter?

Give example(s) of how the individual participated in the planning of his/her activities during this quarter:

Give example(s) from this quarter that demonstrate how the individual made new connections and/or participated more fully in his/her community:

Have any opportunities for employment or additional community participation been identified during this quarter?

What has been done to pursue these employment or additional community participation opportunities?

Has anything changed related to the individual’s health/safety during this quarter? Is follow up needed?

Completed By: ___________________________ Date of Completion: ___________________
## Day Habilitation – Individualized Goals

**Name of Individual:** ________________________________  **ISP Date:** ________________________________

<table>
<thead>
<tr>
<th>Outcome #</th>
<th>Day Habilitation Outcome[s] from ISP</th>
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<tbody>
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<tr>
<th>Strategy #</th>
<th>Strategies for Reaching ISP Outcome[s]</th>
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</tr>
</tbody>
</table>

**Who was involved in developing these strategies?**  
*(Please note that the individual must always be involved in this process.)*

<table>
<thead>
<tr>
<th>Who was involved?</th>
<th>Who was involved?</th>
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</table>

**Completed By:** ________________________________  **Date of Completion:** ________________________________

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**NJ Division of Developmental Disabilities**  
**Supports Program Policies & Procedures Manual (Version 3.0)**  
**March 2016**
# Day Habilitation Services – Activities Log

<table>
<thead>
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<th>Date</th>
<th># of Units</th>
<th>Strategy #</th>
<th>Today’s Status</th>
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<tbody>
<tr>
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</table>

**Total # of Units:**

**Completed By:**
## Day Habilitation Services – Quarterly Update

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Quarter Start Date</th>
<th>Quarter End Date</th>
<th>Total # Hours of Day Habilitation Services</th>
</tr>
</thead>
</table>

Describe how the activities participated in during this quarter assisted the individual in meeting his/her ISP outcome(s):

Do changes need to be made to strategies/activities based on the above information?

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Have any opportunities for employment or additional community participation been identified during this quarter?

What has been done to pursue these employment or additional community participation opportunities?

Has anything changed related to the individual’s health/safety during this quarter? Is follow up needed?

Completed By: ___________________________  Date of Completion: ___________________________
# Natural Supports Training

**Name of Individual:**

**ISP Plan Version:**

**ISP Outcome:**

**Name of Trainer:**

<table>
<thead>
<tr>
<th>Name of Training Participant(s)</th>
<th>Signature of Training Participant(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Training Topic #1:**

- **Date:**
- **Start Time:**
- **End Time:**

**Brief Description of Content of Training Topic #1:**

**Training Topic #2:**

- **Date:**
- **Start Time:**
- **End Time:**

**Brief Description of Content of Training Topic #2:**

**Training Topic #3:**

- **Date:**
- **Start Time:**
- **End Time:**

**Brief Description of Content of Training Topic #3:**

**Completed By:**

**Date of Completion:**
## Prevocational Training – Individualized Goals

**Name of Individual:**

**ISP Date:**

<table>
<thead>
<tr>
<th>Outcome #</th>
<th>Prevocational Training Outcome(s) from ISP</th>
</tr>
</thead>
<tbody>
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<tr>
<th>Strategy #</th>
<th>Strategies for Reaching ISP Outcome(s)</th>
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</table>

Who was involved in developing these strategies?  
*(Please note that the individual must always be involved in this process.)*

<p>| | |</p>
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</table>

Completed By:

Date of Completion:

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NJ Division of Developmental Disabilities  
Supports Program Policies & Procedures Manual (Version 3.0)  
March 2016
## Prevocational Training – Activities Log

<table>
<thead>
<tr>
<th>Date</th>
<th># of Units</th>
<th>Strategy #</th>
<th>Today’s Status</th>
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<tbody>
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<td>Start Time:</td>
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<td>End Time:</td>
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<td># of Units:</td>
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</table>

Total # of Units: 

Completed By: 

NJ Division of Developmental Disabilities

February 2016
## Prevocational Training – Quarterly Update

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Quarter Start Date</th>
<th>Quarter End Date</th>
<th>Total # Hours of Day Habilitation Services</th>
</tr>
</thead>
</table>

Describe how the activities participated in during this quarter assisted the individual in meeting his/her ISP outcome(s):

Do changes need to be made to strategies/activities based on the above information?

Are there any outstanding issues/concerns from the previous quarter?

Give example(s) of how the individual participated in the planning of his/her activities during this quarter:

Give example(s) from this quarter that demonstrate how the individual made new connections and/or participated more fully in his/her community:

Have any opportunities for employment or additional community participation been identified during this quarter?

What has been done to pursue these employment or additional community participation opportunities?

Has anything changed related to the individual’s health/safety during this quarter? Is follow up needed?

Completed By: ___________________________ Date of Completion: ____________
### Supported Employment Services – Pre-Employment Service Log

**Name of Individual:**

**Applicable ISP Outcome(s):**

**Total hours of SE Services:**

**Reporting Period Start Date:**

**Reporting Period End Date:**

**Completed By:**

<table>
<thead>
<tr>
<th>Dates of SE Services</th>
<th># of Hours</th>
<th>Activity Conducted (Select from drop down menu)</th>
<th>What was done related to the activity (Include details such as name of business, contact information, locations of situational assessments, areas in need of follow up, etc.)</th>
<th>How did this activity assist the job seeker in progressing toward his/her outcomes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Start:</td>
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<tr>
<td>SE Professional:</td>
<td>End:</td>
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</table>
# Supported Employment Services – Intervention Plan and Service Log

Name of Individual: ____________________________  Employer: ____________________________

**Type of job (brief description of the work generally performed by the individual):**

**Applicable ISP Outcome(s):**

**Total Hours of SE Services:** ____________________________  **Reporting Period Start Date:** ____________________________  **Reporting Period End Date:** ____________________________

**Completed By:** ____________________________

<table>
<thead>
<tr>
<th>What is the standard required? (Only include those standards that are not met or are in need of improvement)</th>
<th>How does the employee currently perform the tasks, actions, areas related to these standards?</th>
<th>What is being done to address the identified issues? (Include individual(s) responsible for the plan)</th>
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</table>
The Person-Centered Planning Tool (PCPT) is a mandatory discovery tool used to guide the person-centered planning process and to assist in the development of an individual’s Service Plan.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone/Email</th>
<th>Role/Relationship</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

What do you and others like or admire about you?
This section reflects your positive qualities and includes likes, goals, aspirations, etc.
### What is important to you?
This section describes what is important to you, including: routines, relationships, places to go, things to do, etc.

### What are your long-term hopes and dreams?
This section captures information about your long-term hopes and dreams.
<table>
<thead>
<tr>
<th>What do others need to do to support you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section describes what others need to know and do to support you at home, work or in the community.</td>
</tr>
</tbody>
</table>
What are the characteristics of the people who support you best?
This section includes personality characteristics that you would like to see present in the individuals that support you.

What do caregivers/providers need to know about how you communicate?
This section captures information about how you communicate: What language do you speak? Do you read/write? This section also includes information about how you communicate non-verbally, including how you let others know if you are happy, sad, excited, or angry, and if you disagree, understand, or want to go somewhere.
## Pathway to Employment

Use the tool below to assist in developing employment-related outcomes for your Service Plan

### Path 1: Already Employed

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are you making enough money to meet your living expenses?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Are you working the amount of hours you want to work during the week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Are you happy / satisfied with the job you have?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Do you want to stay where you are working now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Do you get the opportunity to try all the different jobs/tasks you’d like at work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Are you happy with the employment services you are currently receiving/SE provider?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Are you happy with your job coach?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are all of the answers “YES”?**

**If all answers are “YES” –**
- Determine whether or not employment services are needed to maintain current job.
- If employment services are provided identify areas in which the employee needs support, must improve due to supervisor feedback, wants to improve, etc. and indicate on the Intervention Plan & Service Log. Include these outcomes and any services that are needed to accomplish these outcomes in “Section B: Personally Defined Outcomes” of the Service Plan.

**If any answers are “NO” (i.e. you may be underemployed or unsatisfied with your job) --**

Identify outcomes related to getting an increase in salary, additional hours, another position/job that will increase the employee’s satisfaction level, etc. and indicate on the Intervention Plan & Service Log if the individual is receiving employment services. Include these outcomes and any services that are needed to accomplish these outcomes in “Section B: Personally Defined Outcomes” of the Service Plan.

Activities you may consider to increase job satisfaction include, but are not limited to:
- Speak with your employer about increasing your hours/salary or about trying other job duties within the company - supported employment services can provide assistance if needed
- Seek alternative employment (part-time or full-time) - supported employment services can provide assistance if needed
- Consider exploring employment options through Career Planning services
- Utilize suggested activities listed under “Path 2.”

### Additional Notes
### Path 2: Unemployed & Has Paid/Unpaid Experiences/Training  
(i.e.: internships, volunteering, prevocational training, career planning, job try-outs/sampling, etc.)

#### Questions

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do you know what kind of job you want?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2) Have you applied for any jobs?</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3) Do you have a resume?</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Are all of the answers “YES”?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If most answers are “YES” –**

Do you have the necessary skills to perform the job you want?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If the individual has the skills to perform the job** -

Activities you may consider to pursue employment include but are not limited to the following:

- Network with friends, family, neighbors, and other contacts to seek out job opportunities in the field of interest
- Utilize the One-Stop Career Center to assist in finding a job
- Pre-placement services through the Division of Vocational Rehabilitation Services (DVRS)
- If DVRS pre-placement services are not available, use DDD Supported Employment services, as needed, to assist the individual in finding a job

**If the individual does not have the skills to perform the job** –

Activities you may consider to build skills related to employment include but are not limited to the following:

- Explore the opportunity to receive financial assistance from DVRS for college courses, training, education in the field of interest
- Take classes to gain skills, education, training in the field of interest
- Utilize Prevocational Training services

Please provide a short list of the skills that are needed:

1. 
2. 
3. 

**Additional Notes**
### Path 2: Unemployed & Has Paid/Unpaid Experiences/Training (continued)

<table>
<thead>
<tr>
<th>If any answers are “NO” –</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have you gone to the Division of Vocational Rehabilitation Services (DVRS) to see if you are eligible for their services and if they can help you get a job?</td>
<td></td>
<td></td>
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<tr>
<td>If yes, what was the most recent date of contact:</td>
<td></td>
<td></td>
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<tr>
<td>What was the result of contacting DVR:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Have you gone to the One-Stop Career Center to see how they can help you write a resume, build skills, network and meet with other unemployed people, etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, what was the most recent date of contact:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the result of contacting the One-Stop:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Have you had a situational (community-based vocational) assessment or job sampling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, when was the most recent situational assessment conducted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the result of this assessment:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If most answers are “Yes” (to the 3 questions above) -**

Activities you may consider to assist you in exploring employment options include but are not limited to the following:
- Situational assessments (or vocational evaluations) and/or pre-placement services through DVRS
- If DVRS services are not available, use DDD Career Planning, Supported Employment, or Prevocational Training services, as needed
- Utilize the One-Stop Career Center to access assistance in identifying a career path

**If any answers are “No” (to the 3 questions above) –**

- Contact your local DVRS office and set up a meeting to determine eligibility for services
- Visit your One-Stop Career Center to learn about the services they have to offer and access those services that apply
- Discuss getting a situational assessment through DVRS or (if unavailable from DVRS) through DDD Supported Employment services

**Additional Notes** –
**Path 3: Unemployed & Has No Exposure to Paid/Unpaid Experiences/Training**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do you want to learn a new skill?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2) Have you thought about something you are really good at and how that could become a job or business for you?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3) Have you thought about what information you need in order to help you consider employment?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4) Have you thought of how your life might change if you had money to spend on things you want?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5) Have you thought of how your life might change if you were more involved in the community?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6) Would you like to get paid to do work in the community?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7) Have you ever taken work-related training, education or classes?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8) Have you had any job experiences in school or as an adult?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Are most of the answers “YES”?**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>What needs to change in order for you to consider finding a job in your future?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Why do you feel that work is not an option at this time?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What is your greatest fear when you think about working?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you aware of the services and supports that are available to help you find and keep a job?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you aware of ways that you can maintain benefits while working?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you aware that you may be able to have someone with you at work to help coach and support you, called a Job Coach?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**If most answers are “NO”**

- Continue thinking about the possibility of going to DVRS for employment services and supports
- Consider exploring employment options through Career Planning services
- Consider building skills or gaining work-related experiences through volunteer work by using Prevocational Training services
- Consider spending time learning more about employment/work through job touring, job shadowing, job clubs, and/or job sampling
- Consider watching videos, reading books, exploring the Internet for information about various jobs/career

**Additional activities you may consider to assist you in exploring employment options include but are not limited to the following:**

- Seek benefits counseling/planning through providers of this service, Supported Employment providers that offer benefits counseling services, the Social Security Administration, or other entities with expertise in this area.
- Use [www.njdb101.org](http://www.njdb101.org) to assist in calculating your benefits
- Determine whether WorkAbility (NJ’s Medicaid buy-in program) is an option for you by DDS at 888-285-3036 or visiting [www.state.nj.us/humanservices/dds/projects/discoverability](http://www.state.nj.us/humanservices/dds/projects/discoverability)

**Additional Notes** -
### Voting

These questions are to be used to guide a discussion with the individual, family, and his/her caregivers about their right to vote.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Check, if “Yes”</th>
<th>Check, if “No”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you registered to vote?</td>
<td></td>
<td></td>
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<tr>
<td>If no, do you want to register to vote?</td>
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<td></td>
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<tr>
<td>Are you planning to vote?</td>
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<tr>
<td>If yes, do you need supports when voting?</td>
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<td></td>
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</tbody>
</table>

### Mental Health Pre-Screening

These questions are to be used to guide a discussion with the individual, family, and his/her caregivers about any possible indicators that a mental health evaluation may be necessary. A “yes” response to any of these questions may be an indicator that someone might be experiencing a mental health problem and a further assessment is required.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Check, if “Yes”</th>
<th>Check, if “No”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Does the person hurt himself/herself or others?</td>
<td></td>
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<tr>
<td>2) Has the person been sleeping more or less than usual?</td>
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<tr>
<td>3) Has there been a change in the person’s appetite?</td>
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<tr>
<td>4) Is the person overly fearful?</td>
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<tr>
<td>5) Is the person sad or withdrawn?</td>
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<tr>
<td>6) Is the person extremely confused or disoriented?</td>
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<td>7) Does the person hear voices even when no one is there? (This is <strong>not</strong></td>
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<tr>
<td>the same as talking to oneself for company or to reduce anxiety)</td>
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<tr>
<td>8) Is there a change in the person’s behavior?</td>
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<tr>
<td>9) Has there been any change in the way that the person reacts/interacts</td>
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<tr>
<td>with caregivers?</td>
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<tr>
<td>10) Are any of these changes/behaviors impeding the person’s day to day</td>
<td></td>
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<tr>
<td>functioning?</td>
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<tr>
<td>11) Have there been any recent medication changes?</td>
<td></td>
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<tr>
<td>12) Has there been any recent change to the person’s environment?</td>
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<tr>
<td>(Examples: new roommate, death of someone close to them, new, staff,</td>
<td></td>
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<tr>
<td>etc.)</td>
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</tbody>
</table>

**Additional Notes -**
<table>
<thead>
<tr>
<th>Individual Name</th>
<th>Support Coordination</th>
<th>Preferred Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID:</td>
<td>Values into Action</td>
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<tr>
<td>A/G:</td>
<td>SC:</td>
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<td>DOB:</td>
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<td>County:</td>
<td>E:</td>
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<td>Waiver Enrollment Date:</td>
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<tr>
<td>Guardianship</td>
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<tr>
<td>Primary Care Physician</td>
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<tr>
<td>Administrative Service Organization (ASO)</td>
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<tr>
<td>Care Manager:</td>
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<tr>
<td>Managed Care Organization (MCO)</td>
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<tr>
<td>Private Insurance</td>
<td></td>
<td></td>
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<tr>
<td>Member #:</td>
<td></td>
<td></td>
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<tr>
<td>Group #:</td>
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</tbody>
</table>
# Outcome 1

## Service 1: <SERVICE NAME>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Reference</th>
<th>Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Provider</th>
<th>Location</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Unit Type</th>
<th>Frequency</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Rate</th>
<th>Total Units</th>
<th>Total Cost</th>
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<tr>
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<td></td>
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</tbody>
</table>
New Jersey Individualized Service Plan (NJISP)

Outcome 2

Service 1: <SERVICE NAME>

| Procedure: | Code: N/A |
| Reference:  | N/A      |
| Claims:     | N/A      |

| Provider:   | Location: N/A |
|            | N/A          |

| Start Date: | End Date:   |
|            | Unit Type:  |
|            | Frequency:  |

| Rate:       | Total Units: |
|            | Total Cost:  |
|            | N/A          |
### New Jersey Individualized Service Plan (NJISP)

**Plan Version:** X.XX

<table>
<thead>
<tr>
<th>Outcome 3</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Service 1 : &lt;SERVICE NAME&gt;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure :</td>
<td></td>
</tr>
<tr>
<td>Code : N/A</td>
<td></td>
</tr>
<tr>
<td>Reference :</td>
<td></td>
</tr>
<tr>
<td>Claims : N/A</td>
<td></td>
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<tr>
<td>Provider :</td>
<td></td>
</tr>
<tr>
<td>Location : N/A</td>
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<tr>
<td>Start Date :</td>
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<td>End Date :</td>
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<tr>
<td>Rate :</td>
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<tr>
<td>Total Units :</td>
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<tr>
<td>Total Cost :</td>
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</tbody>
</table>

**Employment First Implementation**

Please note that New Jersey is an Employment First State, meaning that "Competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability." In conjunction with this policy, at least one plan outcome must be related to employment, the pursuit of employment, or the exploration of employment unless the individual is of retirement age.
New Jersey Individualized Service Plan (NJISP)

Employment Plan: Determine whether or not employment services are needed to maintain current job. If employment services are provided identify areas in which the employee needs support, must improve due to supervisor feedback, wants to improve, etc. and indicate on the Intervention Plan & Service Log. Include these outcomes and any services that are needed to accomplish these outcomes in the Service Plan.

Voting Plan:
<table>
<thead>
<tr>
<th>Allergies</th>
<th>Health Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary</td>
<td>Self Care</td>
</tr>
</tbody>
</table>
### Safety and Support Needs

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Religious/Cultural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>Support Settings</td>
</tr>
</tbody>
</table>
### Emergency Contacts

<table>
<thead>
<tr>
<th>Order/Priority to be Called</th>
<th>Name</th>
<th>Relationship</th>
<th>Primary Contact</th>
<th>Secondary Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

**Special Instructions:**
<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Notes</th>
<th>Self Medicates</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
# New Jersey Individualized Service Plan (NJISP)

## Team Members Present / Participating in Developing the Individualized Service Plan

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship / Agency</th>
<th>Primary Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Authorizations & Signatures

My signature upon this document attests to the following:

**Participant:**

- Signature: ______________________
- Name: ______________________
- Date: ______________________

**Guardian / Legal Representative (if applicable):**

- Signature: ______________________
- Name: ______________________
- Date: ______________________
PARTICIPANT STATEMENT OF RIGHTS AND RESPONSIBILITIES

The rights and responsibilities of an individual with an intellectual or developmental disability receiving supports and services through the New Jersey Division of Developmental Disabilities (Division) include, but are not limited to, the following:

RIGHTS

I have the right to exercise my rights as a citizen.

I have the right to be treated with dignity and respect.

I have the right to be believed to have the ability to make my own decisions.

I have the right to live as I choose, free from judgment or interference.

I have the right to protection from physical, verbal, psychological, or sexual abuse or punishment.

I have the right to equal employment opportunities and fair payment for my work.

I have the right to own, rent, or lease property.

I have the right to live and receive services/supports in the least restrictive environment.

I have the right to express human sexuality and receive appropriate training/education.

I have the right to marry and have children.

I have the right to presumption of legal competency in guardianship proceedings.

I have the right to be free from unnecessary and excessive medication.

I have the right to privacy during treatment and care of my personal needs.

I have the right to confidentiality/privacy of my information and medical records.

I have the right to be free from personal and financial misuse/abuse.

I have the right to utilize my New Jersey Individualized Service Plan (NJISP) and budget to meet my needs within Waiver program guidelines.

I have the right to decide how to choose my services or to have someone I choose help me with decisions within the guidelines of the Waiver program.

I have the right to identify and invite who I want to participate in my service plan meetings.
I have the right to a fair hearing if, for any reason, my waiver services are denied, reduced, suspended or terminated. An initial appeal shall be made in writing to:

Assistant Commissioner  
Division of Developmental Disabilities,  
P.O. Box 726,  
Trenton, NJ 08625-0726

**RESPONSIBILITIES**

I am responsible for maintaining/keeping Medicaid coverage to continue services on my Waiver program.

I am responsible for making sure that I can meet with my support coordinator and provide all information necessary to ensure that my NJISP can be created within 30 days of my support coordination agency selection.

I am responsible for participating in the development of my NJISP and sharing in any decision making associated with the plan.

I am responsible for what is included in my NJISP and for following my budget according to Waiver guidelines.

I am responsible for all required paperwork and following all Waiver program policies and procedures.

I am responsible to contact my support coordinator in the event that I want to change any of the service providers listed in my NJISP.

I am responsible to contact my support coordinator if anything changes in my life that may require a change to my NJISP or services that I receive.

I am responsible for participating in monthly phone contacts and quarterly visits with my support coordinator. I understand these visits are mandatory and may occur in my home, day program or place of employment as agreed upon with my support coordinator. I understand that at least one of these quarterly visits per year must take place inside my home.

I have read and/or understand these rights and responsibilities.

_________________________________________________________  ____________________________
Participant/Representative Signature                  Date

_________________________________________________________  ____________________________
Support Coordinator Signature                        Date
SUPPOR Pograms

PARTICIPANT ENROLLMENT AGREEMENT

By signing this Participant Enrollment Agreement, the Participant, Guardian (as applicable), and Family (as applicable) accept and agree to the following terms and conditions of the Supports Program:

1. The provisions herein shall apply to participation in the Supports Program as operated by the NJ Division of Developmental Disabilities (DDD) and approved by the federal Centers for Medicare and Medicaid Services (CMS).

2. Participant understands that accessing services from the DDD is voluntary and that he/she may utilize any willing service provider who meets the State’s Provider Qualifications and has been identified in the Individualized Service Plan (ISP), subject to the terms of #4 of this document.

3. Participant shall comply with all policies and procedures established by the State governing participation in the program as outlined in the Supports Program Policies and Procedures Manual.

4. Participant may receive the types of services required to meet his/her assessed needs at the rates set forth in and prior authorized by the approved Individualized Service Plan (ISP).

5. Approved providers/self-directed employees (SDE) will be paid for all prior authorized services rendered, on behalf of Participant and as authorized in the ISP. The Participant shall not receive any direct payments.

6. The State may disenroll Participant from the program and/or discontinue all payment, as applicable, to a provider/SDE, if one or more of the following circumstances occur:

   (a) The Participant has not provided all information and documents required;
   (b) The Support Coordinator or the State has reasonable cause to believe that the Participant has been or is engaged in willful misrepresentation, exploitation, fraud or abuse related to the provision of services under this Participant Enrollment Agreement;
   (c) The Participant consistently seeks payment for unauthorized or inappropriate charges;
   (d) The Participant refuses to allow, or does not participate in, monthly, quarterly, and annual contacts/visits conducted by the Support Coordinator in accordance with guidelines provided in the Supports Program Policies & Procedures Manual;
   (e) The Participant fails to submit on a timely basis documents and records required in relation to the provision of services under this Participant Enrollment Agreement;
   (f) The Participant fails to report changes in care needs and financial circumstances that may affect eligibility;
   (g) The Participant is no longer Medicaid eligible;
   (h) The Participant has moved out of the State;
   (i) The Participant no longer meets the Level of Care for the Supports Program;
   (j) The Participant has enrolled in another HCBS or MLTSS program (including the Community Care Waiver – CCW);
   (k) The Participant has failed to abide by any terms of this Participant Enrollment Agreement;
   (l) The Participant chooses to no longer receive services from the Division/Supports Program; or
   (m) The Participant is not accessing Supports Program services other than Support Coordination for greater than 90 days.
In the event of disenrollment or discontinuation of payment, Participant shall be solely liable for the cost of all services received after notification from the State pursuant to #7 of this document.

7. The State shall provide 30 days notice to the Participant in the event of disenrollment or discontinuation of payment pursuant to 6(a), 6(d), or 6(e) above. During this 30 day time period, the Support Coordinator and Division will provide assistance and support as needed to help the individual in addressing the issue(s) for which he/she is being disenrolled. If the issue(s) has been addressed within those 30 days, his/her waiver status will be reinstated.

8. Individuals subject to removal from the Supports Program are entitled to the opportunity to request a Fair Hearing. The Participant must request a Fair Hearing within 20 days of the date of notification of disenrollment.

9. If the Participant finds the provider or SDE to be unsatisfactory or suspects misrepresentation; fraud; abuse; or violation of the law in rendering services, Participant should terminate the relationship and must report the termination and reasons therefore to the Support Coordinator. Participant must report to the Support Coordinator or the State any suspected exploitation, misrepresentation, fraud, or abuse related to the provision of services under this Participant Enrollment Agreement.

10. Participant shall provide to the State or agent/representative of the State all documents and records related to participation in the program, on a timely basis. The State or agent/representative of the State shall also be allowed access to all such documents and records for audit purposes.

11. Participant is subject to all applicable statutes, regulations, and laws governing non-discrimination.

12. The Supports Program maintains provisions for Participant to exercise choice and control in managing Waiver services and other supports in accordance with their needs and personal preferences.

13. This Participant Enrollment Agreement is effective as of the date last signed and shall remain in full force and effect until such time as Participant is no longer enrolled in the Supports Program.

I, as a Supports Program Participant, understand and agree that enrollment in the Supports Program is subject to the terms and conditions explained in this Participant Enrollment Agreement.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Name, if applicable</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Family Member, if applicable</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

NJ Division of Developmental Disabilities
**Individualized Service Plan (ISP) Quality Review Checklist**

A Quality Review entails checking an ISP for completeness as well as that the plan accurately reflects the individual’s needs, preferences, and desires as identified in the NJCAT and PCPT and if not, addressing those areas as applicable. Review the ISP in its entirety ensuring any answers of “No” to the following questions are addressed before submitting for authorization.

Name of Individual: ____________________________________   DDD ID: __________________

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is each section of the document completed (as applicable)?</td>
<td>□</td>
</tr>
<tr>
<td>2.</td>
<td>Are all supporting documents (NJ CAT, PCPT, CCW Sign-Off Form if applicable) complete and up-to-date?</td>
<td>□</td>
</tr>
<tr>
<td>3.</td>
<td>Does the document reflect proper spelling/grammar, including the individual’s full name?</td>
<td>□</td>
</tr>
<tr>
<td>4.</td>
<td>Is the plan submitted on time (Initial: 30 days or Update: Annual)?</td>
<td>□</td>
</tr>
<tr>
<td>5.</td>
<td>Are the contents and comments written in a respectful and person-centered manner?</td>
<td>□</td>
</tr>
<tr>
<td>6.</td>
<td>When a need or area to address was identified in the PCPT, was it included in the ISP (e.g. if assistance with voting was identified, were supports included in the ISP)?</td>
<td>□</td>
</tr>
<tr>
<td>7.</td>
<td>When a need or area to address was identified in the SC Monitoring Tool, was it updated in the ISP (e.g. if the person has achieved a goal, were next steps included in the ISP)?</td>
<td>□</td>
</tr>
<tr>
<td>8.</td>
<td>Are the Outcomes linked to strengths, interests, and areas of growth identified in the PCPT?</td>
<td>□</td>
</tr>
<tr>
<td>9.</td>
<td>Does each of the Outcomes reflect the desired achievement of the individual (i.e. the skill, ability, goal)?</td>
<td>□</td>
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<tr>
<td>10.</td>
<td>Is at least one of the Outcomes related to employment even if the person is not pursuing employment at this time?</td>
<td>□</td>
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<tr>
<td>11.</td>
<td>Do the Planning Goals indicate the major activities designed to achieve the Outcomes? (i.e. what steps need to be done to reach outcomes; where is help needed to reach outcome?)</td>
<td>□</td>
</tr>
<tr>
<td>12.</td>
<td>Are the Outcomes and Planning Goals individualized?</td>
<td>□</td>
</tr>
<tr>
<td>13.</td>
<td>Are the Planning Goals measurable and separate from services (i.e. the goal is not a program but a step towards achieving the identified outcome)?</td>
<td>□</td>
</tr>
<tr>
<td>14.</td>
<td>Are the services listed needed to help the individual achieve their Planning Goals and Outcomes?</td>
<td>□</td>
</tr>
<tr>
<td>15.</td>
<td>For each service funded by DDD, is the correct procedure code included?</td>
<td>□</td>
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<tr>
<td>16.</td>
<td>For each service funded by DDD, is the assessment tool showing a need for the service identified?</td>
<td>□</td>
</tr>
<tr>
<td>17.</td>
<td>For each service funded by DDD, is the correct frequency/unit indicated?</td>
<td>□</td>
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<tr>
<td>18.</td>
<td>Does the total amount of services identified remain within the available budget?</td>
<td>□</td>
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<tr>
<td>19. Is a budget “cushion” maintained to address unanticipated needs during the year?</td>
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<td>20. Are only approved providers identified to provide DDD services?</td>
<td></td>
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<tr>
<td>21. Are any religious and cultural preferences/restrictions the person follows clearly noted and addressed in services being provided as applicable?</td>
<td></td>
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<tr>
<td>22. Is the box checked under Employment First Implementation consistent with the information provided through the Employment Pathway discussion in the PCPT?</td>
<td></td>
<td></td>
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<tr>
<td>23. If employment is not currently being pursued, is the reason listed?</td>
<td></td>
<td></td>
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<tr>
<td>24. Are any Health &amp; Safety concerns/needs indicated in the assessment tool or PCPT tool included in the monitoring and support needs table and addressed in services as applicable?</td>
<td></td>
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</tr>
<tr>
<td>25. Are any special dietary needs clearly indicated and consistent with the assessment tool and PCPT?</td>
<td></td>
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<tr>
<td>26. If the individual uses any adaptive equipment, is the information provided in the plan consistent with the assessment tool and PCPT?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Is all of the needed information provided in the Emergency Back-Up Plan (if applicable) to ensure needs are addressed if a provider does not show up or an emergency occurs?</td>
<td></td>
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<tr>
<td>28. As indicated by signatures, were at a minimum, the Individual, Guardian (if applicable), and Support Coordinator present at the plan meeting as required?</td>
<td></td>
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<tr>
<td>29. Are the necessary signatures included?</td>
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**Supervisor – To Begin Plan Services:**

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<tr>
<td>30. Do you authorize the services written in the plan based on your review of the entire plan?</td>
<td></td>
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</table>

**If No, please review and make the necessary revisions with the support coordinator before submitting to DDD**

Comments: __________________________________________________________

____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Supervisor’s Name: ____________________________
(Please Print)
Supervisor’s Signature: ____________________________
Addressing Identified Clinical Needs Form

To be completed by the Support Coordinator

Name of Individual: ________________________________   DDD ID#: __________________

Service(s): ________________________________________

Was the individual assigned the acuity factor?   ☐ Yes   ☐ No

Please indicate the area in which clinical needs have been identified for this individual:
☐ Medical   ☐ Behavioral   ☐ Both

If you indicated “medical” or “both” above, please list the medical concerns that need to be addressed by a clinical level of staffing, specialized equipment, etc. in order for this individual to remain safe while receiving services:
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________

If you indicated “behavioral” or “both” above, please list the behavioral concerns that need to be addressed by a clinical level of staffing in order for this individual and other to remain safe while receiving services:
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________

To be completed by the Service Provider / Self-Directed Employee

Name of Service Provider: ________________________________   Date: ______________

<table>
<thead>
<tr>
<th>List the concerns indicated by the assessment</th>
<th>What support will you provide to address these concerns and maximize safety for the individual?</th>
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Completed by (please print name): ________________________________

Signature: ________________________________

NJ Division of Developmental Disabilities
Assistive Technology/Environmental Modification Evaluation Request Form

Name of Individual: ___________________________________  DDD ID #: _____________________  Date of Request: ________________________

Agency requested for evaluation: ________________________________________________________  Cost: ___________________________

Please explain the purpose of the evaluation: ________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please provide the description of services needed: ___________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Completed by: _______________________________  Date: ________________________________

To be completed by the Division of Developmental Disabilities

☐ Denied  ☐ Approved

Completed by: _______________________________  Date: ________________________________

If denied, reasoning and/or additional information needed for approval: ______________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Goods & Services Request Form

Name of Individual: ________________________________  DDD ID# __________    Date of Request: ______________

Item/Services being requested: _______________________________________________________________________

Entity Providing G&S: _________________________________________Cost of Item/Service: ________________

Related ISP Outcome: _______________________________________

Is funding for this item/service available through any other entity? Please Explain: ______________________________

How would this item or service decrease the need for other services, promote community inclusion, and/or increase safety in the home? ____________

Will this item/service benefit anyone besides the individual? Please Explain: ________________________________

Is this item/service employment-related? Please Explain: ________________________________________________

Is this item/service available to the general public and not specifically designed for individuals with disabilities? Please Explain: ____________________________________________________________

Is the requested item a class?  □ Yes    □ No

If yes, please answer the following:

• Where does this class take place? ____________________________

• How will this class lead to employment? ____________________________

• How does this class meet the core definition of habilitation as described in Section 17.10.5.1.3 of the Supports Program Policies & Procedures Manual? ____________________________

To be completed by the Division of Developmental Disabilities

□ Denied    □ Approved      Completed by: ____________________________ Date: __________

If denied, reasoning and/or additional information needed for approval: ____________________________

________________________________________________________

________________________________________________________
Supported Employment Funding Request Form

Name of Individual: _______________________________ DDD ID# ____________ Date of Request: ___________ Service Provider(s):_________________

This individual is: ☐ EMPLOYED* ☐ SEEKING EMPLOYMENT *If employed, please attach the most recent Intervention Plan & Service Log

How many hours is he/she working a week? ________________

Please explain why additional funding is needed to assist the individual in finding/keeping a job: ______________________________________________________________________________________________________________________________

Please explain how the current job/job search is in line with the individual’s skills, interests, and preferences? ______________________________________________________________________________________________________________________________

What service(s) will be provided with this additional requested funding? HOW MANY ESTIMATED UNITS OF EACH REQUESTED SERVICE ARE NEEDED?

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

What assistive technology, accommodations, natural supports, job modifications, or other supports been utilized to assist the individual in successfully doing his/her job? ______________________________________________________________________________________________________________________________

Are other non-DDD funded services available? Please Explain: ______________________________________________________________________________________________________________________________

Has any additional assessment(s) been completed? ☐YES ☐NO If YES, Date of Assessment: ___________ Assessment Completed by: _________________

Completed by (Signature): _______________________________ Relationship to Individual: ______________________ Date: ______________

To be completed by the Division of Developmental Disabilities

Approved by: _______________________________ Date Approved: ______________ Additional Amount Approved: ______________
Continuation of Prevocational Training Justification Form

Name of Individual: ___________________________ DDD ID#_____________ Date of Request: ____________ Service Provider: __________________________

Date Prevocational Training Started Date: __________ Weekly Units: ______ Requested Length of Continuation (cannot exceed 6 months): _______________

Related ISP Outcome(s): _______________________________________________ __________________________________________________________________

Please list specific items that were identified on the Pathway to Employment in order to increase marketability for a job or meet requirements for a particular job:

__________________________ ________________________________________

How has progress been made in building the above mentioned skills? Please explain: __________________________________________ _____________________________________________________________________________

What other skills have been identified in reaching the desired outcome(s)? ______________________

Please explain what still needs to be accomplished with the additional requested prevocational training:

_____________________________________________________________________________________________________________________________

What changes will be made to assist the individual in reaching his/her desired outcome(s)? __________________________________

_____________________________________________________________________________________________________________________________

Please attach a copy of each Prevocational Quarterly Update

To be completed by the Support Coordinator

Have you discussed other options or resources available with this individual? ____________________________

Non-DDD Funded Services Available: ____________________________

Has any additional assessment been completed to determine support needs in this area? ☐ YES ☐ NO

If YES, Date of Assessment: ___________ Assessment Completed by: ____________________________

Additional Notes: ________________________________________________________________________________________________

Support Coordinator Signature: ____________________________ ☐ Recommended for Approval ☐ Not Justified Date: _________________

To be completed by the Division of Developmental Disabilities

Approved by: ____________________________ Title: ____________________________

☐ Approved ☐ Denied Date: _________________ Expiration of Continuation: ____________________________
Move to Discharge Form

Name: ________________________________  DDD ID #______________________________

I, ________________________________, wish to voluntarily disenroll from Division services, including waiver services as of this date ______________. I understand that my disenrollment will cause me to lose all my current services funded through The Division of Developmental Disabilities. If I so choose to enroll back into Division services, I understand that I will have to be Medicaid eligible, meet the functional criteria, and be a New Jersey resident. I also acknowledge that I will have to go through the entire intake process again.

My disenrollment is due to the following reasons (optional):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Support Coordination Agency: ____________________________________________________

Individual Signature: ___________________________________________  Date: ______________

Guardian Signature (if applicable): ________________________________  Date: ______________
Support Coordination Agency Selection Form

In order to access services funded by the New Jersey Division of Developmental Disabilities, you will need to have a Support Coordination Agency (SCA). You may select a SCA from the provider database or list provided by the Division, or you can choose to have the Division auto-assign one to you.

A list of approved Support Coordination Agencies can be accessed on the Support Coordination web page of the Division’s website at http://www.nj.gov/humanservices/ddd/services/support_coordination.html and guides to assist individuals and families in choosing a Support Coordination Agency are available at http://rwjms.rutgers.edu/boggcenter/projects/infopeopleandfamilies.html.

Please complete the bottom portion of this form and submit to the Division of Developmental Disabilities:

Preferred Option: Complete and save this document, then email it as an attachment to the SC Help Desk at DDD.SCHelpdesk@dhs.state.nj.us

-OR-

Mail the completed form to:
New Jersey Division of Developmental Disabilities
Central Office c/o SCA Selection Forms
PO Box 726
Trenton, NJ 08625-0700

Name: Click here to enter text.  DDD ID: Click here to enter text.  County of Residence: Click here to enter text.

DOB: Click here to enter text.

Please indicate if any of the following apply

☐ I am a graduating student (please note that the Division begins assigning SCAs for graduating students in April)
  Graduation Date: Click here to enter text.

☐ I am requesting a SCA reassignment
  Current SCA: Click here to enter text.

Please indicate your choice of SCA OR auto-assign option

My first choice for a Support Coordination Agency is Click here to enter text.

*I prefer a particular Support Coordinator in the above agency – Name: Click here to enter text.

My second choice for a Support Coordination Agency is Click here to enter text.

*I prefer a particular Support Coordinator in the above agency – Name: Click here to enter text.

I do not have a preference for Support Coordination Agency. Please auto-assign me. ☐ (check here if applicable)

Signature: ___________________________  Date: Click here to enter a date.

Print Name: Click here to enter text.  Phone: Click here to enter text.

Email (for confirmation of receipt of form): Click here to enter text.

*Please note that Support Coordination Agencies cannot guarantee nor are required to assign your individual Support Coordinator preference.

NJ Division of Developmental Disabilities
Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI)
Determination Form for Individuals Eligible for the Division of Developmental Disabilities (DDD)

Form to be provided to the VR Counselor (by the Support Coordination Agency or DDD Case Manager) for individuals who are seeking both VR and DDD services

Completed by the Support Coordinator/DDD Case Manager

Name of Individual: Click here to enter text.  DDD ID#: Click here to enter text.
DOB: Click here to enter a date.  Last 4 digits of SS#: Click here to enter text.

The following vocational rehabilitation services are available through DVRS/CBVI at this time:

☐ Vocational Training Services (specify): Click here to enter text.
☐ Supported Employment Services
☐ Trial Work Experience/Extended Evaluation
☐ Counseling/Guidance
☐ Post-Secondary/Educational
☐ Diagnostic Vocational Evaluation (DVE)
☐ Work Adjustment Training (WAT)
☐ Skills Training
☐ No VR services at this time due to the following:
   ☐ Individual has decided not to apply for services at this time
   ☐ Order of Selection
   ☐ Transfer to another agency (please indicate the agency): Click here to enter text.
   ☐ Case closure (please indicate the date in which the case was closed): Click here to enter text.
   ☐ Other (please specify): Click here to enter text.

Anticipated End Date for the above mentioned VR services (if available): Click here to enter a date.

DVRS/CBVI Representative: Click here to enter text.  Office: Click here to enter text.
Signature: ___________________________  Date: Click here to enter a date.
DVRS/CBVI Representative

Telephone#: Click here to enter text.  Email: Click here to enter text.

Completed by Support Coordinator/DDD Case Manager and Distributed by VR Counselor

Distribution: Please send the completed form to the following Support Coordinator/DDD Case Manager at the following email address:

Support Coordinator/Case Manager: Click here to enter text.
Email: Click here to enter text.  Telephone#: Click here to enter text.
Non-Referral to Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) Form

In accordance with New Jersey’s Employment First Policy, meaning that: “Competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability.” The Division of Developmental Disabilities (DDD) will refer every individual to the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind & Visually Impaired (CBVI) except when one of the following criteria is met:

☐ Individual is already competitively employed in the general workforce and does not need employment supports at this time or has moved onto the Long-Term Follow-Along (LTFA) phase of Supported Employment and will receive those LTFA supports through DDD

☐ Individual is of retirement age (65 or older)

☐ Medical condition/behavioral issues preclude the individual from working at this time (due to substantiated concerns about harm to self or others which cannot be appropriately mitigated by supports/services)

Please explain:
Click here to enter text.

☐ Individual is not interested in pursuing employment at this time and understands this may result in limitations on other DDD-funded services.

Please explain what needs to change in order for the individual to pursue employment:
Click here to enter text.

Name of Individual: Click here to enter text.  DDD ID: Click here to enter text.

Support Coordinator/DDD Case Manager:  Date: Click here to enter a date.
Click here to enter text.

NJ Division of Developmental Disabilities
**Support Coordinator Monitoring Tool**

<table>
<thead>
<tr>
<th>Identifying Information</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Individual Name:</td>
<td>DDD ID: Click here to enter text.</td>
<td>Date of Contact: Click here to enter a date.</td>
</tr>
<tr>
<td>Support Coordinator:</td>
<td>Support Coordination Agency: Click here to enter text.</td>
<td>Individual's Contact #: Click here to enter text.</td>
</tr>
<tr>
<td>Name/Relationship of Person Providing Information to Support Coordinator: Click here to enter text.</td>
<td>Contact Period: Choose an item.</td>
<td>Reporting Period: Click here to enter text.</td>
</tr>
<tr>
<td>Contact Method: Choose an item.</td>
<td>Contact Location: Choose an item.</td>
<td>If other, please specify: Click here to enter text.</td>
</tr>
<tr>
<td>Date of Contact: Click here to enter a date.</td>
<td></td>
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</tr>
</tbody>
</table>

*Please complete all of the following sections based on your observations/conversations. Please include in your comments the type of service you are commenting about, including but not limited to employment, day, transportation, individuals supports, etc.*

**Outstanding Issues/Outcomes of Corrective Actions**
- Were there any outstanding issues from the last point of contact? Choose an item.
- Provide an update of the status of the issue and progression of corrective action: Click here to enter text.

**Medicaid Eligibility Status**
- Is your Medicaid/waiver eligibility still maintained (Redetermination)? Choose an item.
- Describe corrective actions to be taken: Click here to enter text.

**Budget & Assessment**
- Are you continuing to operate within your budget? Choose an item.
- Describe corrective actions to be taken: Click here to enter text.
- Has there been any change that warrants a reassessment of need? Choose an item.
- Please describe: Click here to enter text.

**Service Plan (Review all services indicated on the ISP)**

**Needs:**
- Are all of your assessed needs being met through the current service plan? Choose an item.
- Do the services in the plan continue to meet your needs? Choose an item.
- Describe any issues and the corrective action(s) including any modifications that need to be made to the service plan: Click here to enter text.

**Services:**
- Are the services being delivered in accordance with the service plan? Choose an item.
- Are there any issues or barriers to your service delivery? Choose an item.
- Describe any issues and the corrective action(s) including any modifications that need to be made to the service plan: Click here to enter text.

**Progress:**
- Is progress being made towards the planning goals/outcomes? Choose an item.
- Describe any issues and the corrective action(s) including any modifications that need to be made to the service plan: Click here to enter text.
### Provider Satisfaction
- Are you having any issues with providers or staff who work with you or other people around you? Choose an item.
- Explain and describe follow up needed: Click here to enter text.

### Behavior
- Have there been any changes in type/frequency of behaviors? Choose an item.
- Are there any trends or concerns needing follow-up? Choose an item.
- Description of behaviors: Click here to enter text.
- Follow-up/corrective action to be taken: Click here to enter text.

### Community Involvement
- Do you have the supports you need to access your community as frequently as you would like? Choose an item.
- Describe follow up needed: Click here to enter text.

### Friendships and Social Interactions
- Do you have the supports you need to make and maintain your friendships as much as you would like? Choose an item.
- Describe follow up needed: Click here to enter text.

### Choice and Decision Making
- Are you making your own choices and are your choices being respected? Choose an item.
- Do you have the supports you need to make your own decisions? Choose an item.
- Describe follow up needed: Click here to enter text.

### Employment
- Do you have the supports you need to reach your employment goals? Choose an item.
- Was the ISP approved with employment follow up required? Choose an item.
- Describe follow up needed: Click here to enter text.

### Communication
- Contact with the Interdisciplinary Team: Choose an item.
  - Date of contact: Click here to enter a date.
  - Reason for contact: Click here to enter text.

- Contact with the Interdisciplinary Team: Choose an item.
  - Date of contact: Click here to enter a date.
  - Reason for contact: Click here to enter text.
### Health & Safety

- **Are you protected from abuse, neglect, exploitation, physical harm, emotional distress (as reported by the individual family and/or service providers/DSP or based on observations)?**  
  Choose an item.

- **Description:**  
  Click here to enter text.

- **Describe corrective actions to be taken:**  
  Click here to enter text.

- **Date reported to DDD:**  
  Click here to enter a date.

- **Indicate if there have been any changes in your health status (e.g. changes in seizure or aspiration frequency, sleep patterns, bowel/bladder function, activity level, mood, or other typical behavior/routines that may indicate a health concern, significant weight gain or loss, wounds, signs of pain- including dental pain, medication changes, hospital or ER since last visit, etc.):**  
  Choose an item.

- **Description of change in health status:**  
  Click here to enter text.

- **Date reported to medical professional (as applicable):**  
  Click here to enter a date.

- **Follow-up/corrective action to be taken, including name of medical professional involved:**  
  Click here to enter text.

- **Indicate if there is any health, welfare or safety related needs or issues that need attention at this time:**  
  Choose an item.

- **Description of issue/need:**  
  Click here to enter text.

- **Follow-up/corrective action to be taken:**  
  Click here to enter text.

- **Date reported to DDD:**  
  Click here to enter a date.

- **Do any of the above health and safety issues require a change to the service plan? If so, describe and update plan:**  
  Click here to enter text.

### Unusual Incident Reports (UIR)

- **Please indicate if any UIRs occurred since the last point of contact:**  
  Choose an item.

#### New Incident Report:

- **Type/description of incident(s):**  
  Choose an item.

- **Date of incident:**  
  Click here to enter a date.

- **Description of incident:**  
  Click here to enter text.

- **Follow-up actions taken:**  
  Click here to enter text.

- **Resolution(s):**  
  Click here to enter text.

#### New Incident Report:

- **Type/description of incident(s):**  
  Choose an item.

- **Date of incident:**  
  Click here to enter a date.

- **Description of incident:**  
  Click here to enter text.

- **Follow-up actions taken:**  
  Click here to enter text.

- **Resolution(s):**  
  Click here to enter text.
**Pending Incident Report:**

- Indicate if there are any UIRs still pending this month: Choose an item.
- Type/description of incident(s): Choose an item.
- Date of Incident: Click here to enter a date.
- Description of incident: Click here to enter text.
- Follow-up actions taken: Click here to enter text.
- New/additional information on this incident report: Click here to enter text.

**Summary of Contact (Required Narrative)**

Click here to enter text.

**Quarterly Face-to-Face Review (if applicable)**

- Summary of observations and impressions of individual: Click here to enter text.
- Please describe any concerns or issues that you identified during the course of the face to face visit related to the individual and/or program site visited: Click here to enter text.
- Have you noticed any ongoing issues or trends within the quarter that need to be addressed? Choose an item.
- Please describe: Click here to enter text.

**Annual In-Home Review (if applicable)**

- Summary of observations and impressions of individual: Click here to enter text.
- Please describe any concerns or issues that you identified during the course of the in-home visit related to the individual and/or the home visited: Click here to enter text.
- Have you noticed any ongoing issues or trends within the year that need to be addressed? Choose an item.
- Please describe: Click here to enter text.

**Annual Reminder:** Advise individual to attend medical and dental visits at least once a year.

**Acknowledgements**

<table>
<thead>
<tr>
<th>Completed by:</th>
<th>Click here to enter text.</th>
<th>Title:</th>
<th>Click here to enter text.</th>
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<tr>
<td>Date:</td>
<td>Click here to enter a date.</td>
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<tr>
<th>Reviewed by (if applicable):</th>
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<th>Title:</th>
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<td>Date:</td>
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</table>

**NJ Division of Developmental Disabilities**

APPENDIX E – QUICK REFERENCE GUIDE TO MANDATED STAFF TRAINING

The following training standards will go into effect immediately for staff supporting individuals enrolled in the Supports Program and on February 1, 2016 for new hires. Already employed staff must come into compliance with these standards by July 1, 2017.

**Please Note:** In addition to the DDD mandated training summarized below and described further in Section 17 of this manual, all staff must comply with any training requirements associated with licensing, certification, etc. specific to the service being provided.

<table>
<thead>
<tr>
<th>Mandatory Training</th>
<th>Applicable Services</th>
<th>Timeframe for Completion</th>
<th>Training Entities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DDD System Mandatory Training Bundle</strong></td>
<td>• Behavioral Supports</td>
<td>Within 90 days of hire</td>
<td>College of Direct Support</td>
</tr>
<tr>
<td>• DDD Shifting Expectations: Changes in Perception, Life Experience, &amp; Services</td>
<td>• Career Planning</td>
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<td></td>
</tr>
<tr>
<td>• Prevention of Abuse, Neglect, &amp; Exploitation Module</td>
<td>• Community Based Supports</td>
<td></td>
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</tr>
<tr>
<td>o CDS Maltreatment Prevention and Response: Lesson 1: The Direct Support Professional Role</td>
<td>• Community Inclusion Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o CDS Maltreatment Prevention and Response: Lesson 3: What is Abuse?</td>
<td>• Day Habilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o CDS Maltreatment Prevention and Response: Lesson 4: What is Neglect?</td>
<td>• Prevocational Training</td>
<td></td>
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</tr>
<tr>
<td>o CDS Maltreatment Prevention and Response: Lesson 5: What is Exploitation?</td>
<td>• Respite</td>
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<tr>
<td>o CDS Maltreatment Prevention and Response: Lesson 7: The Ethical Role of the DSP</td>
<td>• Support Coordination</td>
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</tr>
<tr>
<td>• DDD Life Threatening Emergencies (Danielle’s Law)</td>
<td>• Supported Employment – Individual Employment Support</td>
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</tr>
<tr>
<td><strong>Prevention of Abuse, Neglect, &amp; Exploitation Practicum (on-site competency assessment)</strong></td>
<td>• Supported Employment – Small Group Employment Support</td>
<td></td>
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<tr>
<td></td>
<td>• Supports Brokerage</td>
<td></td>
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<tr>
<td></td>
<td>• Self-Directed Employees</td>
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<td></td>
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<tr>
<td><strong>Within 90 days of hire</strong></td>
<td>Service Provider</td>
<td>Individual/Family (SDE)</td>
<td></td>
</tr>
</tbody>
</table>

NJ Division of Developmental Disabilities
**Provider Developed Orientation**  
*Includes a minimum of the following topics:*
- Cultural Competence  
- Individual Rights  
- Working with Families  
- Incident Reporting  
- Career Planning  
- Community Based Supports  
- Community Inclusion Services  
- Day Habilitation  
- Prevocational Training  
- Respite  
- Support Coordination  
- Supported Employment – Individual Employment Support  
- Supported Employment – Small Group Employment Support  
- Supports Brokerage  
- Within 30 days of hire  
- Service Provider

**Individual/Family Developed Orientation**  
*Topics covered should assist the SDE in getting to know the individual and may include the following suggestions:*
- Great things about the individual  
- Areas of importance to the individual  
- Best ways to support the individual  
- Information about how the individual communicates  
- Individual rights  
- Working with families  
- Incident Reporting  
- Self-Directed Employees (SDEs)  
- Within 30 days of hire  
- Individual/Family

**Support Coordination Orientation**  
- Prerequisite Support Coordination Orientation Lessons  
- Person-Centered Planning & Connection to Community Supports  
- Support Coordination  
- Prior to delivering services  
- College of Direct Support & The Boggs Center on Developmental Disabilities

**Employment Specialist Foundations: Basic Knowledge and Skills**  
- Overview, Assessment/Discovery  
- Marketing & Job Development  
- Instruction & Data Collection  
- Retention & Long Term Follow Along OR  
- Division approved alternate training  
- Career Planning  
- Supported Employment – Individual Employment Support  
- Supported Employment – Small Group Employment Support  
- Within 90 days of hire  
- The Boggs Center on Developmental Disabilities OR Division approved alternate training entity

**Medicaid Training for NJ Support Coordinators**  
- Support Coordination  
- Within 90 days of hire  
- College of Direct Support

**Support Coordination Modules**  
- Support Coordination  
- Within 90 days of hire  
- College of Direct Support

**A Support Coordinator’s Guide to Navigating the Employment Service System**  
- Support Coordination  
- Within 90 days of hire  
- College of Direct Support

**Cultural Competence**  
- Support Coordination  
- Within 90 days of hire  
- College of Direct Support
<table>
<thead>
<tr>
<th>Medication (Unless medications are not being distributed)</th>
<th>Medication Practicum (on-site competency assessment) (Unless medications are not being distributed)</th>
<th>Prior to administering medications</th>
<th>College of Direct Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction, An Overview of Direct Support Roles in Medication Support, Medication Basics, Working with Medications, Administration of Medications and Treatments, Follow-up, Communication, and Documentation of Medications</td>
<td>Community Based Supports, Community Inclusion Services, Day Habilitation, Prevocational Training, Respite, Self-Directed Employees</td>
<td>Prior to administering medications and annually thereafter</td>
<td>Service Provider Individual/Family (SDE)</td>
</tr>
<tr>
<td>Cardio Pulmonary Resuscitation (CPR)</td>
<td>Community Based Supports, Community Inclusion Services, Day Habilitation, Prevocational Training, Respite, Self-Directed Employees (SDE version)</td>
<td>Prior to assuming sole responsibility of an individual receiving services</td>
<td>Nationally Certified Training Programs for CPR and for Standard First Aid</td>
</tr>
<tr>
<td>Standard First Aid</td>
<td>In accordance with timeframes established by the certified training program</td>
<td>Nationally Certified Training Programs for CPR and for Standard First Aid</td>
<td></td>
</tr>
<tr>
<td>CPR Recertification</td>
<td>Community Based Supports, Community Inclusion Services, Day Habilitation, Prevocational Training, Respite, Self-Directed Employees</td>
<td>CPR and Standard First Aid Recertification</td>
<td></td>
</tr>
<tr>
<td>Standard First Aid Recertification</td>
<td>Day Habilitation, Prevocational Training (when service is facility based)</td>
<td>Annually</td>
<td>Service Provider</td>
</tr>
<tr>
<td>Fire Evacuation &amp; Emergency Procedures</td>
<td>Day Habilitation, Prevocational Training (when service is facility based)</td>
<td>Annually</td>
<td>Service Provider</td>
</tr>
<tr>
<td>Universal Precautions</td>
<td>Day Habilitation, Prevocational Training (when service is facility based)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Staff Training</td>
<td>Community Based Supports, Community Inclusion Services, Day Habilitation, Prevocational Training, Respite, Self-Directed Employees</td>
<td>Within 90 days of hire, as needed</td>
<td>Service Provider Individual/Family (SDE)</td>
</tr>
<tr>
<td>May include but is not limited to the following: Specialized diets/mealtime needs, Mobility procedures and safe use of mobility devices, Seizure management and support, Assistance, care, and support for individuals with specific needs related to physical and/or medical conditions, Assistance, care, and support for individuals with identified mental health and/or behavioral needs (must comply with relevant DDD policies)</td>
<td></td>
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</tbody>
</table>
### Positive Behavior Supports Overview
- **Introduction to Positive Behavior Supports**
- Division approved alternate training

*If applicable & because staff are working with individuals who have behavior support needs:*
- Behavioral Supports
- Community Based Supports
- Community Inclusion Services
- Day Habilitation
- Prevocational Training
- Respite
- Self-Directed Employees

Prior to implementation of behavior supports

The Boggs Center on Developmental Disabilities OR
Division approved alternate training entity

### Applied Positive Behavior Supports
- **Applied Positive Behavior Supports: Functional Behavior Assessment and Development of Behavior Support Plans**
- Division approved alternate training

Applies Positive Behavior Supports

- Behavioral Supports

Prior to conducting behavioral assessment or the development, training, supervision, or monitoring of a behavior support plan

The Boggs Center on Developmental Disabilities OR
Division approved alternate training entity

### Minimum 12 Hours of Professional Development Relevant to the service and/or supporting individuals with I/DD
- **Trainings**
- **Seminars**
- **Webinars**
- **College of Direct Support**
- **Conferences**
- **In-Service**
- **Etc.**

- Career Planning
- Community Based Supports
- Community Inclusion Services
- Day Habilitation
- Prevocational Training
- Respite
- Support Coordination
- Supported Employment – Individual Employment Support
- Supported Employment – Small Group Employment Support
- Supports Brokerage
- Self-Directed Employees

Annually

Note: All mandated trainings and orientation can be included within the 12 hours. 12 hours based on calendar year and prorated for staff hired after January 1 in any year. Part-time staff (less than 30 hrs/wk) prorated to 6 hours per year regardless of hire date.
APPENDIX F – QUICK REFERENCE GUIDE TO SERVICE APPROVALS

While most Supports Program services can be accessed by identifying the need for that service through the NJ CAT and/or person centered planning process documented in the PCPT and including the service and related outcome in the approved ISP, some services require additional steps or Division approval in order to access them. The following processes must be followed in order to access those services for someone enrolled in the Supports Program:

<table>
<thead>
<tr>
<th>Service</th>
<th>Process for Approval/Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Technology</td>
<td>• The Support Coordinator (SC) will assist the individual in identifying an approved Assistive Technology provider to conduct an evaluation&lt;br&gt;• The SC will complete and submit the Assistive Technology/Environmental Modification Evaluation Request Form to the Division for approval (at this time, evaluation forms must be submitted to the Service Approval Help Desk at <a href="mailto:DDD.ServiceApprovalHelpDesk@dhs.state.nj.us">DDD.ServiceApprovalHelpDesk@dhs.state.nj.us</a>)&lt;br&gt;• The Division will review the evaluation request and provide a determination&lt;br&gt;• Upon approval from the Division, the SC will add Assistive Technology to the ISP and utilize the Assistive Technology Evaluation procedure code (T2028HI)&lt;br&gt;• Upon approval of the ISP, the Assistive Technology provider conducts the evaluation as prior authorized and submits the completed evaluation and supporting documents to the SC&lt;br&gt;• The SC will upload the completed evaluation, supporting documents, and estimate/bid to iRecord and notify <a href="mailto:DDD.ServiceApprovalHelpdesk@dhs.state.nj.us">DDD.ServiceApprovalHelpdesk@dhs.state.nj.us</a> that the evaluation and documents are available for review. All estimates/bids must include the following:&lt;br&gt;  o The requested item or a description of the repair needed, including name, model number, and any other identifying specifications (all measurements must be taken by a professional to ensure the specifications are correct)&lt;br&gt;  o Unit cost, if applicable, and total quoted price&lt;br&gt;  o Name and address of vendor on company letterhead&lt;br&gt;  o Vendor’s Federal ID number&lt;br&gt;  o Vendor representative’s name, phone number, and email address&lt;br&gt;• The Division will review the evaluation, supporting documentation, and estimate/bid and provide a determination regarding the requested Assistive Technology&lt;br&gt;• Upon Division approval, the SC will add needed Assistive Technology services and follow the ISP approval process&lt;br&gt;• The Assistive Technology provider will render services as prior authorized by the approved ISP and claim to Medicaid</td>
</tr>
<tr>
<td>Goods &amp; Services</td>
<td>• The SC will assist the individual in identifying entities from which he/she can access the needed Goods &amp; Services&lt;br&gt;• The SC will complete and submit the Goods &amp; Services Request Form to <a href="mailto:DDD.ServiceApprovalHelpdesk@dhs.state.nj.us">DDD.ServiceApprovalHelpdesk@dhs.state.nj.us</a> for approval&lt;br&gt;• The Division will review the request to ensure it meets Goods &amp; Services criteria, ask for supporting documentation or additional information as needed, and provide a determination&lt;br&gt;• Upon Division approval, the SC will add Goods &amp; Services to the ISP and follow the ISP approval process&lt;br&gt;• The Goods &amp; Services provider will render services as prior authorized by the approved ISP and claim through the FI</td>
</tr>
<tr>
<td>Supported Employment – Individual or Group</td>
<td>• The individual must seek employment services, if needed, from the Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI)&lt;br&gt;• DVRS/CBVI determines eligibility and completes the DVRS/CBVI Determination Form (F3) and submits it to the SC&lt;br&gt;• The SC uploads the F3 in iRecord&lt;br&gt;• Individual accesses services available through DVRS/CBVI as indicated on the F3&lt;br&gt;• Individual accesses services not available through DVRS/CBVI through DDD – as written in the approved ISP (DDD will always provide employment services if they are not available through DVRS)</td>
</tr>
<tr>
<td>Career Planning</td>
<td></td>
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<tr>
<td>Prevocational Training</td>
<td></td>
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</tbody>
</table>
| Cognitive Rehabilitation | • NJ CAT must indicate that the individual has an acquired non-degenerative or traumatic brain injury  
  • The SC uploads a copy of the medical prescription to iRecord  
  • The individual/family reaches out to the primary insurance carrier to request Cognitive Rehabilitation therapy  
  • If the primary insurance carrier approves the Cognitive Rehabilitation, the individual will access this therapy through their primary insurer and follow the process required by that insurer  
  • If the primary insurer denies the Cognitive Rehabilitation therapy, the individual will receive (or must request) a denial letter  
  • The individual will submit the primary insurer’s denial letter to the SC  
  • The SC will upload the denial letter to iRecord and assist the individual in identifying providers of Cognitive Rehabilitation therapy  
  • The SC will include Cognitive Rehabilitation in the ISP as is done for other services  
  • When the ISP is approved, the prior authorization will be emailed to the provider and the SC will submit the denial letter from the primary carrier to the service provider that has been identified in the ISP to provide Cognitive Rehabilitation  
  • The prior authorized service provider (identified in the ISP) will request the “Bypass Letter Request Form” from OSC.tplunit@osc.nj.gov  
  • The service provider completes the Bypass Letter Request Form, attaches the explanation of benefits (EOB) for the denied service (either for exhausted benefits or non-coverage), and submits the documents to the OSC  
  • Staff at the OSC will review the information and issue a Bypass Letter if appropriate  
  • The service provider will submit claims for rendered services along with the Bypass Letter to Molina for payment |
| Environmental Modifications | • The SC will assist the individual in identifying an approved Assistive Technology provider to conduct an evaluation  
  • The SC will complete and submit the Assistive Technology/Environmental Modification Evaluation Request Form to DDD.ServiceApprovalHelpdesk@dhs.state.nj.us for approval  
  • The Division will review the evaluation request and provide a determination  
  • Upon approval from the Division, the SC will add Assistive Technology to the ISP and utilize the Assistive Technology Evaluation procedure code (T2028HI)  
  • Upon approval of the ISP, the Assistive Technology provider conducts the evaluation as prior authorized and submits the completed evaluation and supporting documents to the SC  
  • The SC will upload the completed evaluation, supporting documents, and estimate/bid to iRecord and notify the Division at DDD.ServiceApprovalHelpdesk@dhs.state.nj.us that the evaluation and documents are available for review. All estimates/bids must include the following:  
    o The requested item needed, including name, model number, and any other identifying specifications (all measurements must be taken by a professional to ensure the specifications are correct)  
    o Unit cost and quantity, if applicable, and total quoted price  
    o Clear itemization of cost of material, labor, demolition, and disposal.  
    o Name and address of vendor on company letterhead  
    o Vendor’s Federal ID number  
    o Vendor representative’s name, phone number, and email address  
  • The Division will review the evaluation, supporting documentation, and estimate/bid and provide a determination regarding the requested Environmental Modifications  
  • Upon Division approval, the SC will add needed Environmental Modifications and follow the ISP approval process  
  • The Environmental Modifications provider will render services as prior authorized by the approved ISP and claim through the FI |
### Physical Therapy
- The SC will review the NJ CAT to identify an indication that the therapy is needed
- The SC uploads a copy of the medical prescription to iRecord
- The individual/family reaches out to the primary insurance carrier to request the relevant therapy
- If the primary insurance carrier approves the therapy, the individual will access this therapy through their primary insurer and follow the process required by that insurer
- If the primary insurance carrier denies the therapy, the individual will receive (or must request) a denial letter
- The individual will submit the primary insurer’s denial letter to the SC
- The SC will upload the denial letter to iRecord and assist the individual in identifying providers of therapy
- The SC will include therapy in the ISP as is done for other services
- When the ISP is approved, the prior authorization will be emailed to the provider and the SC will submit the denial letter from the primary carrier to the service provider that has been identified in the ISP to provide therapy
- The prior authorized service provider (identified in the ISP) will request the “Bypass Letter Request Form” from OSC.tplunit@osc.nj.gov
- The service provider completes the Bypass Letter Request Form, attaches the explanation of benefits (EOB) for the denied service (either for exhausted benefits or non-coverage), and submits the documents to the OSC
- Staff at the OSC will review the information and issue a Bypass Letter if appropriate
- The service provider will submit claims for rendered services along with the Bypass Letter to Molina for payment

### Occupational Therapy

### Speech, Language, and Hearing Therapy

### Vehicle Modifications
- The SC will assist the individual in identifying a business that offers this service and gather an estimate and supporting documentation
- The SC will upload the estimate/bid and any supporting documentation to iRecord and notify the Division at DDD.ServiceApprovalHelpdesk@dhs.state.nj.us for review. All estimates/bids must include the following:
  - The requested item needed, including name, model number, and any other identifying specifications (all measurements must be taken by a professional to ensure the specifications are correct)
  - Unit cost and quantity, if applicable, and total quoted price
    - Clear itemization of cost of material, labor, and shipping/freight if applicable
    - Name and address of vendor on company letterhead
    - Vendor’s Federal ID number
    - Vendor representative’s name, phone number, and email address
- The Division will review the estimate/bid and supporting documentation and provide a determination regarding the requested Vehicle Modifications
- Upon Division approval, the SC will add needed Vehicle Modifications and follow the ISP approval process
- The Vehicle Modifications provider will render services as prior authorized by the approved ISP and claim through the FI
APPENDIX G - PROVIDING SERVICES WITHIN A SOCIAL ENTERPRISE SETTING

A social enterprise is a provider owned business utilized primarily to provide learning and work experiences to (and occasionally to employ) individuals with disabilities. Funding for services provided within Social Enterprise settings may be provided by the Division of Developmental Disabilities (Division) in circumstances where the following criteria are met in addition to the standards that apply specifically to the service(s) being provided (this funding is based on the specific waiver service(s) that is being provided and has been prior authorized through an approved Individualized Service Plan):

- The business is owned by the provider (and is different from and not considered self-employment for an individual)
- The business is located in an area typical of this type of business/industry and utilized by the general public
- It is expected that the decision to open and operate the business will be based on market research and demand, and that professionals who have sufficient expertise in the type of business the will support the business
- The business is focused on one industry and meets the standards typical and/or required of that particular industry (not commingled with other industries/businesses in the same building/location)
- The type of business/industry is one that people without disabilities engage in, run, etc. in the general workforce (participation in labor markets that are generally available to the entire workforce rather than those specifically for individuals with disabilities)
- The business is conducted in settings typical of that industry/business and utilizes equipment typical of that industry/business
- The opportunity for interaction with the general public is in line with the extent to which others would interact typically in this business/industry
- This business, and experience within it, provides the individual with the opportunity for advancement within the business itself and the opportunity to become competitively employed in the general workforce, but participation in this business is not a required “stepping stone” in accessing competitive employment opportunities
- Efforts will be made to transition individuals out of the Social Enterprise into the general workforce in a non-agency owned business
- Individuals receive regular performance evaluations and have the opportunity to advance in their positions and increase their salaries based on performance, experience, etc.
- Focus on job training and time limited engagement to support financial independence and healthy/safe lifestyles for the individual participants. Employment of individuals by the social enterprise is generally time limited.
- Social enterprise must be able to function as a commercial activity as well
- Social enterprise must look and feel like any comparable business. How a social enterprise is branded, how it is represented to the community and the value it brings to the community as a business will all impact how the business is viewed and the extent to which it becomes part of the general labor market.
- Supplement to primary efforts focused on employer-paid individual jobs integrated within the general workforce
In addition to the above criteria and standards described in the Supports Program Policies & Procedures manual specific to the service that is being provided, the following standards must be implemented when an individual is employed by a Social Enterprise:

- A plan to competitive employment in the general workforce must be developed, followed, and updated as needed
- The individual is provided with every opportunity for integration and activities/schedules are in compliance with the Centers for Medicare & Medicaid Services (CMS) regulations governing Home and Community-Based Settings (HCBS)
- It is expected that potential employees will experience a typical hiring process – application, interview, etc.
- When employed by the business, the individual must be compensated at or above minimum wage
- Participating in services provided through the Social Enterprise is not considered pursuing employment or being employed unless the individual is employed by the Social Enterprise and receiving a competitive salary
- It is expected that individuals employed by the Social Enterprise will work side-by-side, take breaks, eat lunch, etc. with individuals without disabilities and not become a separate group
- It is expected that individuals employed by the Social Enterprise will experience the same work routines; personnel policies; opportunities for advancement; performance standards, evaluations, and disciplinary actions; compensation policies – including both wages and benefits; hiring/firing procedures; and orientation/training practices as those individuals without disabilities
- If the individual employed by the business is in need of Supported Employment services, those services must be provided by a different provider than the one that owns the Social Enterprise and is the individual’s employer

In addition to the above criteria and standards described in the Supports Program Policies & Procedures manual specific to the service that is being provided, the following standards must be implemented when an individual is receiving an assessment or training through the Social Enterprise and/or within the Social Enterprise setting:

- The Department of Labor’s regulations on unpaid training and assessment must be followed
- There is a clear structure in place that differentiates between training and assessment vs. employment
- The decision to utilize the Social Enterprise for training and/or assessment is based on the individual’s specific interests/preferences and needs
- Time limits on how long individuals can be in training and assessment will be established
- Documentation of progress on training and assessment will be maintained

General considerations for using Social Enterprises as time limited opportunities for job exploration, situational assessments, and/or skill development are as follows:

- Use as a situational assessment site: Ideally, such assessments would be conducted in typical workplaces in the general public, but a social enterprise could be utilized as a site for assessing an individual’s strengths, skills, interests, preferences, and support needs as long as the Social Enterprise is not the only site utilized in the assessment and the individual has expressed an interest in the type of business in which the social enterprise engages.
- Use for training: Social enterprises can be utilized in part for training purposes when the business is aligned with the individual’s interests and keeping in mind that optimal learning is often obtained on the job where someone can not only learn job specific tasks but the unique manner in which they are performed in a particular business and the impact that the environment has on learning and retention.
**APPENDIX H: SUPPORTS PROGRAM SERVICES QUICK REFERENCE GUIDE**

*R&C = Reasonable & Customary*

<table>
<thead>
<tr>
<th>Supports Program Service</th>
<th>Service Description / Tier</th>
<th>Standard Rate per Unit</th>
<th>Billing Unit</th>
<th>Procedure Code</th>
<th>Budget Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Technology</td>
<td>Evaluation</td>
<td>*R&amp;C</td>
<td>Single</td>
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</tr>
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<td>Billing Unit</td>
<td>Procedure Code</td>
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<td>PERS</td>
<td>Purchase / Installation / Testing</td>
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<td>Month</td>
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<td>T2019HI</td>
<td>Either (&amp; SE as needed)</td>
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<td>Single</td>
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<td>Indiv/Family Supports</td>
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</table>
TO: All Providers - For Action
Health Maintenance Organizations (HMOs) – For Action

SUBJECT: Excluded, Unlicensed or Uncertified Individuals or Entities

PURPOSE: To remind providers and HMOs of their responsibility to determine if an individual or entity that they employ or contract with is excluded, unlicensed or uncertified.

BACKGROUND: Providers and HMOs are responsible for ensuring that any payments received from the State of New Jersey are not for items or services that are directly or indirectly furnished, ordered, directed, managed or prescribed in whole or in part by an excluded, unlicensed or uncertified individual or entity. Excluded individuals or entities are those identified by the State or federal government as not being allowed to participate in State or federally-funded health benefit programs, such as Medicaid, NJ FamilyCare, or Pharmaceutical Assistant to the Aged and Disabled (PAAD).

ACTION: Providers and HMOs are responsible for verifying that any current or prospective employees (regular or temporary), contractors or subcontractors who directly or indirectly will be furnishing, ordering, directing, managing or prescribing items or services in whole or in part are not excluded, unlicensed or uncertified by searching the following databases on a monthly basis:

2. N.J. Treasurer’s exclusions database (mandatory): www.state.nj.us/treasury/debarred/
4. N.J. Department of Health and Senior Services licensure database (mandatory): http://www.state.nj.us/health/healthfacilities/search.shtml
5. Certified nurse aide and personal care assistant registry (mandatory, if applicable): http://njna.psiexams.com/search.jsp
6. Federal exclusions and licensure database (optional and fee-based): 
   http://www.npdb-hipdb.hrsa.gov/pds.html. Please note that only certain provider types 
   may access this database. See http://www.npdb-hipdb.hrsa.gov/entity.html for more 
   information.

   We strongly recommend that background checks utilizing these databases be included 
   in a provider’s or HMO’s written policies and procedures for preventing and detecting 
   fraud, waste and abuse. The State reserves the right either to deny, void or to seek 
   recovery for any services that are directly or indirectly furnished, ordered, directed, 
   managed or prescribed in whole or in part by an excluded, unlicensed or uncertified 
   individual or entity. Further, interest and civil penalties may be assessed in any such 
   recovery. Finally, providers and HMOs discovering any excluded, unlicensed or 
   uncertified individual or entity employed by, or contracting with the provider or HMO 
   must send written notification to the Office of the State Comptroller, Medicaid Fraud 
   Division, P.O. Box 025, Trenton, NJ 08625-0025.

   Additionally, if any provider or person discovers fraud and/or abuse occurring in any 
   State or federally-funded health benefit program, they should report it to the Office of 
   State Comptroller, Medicaid Fraud Division hotline at 1-888-937-2835 or web site at 

   If you have any questions concerning this Newsletter, please call Michael McCoy, Manager, 
   Office of the State Comptroller, Medicaid Fraud Division, General Recovery, Auditing and 
   Data Mining Units, at 609-826-4808.
APPENDIX J – UPDOC INSTRUCTIONS

UPDOC Instructions

A new method of transmitting incident reports to the Division of Developmental Disabilities has been developed to augment the use of fax machine technology.

You will be able to securely and confidentially upload documents up to 1 MG in size from a computer at your location(s) via the use of a web-based application. The web address is:

https://secureupload.dhs.state.nj.us/updoc/ (Browser Requirement: IE10, or Firefox, or Chrome)

The strongly preferred file type for uploads will be MS Word Documents with .doc or .docx file extensions. The use of MS Word documents will enable staff in the Division’s UIR Units to copy and paste from your incident reports directly into the Department's UIR system. However, documents with file extensions .txt, .tif, .jpg, and .pdf may also be transmitted to us when necessary.

This system will allow you to upload up to 10 separate documents in one hour, one at a time.

When you go the web address, you will see the following dialogue box:

“Reporting Agency”
When you click on this field, a list of a maximum of 10 agency names will be displayed to choose from based on the characters you type in. If the name of your agency appears, you can click on it and it will be entered. If not, just continue your entry and it will be accepted when you hit “submit.”

“Email Address”
Please enter an email address that can be used to contact you in case there are any questions and also to provide you with information such as the incident number assigned and directions for follow up.

“DDD ID”
Please enter the six digit ID number of one of the individuals involved in the incident you are reporting.

“Incident No.”
Please enter the UIRMS number provided to you by the Regional UIR Unit when submitting a follow up.

If the incident number is 14-123456, you would enter 14 in the first box and 123456 in the second. Leave this field blank when forwarding an initial incident report.
There are four regionally based UIR units in the Division of Developmental Disabilities plus a unit based in central office. All of these units are part of the Office of Risk Management. Please choose the appropriate regional unit. The choices are:

- Central Office (DDD – Office of Risk Management)
- Lower Central UIR Unit [Hunterdon, Mercer, Middlesex, Monmouth Ocean,]
- Northern Region UIR Unit [Bergen, Hudson, Morris, Passaic, Sussex, Warren]
- Southern Region UIR Unit [Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem]
- Upper Central UIR Unit [Essex, Somerset, Union]

The “Central Office” choice **should be utilized** to submit to the Office of Risk Management a **plan of correction** in response to an investigation findings letter from the Office of Investigations (formerly the SRU).

**NOTE:** If you agency operates programs in multiple regions of the state, please be especially careful in choosing the correct Regional UIR Unit.

**NOTE:** This application currently may **not** be used to submit follow up reports directly to CIMU (Critical Incident Management Unit), OOL (Office of Licensing), or OI (Office of Investigation, formerly the SRU.)
“Notes”
This may be used to describe what is being uploaded for your records, who to contact in case of questions, or any other information you want to provide to the UIR unit with respect to the unloaded incident report. If you are uploading other documentation, this section could be used to describe the documentation.

“Upload File”
To upload the UIR, click on “Browse” to locate the document you want to upload (UIR, Follow up report, Plan of Correction in response to an investigation report from the Office of Investigations), and click on the document.

When you click on “browse”, the application will connect with your computer’s file system, either on your local computer’s hard drive or network drive, and display the list of files on those drives. You need to go to where the file you want to upload is located, and then click on that file to upload it.

“Please enter the text as in the image”
This step is to protect this application from spam. An image similar to NMLZXX will be presented. Type in the characters from the image in the space provided, and then click on “Submit.”

After you click on submit, you will see the following page. Click on the Print Icon and the second screen will appear.
When you click on “Open”, you will see the screen on the following page, which is a receipt for what you submitted to the chosen UIR unit.
APPENDIX K – DVRS/CBVI/DDD MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF VOCATIONAL REHABILITATION SERVICES
AND
THE NEW JERSEY DEPARTMENT OF HUMAN SERVICES
COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED
AND
DIVISION OF DEVELOPMENTAL DISABILITIES
JULY 1, 2015 THROUGH JUNE 30, 2020

This Memorandum of Understanding (MOU) made by and between the New Jersey Department of Labor and Workforce Development (LWD) Division of Vocational Rehabilitation Services (DVRS) and the Department of Human Services (DHS) Commission for the Blind and Visually Impaired (CBVI) and the Division of Developmental Disabilities (DDD) is being entered into to set forth the understanding of the parties with respect to the Governor’s Employment First Initiative and applies to individuals with developmental disabilities eligible for employment services through the DVRS/CBVI and the DDD. This MOU identifies the roles and responsibilities of the State agencies primarily involved in assisting adults with disabilities in finding and maintaining competitive integrated employment and will assist the State agencies to operate in an efficient and successful manner to improve employment outcomes for individuals with developmental disabilities by operating consistently across agencies ensuring quality service provision.

WHEREAS, Governor Chris Christie proclaimed New Jersey to be the 14th Employment First State on April 19, 2012; and

WHEREAS, competitive integrated employment in the general workforce is the first and preferred post-education outcome for people with any type of disability; and

WHEREAS, the LWD DVRS, the DHS CBVI, and the DHS DDD have a mutual interest in coordinating services that result in individuals with disabilities meeting this outcome;

NOW, THEREFORE, through this MOU, the LWD DVRS and the DHS CBVI and DDD agree on the following terms and conditions to govern the funding, administration, implementation and oversight of the Employment First Initiative for New Jersey.
Responsibilities/Assurances

The New Jersey LWD DVRS and DHS CBVI shall:

1. Provide services to individuals with disabilities, including the most significant disabilities, to individuals who seek and who are eligible for, services from the DVRS/CBVI including:
   - Determination of eligibility to decide if an individual requires vocational rehabilitation (VR) services to prepare for, secure, retain or regain employment;
   - Development of the Individualized Plan for Employment (IPE);
   - Review of the IPE, at least annually to assess the individual’s progress in achieving the identified employment outcome;
   - Amendment of the IPE including agreeing to and signing an amendment to an individual’s IPE in order for it to take effect; and
   - Determination that an individual’s employment outcome is satisfactory and that the individual is performing well on the job before the individual can be considered to have achieved a successful employment outcome and the individual’s case can be closed.

2. Presume eligibility for individuals who receive Social Security supplemental security income (SSI) or supplemental security disability insurance (SSDI). This presumption means that an individual receiving SSI or SSDI can benefit in terms of an employment outcome from vocational rehabilitation services unless the DVRS/CBVI can demonstrate by clear and convincing evidence that such individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the disability of the individual.

3. Inform individuals, through its application process for vocational rehabilitation services, that individuals who receive services under the program must intend to achieve an employment outcome (34 CFR 361.41(b)(2)).

4. Complete the F-3 Determination Form for individuals eligible for the DDD and submit it to the Support Coordinator/DDD Case Manager identified via email on the form.

5. Designate an Employment First subject matter expert who will provide technical assistance to the DVRS/CBVI local offices as requested and who will liaison with the DDD regarding Employment First issues.

6. Inform the DDD in the event that employment services/supports become unavailable through the DVRS/CBVI.

The New Jersey DHS DDD shall:

1. Provide all individuals eligible for DDD with the option of employment prior to other services/supports and information about services available to assist in gaining and maintaining competitive integrated employment in the general workforce.

2. Refer all individuals within the DDD system who express an immediate interest in achieving competitive employment to the DVRS or the CBVI as appropriate.