

Personal Preference Program

Managed Care and Vendor Fiscal/Employer Authority Program Operations & Policy Manual

July 2024



Section		Date	Description of Change
Section I		7/1/2024	Initial version
Section II			
Section III			
Section IV			
Appendix			

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Section I - Introduction

The purpose of the Personal Preference Program (PPP) Operations and Policy Manual is to provide the managed care organizations (MCOs) and their contracted Vendor Fiscal/Employer Agent (VF/EA) vendor with clarification of the operations and policy requirements for NJ FamilyCare members enrolled in PPP through a managed care health plan.

DMAHS's PPP Team will review and revise operations and policies as needed. For questions or requests for updates to operations and/or policies, please submit requests in writing to the PPP mailbox at MAHS.PPP@dhs.nj.gov for review.

DMAHS's PPP Team adheres to State and federal laws, rules, and regulations to ensure PPP participants are self-directing their service needs utilizing Centers for Medicare and Medicaid (CMS) person-centered planning principles with support from the MCOs and their VF/EA vendor.

Section II- Glossary of Terms

Activity of Daily Living (ADL) - Tasks essential to perform routine self-care functions (e.g., dressing, grooming, bathing, eating, transfers, mobility, positioning, toileting).

Allocated - Personal Preference Program (PPP) funds are allocated, or “set-aside” on a monthly basis according to the Cash Management Plan (CMP). For example, the participant may choose to allocate or “set-aside” all of the CMP budget for personal care services provided by a self-hired worker.

Authorized Representative (AR) - May be the Participant’s legal guardian, family member, or other individual who accepts responsibility for performing roles and tasks the participant may not be able to do. The AR is appointed by the Participant or a Legally Responsible Individual (LRI) and must be willing to follow the Participant’s wishes and respect their preferences while using sound judgement in acting on their behalf. The AR cannot receive any monetary compensation for this service and cannot serve as the employee of the participant. Participants may choose not to have an AR, unless they are explicitly directed to have an AR by their MCO and/or the state.

Authorized Representatives by type:

Mandated Representative - In circumstances where the Participant has misused the PPP budget or has otherwise become unable to manage the program independently, either identified by the fiscal intermediary or the MCO, an AR may be mandated in order for the participant to stay enrolled in PPP. The fiscal intermediary and MCO shall coordinate to gather all information and documentation regarding the need to mandate an AR for the participant and submit it to the PPP Office for review and final determination. In instances where the PPP Office has determined that a participant be mandated an AR where a participant refuses to accept the designation, the individual will be dis-enrolled from PPP and the MCO shall make arrangements for them to return to traditional Personal Care Assistant (PCA) agency services.

Predetermined Representative - When a participant has a predetermined representative such as a legal guardian or other court appointed representative, or they are a minor child, it has already been determined that the participant is not able to legally and competently uphold the responsibilities of being a PPP employer of record and must have an AR appointed in order to begin enrollment. The parent, guardian or court appointed representative does not have to take on the role of the participant’s AR, and is able to appoint another individual to the role. There may also be situations where the MCO determines through options counseling and the PCA assessment process that an AR is required due to assessed cognitive impairments or diagnoses.

Voluntary Representative - A participant may choose to voluntarily appoint an AR for various reasons, such as a language barrier, finding the responsibilities overwhelming, etc. The Financial Consultant through their interactions with the participant may also suggest an AR to a participant to be successful and the participant agrees.

Back-up Plan - A back-up plan uses a worker who is able to work when a regular worker calls out or is unable to work. Participants may use an accredited home care agency that contracts with the Participant privately to fill-in when the worker is unable to work.

Background Check - An option for PPP participants to verify if a potential worker is able to be hired. While requesting a background check is recommended, it is not required. A Participant can request a variety of background checks on potential and current workers. The Financial Consultant will provide information on the various checks available.

Bi-Weekly - Every other week.

Budget - The value of a cash management plan (CMP).

Care Manager (CM) - An individual employed by an MCO who provides person-centered, goal-oriented, culturally relevant assistance to ensure that PPP Participants/MCO members receive needed services in a supportive, effective, efficient, timely, and cost-effective manner.

Cash - The term “cash” in the PPP refers to funds in the cash management plan (CMP) set aside for services. An example of PPP cash is quarters for the laundromat. PPP cash payments are made directly to the participant. Anything over \$50 per month, or \$599 per year, is considered taxable income and the participant will receive a 1099.

Cash and Counseling - A personal care services delivery model using the concept of self-direction. A monthly budget is calculated for the participant in place of traditional Personal Care Assistance (PCA) services, and with the guidance of a Financial Consultant, purchases goods and services to meet personal care needs.

Cash Management Plan (CMP) - The planning document used by the PPP participant to identify, document and budget PPP funds for goods and services. The Participant’s CMP allocates goods and services using the total amount of the allotted monthly budget. The CMP can be reviewed and updated as frequently as necessary.

Centers for Medicare and Medicaid Services (CMS) - The Centers for Medicare & Medicaid Services (CMS) is the agency within the U.S. Department of Health and Human Services (HHS) that administers the nation’s major healthcare programs.

Contractor – Managed Care Organization

Chore Services - A self-directed service option provided to PPP Participants in Managed Long-Term Services and Supports (MLTSS), if approved by the MCO.

Department of Human Services (DHS) - New Jersey Department of Human Services

Difficulty of Care Tax Exclusion - is a tax benefit that allows individuals to exclude certain payments received for providing care to a qualified individual from their taxable income. Certain items of income are not subject to New Jersey tax and should not be included when you file a New Jersey return.

Direct-hire - A worker hired directly by the Participant to provide services

Division of Medical Assistance and Health Services (DMAHS) - DMAHS administers the PPP on behalf of the State of New Jersey. DMAHS is the NJ FamilyCare/Medicaid agency and is housed within the Department of Human Services.

Duplication of Services - Participation in the PPP is an option to receive your NJ FamilyCare/Medicaid personal care services. NJ FamilyCare/Medicaid recipients may not receive traditional PCA home care agency services and PPP at the same time. If Participant accepts the services of the home care agency while also utilizing the PPP this is a duplication of services.

Electronic Visit Verification (EVV) - The 21st Century Cures Act, signed in December 2016, will require Direct Care Workers and Personal Care Attendants (PCA) to verify and submit time worked electronically, a process known as Electronic Visit Verification.

EVV Live-In Exemption - Individuals who reside in the same residence as the participant they serve, and who qualify for the Live-In Exception pursuant to IRS Notice 2014-7, 2014-4 I.R.B. 445.

Employer of Record (EOR) - The person who acts as the legal employer in the PPP. The EOR recruits, selects, trains, supervises, directs and terminates employees as necessary. The EOR also verifies, signs and submits complete and correct timesheets for employees.

Employee - PPP direct hire worker, hired by the Participant to provide personal care. Also referred to as a worker.

Federal Employer Identification Number (FEIN) - The PPP Participant's identification number issued by the Internal Revenue Service (IRS), used when filing employer taxes. The Fiscal Intermediary files paperwork with the IRS to obtain the Participant's EIN after completion of the enrollment meeting.

Federal Insurance Contribution Act (FICA) - Includes both Medicare and Social Security Taxes. These costs are paid out of the participant's budget as part of a worker's total hourly wage. For more information, please speak to your Financial Consultant.

Federal List of Excluded Individuals and Entities (LEIE) - The Office of the Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all other Federal health care programs.

Federal Unemployment Tax Act (FUTA) - A payroll or employment tax used to help fund the federal share paid to state workforce agencies, including providing for some extended unemployment benefits. These costs are paid out of the Participant's budget as part of a worker's total hourly wage. For more information, please speak to your Financial Consultant.

Fee-for-Service (FFS) - The method used for Medicaid reimbursement based on its payment for specific services covered by the NJ FamilyCare/Medicaid, but not covered by the MCO.

Financial Consultant (FC) - The person employed by the fiscal intermediary who assists the PPP Participant with creating and managing the cash management plan (CMP) and navigate the PPP. The Financial Consultant is the primary front-line support to the Participant, their authorized representative, and the State Program Office (SPO). Financial Consultants complete more than two weeks of orientation, training and shadowing before stepping into the role.

Financial Counseling Services (FCS) - Services provided by the Financial Consultant, including:

1. Orienting and training program participants/ Authorized Program Representatives on using financial management and counseling services. As well as understanding their role and responsibilities as the Employer of Record.
2. Assisting program participants/Authorized Program Representatives in preparing their initial budget and subsequent budget updates, as well as effectively using the participant's budget (Cash Management Plan);
3. Conducting quarterly home visits with program participants/Authorized Program Representatives; and

4. Maintaining contact with program participants/Authorized Program Representatives and providing guidance, support, and answer questions from participants/Authorized Program Representatives enrolled in the Personal Preference Program.

Financial Management Service (FMS) - Fiscal intermediary services that provide help with financial tasks, billing and employer-related responsibilities for people who self-direct their services through Self-Directive services.

Fiscal Intermediary (FI) - A vendor contracted by a managed care organization to provide a range of financial and business services to participants in the PPP. The FI acts as the fiscal agent for PPP participants by filing taxes, paying employees and sending Participants' payments for approved goods and services.

Fiscal Intermediary Transition - An MCO transitioning to its new fiscal intermediary must complete the state's readiness review process and receive approval before operating with the new vendor.

During the transition period, the MCO must ensure that all aspects of the program are aligned and approved by the state based on the readiness review requirements while avoiding any disruptions in service or changes to the program.

Managed Care Organizations shall continue all operations of the Personal Preference Program (PPP) with the current fiscal intermediary, Public Partnerships, LLC (PPL) to ensure participants do not experience any program changes or service interruptions during the transition process.

"Good-to-" - is PPP terminology used to define each status in the participant's enrollment process.

"Good-to" status by type:

Status 1: Good-to-Go - PPP specific term meaning the participant and at least one worker have:

- Completed the enrollment process and
- Financial Consultant provides a program start date
- The worker cannot begin providing services until the start date is provided by the Financial Consultant.

Status 2: Good-to-Serve - PPP specific term indicating that the FI has received and processed all of the participant's paperwork and the following requirements have been met:

- Procured Workers' Compensation insurance
- FEIN requested and received from the IRS
- Participant may begin receiving services in the PPP once a worker has completed all required paperwork
- The Financial Consultant notifies participant of Good-to-Serve date in advance.

Status 3: Good-to-Pay - PPP specific term used for worker's submitted and received timesheets are ready to be paid during the next payroll date.

Health Insurance Portability and Accountability Act (HIPAA) - Federal law that provides individuals with rights over their health information and sets rules and limits on who can look at and receive personal health information. It also protects health information in electronic form and requires entities covered by HIPAA to ensure electronic protected health information is secure and the confidentiality provisions of the Patient Safety Rule are enforced.

Individualized Budget - An individualized budget is the amount of funds that is under the control and direction of the individual. The cash management plan is developed using a person-centered planning process and is individually tailored in accordance with the individual's needs and preferences as established in the service plan.

The individualized budget empowers the participant by giving control over how the funds are used, allowing them to tailor the budget to their personal preferences and requirements. It emphasizes personal choice and flexibility in managing the funds according to the participant's unique situation.

Information and Assistance Services (I&A) - A service provides PPP participants with the essential information and support needed to effectively navigate and utilize a self-directed care program. It covers guidance on how the program operates, the participant's rights and responsibilities, and the resources available to them. The amount and frequency with which an individual uses the available supports varies by person and circumstance. This service is required for all PPP Participants.

I&A services include:

- Counseling: Personalized advice and support.
- Training: Instruction on managing self-directed care.
- Assistance: Help with accessing supports such as a supports broker/consultant and financial management services (FMS).
- Advocacy: Access to an independent advocacy system for self-directing NJ FamilyCare members. The level of support and its frequency can vary depending on individual needs and circumstances.

Instrumental Activity of Daily Living (IADL) - IADLs are non-hands-on personal care assistance services that are essential to the beneficiary's health and comfort, including, but not limited to meal planning and preparation, managing finances, shopping for food, communication by telephone and other media, transportation and participating in the community.

Internal Revenue Service (IRS) - The IRS is a bureau of the Federal Department of the Treasury.

Legally Responsible Individual (LRI) - Any individual established in a guardianship, conservator or power of attorney role on behalf of a PPP Participant. If the Legally Responsible Individual (LRI) appoints a PPP Authorized Representative, the LRI may act as a worker in the PPP.

Learning Management System (LMS) - A software application that helps organizations plan, deliver, and track training and educational programs.

Managed Care Organization (MCO) - Health insurance organizations serving PPP Participants. The five MCOs are: Aetna Better Health, Fidelis Care, Horizon NJ Health, United Healthcare Community Plan, and Wellpoint. MCOs are also referred to as "Contractor" in the context of contractual language pertaining to its Fiscal Intermediary (FI) vendors.

Managed Long-Term Services and Supports (MLTSS) - A managed care delivered long-term care program that applies solely to the individuals who meet the MLTSS eligibility requirements. NJ FamilyCare members are not required to be enrolled in MLTSS to access PPP; it is a state plan service.

Member - Individuals enrolled in NJ FamilyCare/Medicaid who require personal care assistance services and choose to self-direct their goods and services using PPP. Members must effectively

direct their own care and may use the support from an Authorized Representative, if needed. Members are also referred to as “Participants”.

Monthly Budget Allocation - Funds set aside for use each month as outlined in the cash management plan. The monthly budget allocation can be used to fund personal care, goods and services, and cash for approved expenses.

MCO Nurse Assessor - The MCO’s registered nurse assessor who visits the Participant’s home annually, or upon change in condition, to assess needs for personal care and authorize the number of hours which are converted into the dollar amount available in the cash management plan.

Natural Support (Generic Support) - An unpaid friend or family member who provides care or other support to the Participant.

Notice of Discontinued Employment Form - This form is used by the FI to officially document and communicate the end of the PPP worker’s employment.

This form serves several purposes, including:

Disassociation Notification: It formally indicates the employee's last day of work, marking the end of their employment.

Employment Verification: It helps to confirm the employee's cessation of duties, which can be used for various administrative and legal purposes.

Unemployment Processing: It may be used to provide information necessary for the employee's unemployment benefits claim, detailing the termination date and other relevant employment details.

Quarterly Visits - PPP Participants / authorized representatives are required to participate in quarterly face-to-face visits with their financial consultant. These visits are mandatory and failure to complete a quarterly visit may lead to suspension or disenrollment from PPP.

Participant - Individual enrolled in NJ FamilyCare/Medicaid, who requires personal care assistance services and chooses to self-direct their goods and services in PPP. Participant must effectively direct their own care and may request support from an Authorized Representative, if needed. Participants are also referred to as “Members”.

Pended Timesheet - PPP specific term used by the FI identifying a worker’s timesheet requires further information or resolution of an issue preventing payment. Typical issues causing a pended timesheet include: spending over allocated monthly budget, incorrect service code, and duplication of hours.

Person-centered Planning Process - CMS requires that a person-centered planning process and assessment be used to develop a person-centered plan. The process is directed by the individual, with assistance as needed or desired from a representative of the individual's choosing.

Personal Care Services - Health-related tasks performed by a worker in the PPP Participant's home and community.

PPP Personal Care Attendant/Agency (PPP PCA Agency) - Participant’s may direct-hire PCA workers through an accredited PCA agency for providing personal care assistance.

PCA agency workers:

- Can provide supplement support for direct-hire PPP employees
- Can be a back-up for direct-hire PPP employees
- Cannot be the sole source of PPP services.

Personal Preference Program (PPP) - Using the concept of “self-direction,” the Personal Preference Program allows eligible NJ FamilyCare members to design, direct and manage their personal care services. The program requires greater responsibility by the participant, but offers greater control, flexibility and choice than the traditional NJ FamilyCare/Medicaid Personal Care Assistance Program. PPP allows participants to choose services they need, self-direct care, hire their own employees including family, friends and neighbors and create a Cash Management Plan to meet personal care needs.

PPP Office - The Personal Preference Program (PPP) Office within the DMAHS. The PPP Office maintains responsibility for the overall administration of the PPP, including development of policies, procedures, and other parameters of the program.

Provider Authorization - A process by which an MCO approves or validates the vendor’s request to deliver specific services or treatments to an NJ FamilyCare member. This process ensures that the services provided are covered under the member’s Medicaid plan and meets the required guidelines.

Reassessment - A personal care assistant nursing reassessment visit conducted by an MCO Nurse Assessor. A reassessment may be required in the event of a change in the participant’s health condition or needs, support system, or the duration of a period of disenrollment from the program if those circumstances affect the need for personal care assistance.

Recoupment - Recoupment or “recouping wages” occurs when a PPP worker is paid for services when the Participant was not eligible to receive them and/or when paid outside of program rules.

Risk Assessment - A program specific assessment tool used to evaluate an individual’s risk, safety, and planning for mitigation of risk for the participant. The tool addresses cognition, hearing and communication, ambulation, nutritional, functional, and structural limitation factors, and evaluates the participant’s need of an emergency back-up plan for incorporation into the cash management plan.

Self-Directed Services - The self-directed service delivery model is an alternative to traditionally delivered and managed services, such as an agency delivery model that emphasizes independence and empowerment by expanding NJFC/Medicaid participants’ degree of choice and control over their services and supports.

Self-directed services allow participants, or their authorized representatives if applicable, to have decision-making authority over certain services and take direct responsibility to select who provides their care on the schedule that best fits their needs. The assistance of available supports for managing all aspects of service delivery in a person-centered planning process.

SS-4 form - Social Security form used when applying for a Federal employer identification number (FEIN).

State Unemployment Tax Act (SUTA) - SUTA refers to New Jersey’s Unemployment Compensation Law, which governs the state’s unemployment insurance program. Under this law,

certain costs related to unemployment insurance are incurred. In the context of the Personal Preference Program (PPP), these costs are covered from the participant's budget as part of the worker's total hourly wage. For detailed information and guidance regarding SUTA and its implications, please consult your Financial Consultant.

Unable to Contact (UTC) - Unable to contact (UTC) is a term used to describe the status of the participant / authorized representatives enrolled in PPP who fails to participate in the required scheduled quarterly visits with the financial consultant. When a participant is identified as UTC due to missing a mandatory visit, it may result in suspension or disenrollment from the program. To avoid UTC status, participants should ensure they attend all scheduled visits or promptly communicate with their financial consultant if they encounter difficulties.

Vendor - Term used to describe the MCO's fiscal intermediary contractor entity. Also referred to as Vendor Fiscal Employment Agent (VF/EA) and Fiscal Intermediary (FI).

Vendor Fiscal Employment Agent (VF/EA) - Vendor contracting with an NJ MCO that provides a range of fiscal and business services to participants enrolled in the Personal Preference Program.

Worker - Means a domestic household employee hired by a PPP participant who performs duties in and around the home based on the participant's personal care needs.

Worker's Compensation Policy - All participants shall maintain workers' compensation insurance coverage, referred to as a worker's compensation policy, in accordance with PPP regulations.

Section III - PPP Operational Requirements

A. NJ FamilyCare Self-Direction Services Operations Requirements

NJ FamilyCare Members that choose to self-direct their PCA services will receive financial management support in their role as employer of record from the MCO's Vendor Fiscal/Employer Agent (VF/EA)

1. The MCO shall subcontract with a state-approved VF/EA to provide financial management services, including Information and Assistance (I & A), to NJ FamilyCare Members who choose self-direction. The MCO shall have policies and procedures (including timeframes), and internal controls for implementing VF/EA services that includes defined processes for all required IT and data exchange processes.

2. The VF/EA shall obtain a FEIN for each Member, also known as the Employer of Record, and maintain copies of the FEIN, IRS FEIN notification, and copy of the filed SS-4 form in the Member's file. A qualified VF/EA shall have significant experience in withholding, filing, and paying state income and employment taxes for employers and PPP workers.
3. Financial Management Services, provided by the VF/EA for PPP Members must include:
 - i. Pre-employment services, including enrolling members (employers) and their PPP workers;
 - ii. State and Federally required background checks
 - iii. Procuring a Worker's Compensation policy;
 - iv. Processing worker timesheets;
 - v. Deducting, filing, and paying State and Federal income and employment taxes and other withholdings;
 - vi. Paying PPP workers;
 - vii. Providing customer service through a Call Center;
 - viii. Provide training on VF/EA enrollment and payroll processing procedures to members, and authorized representatives, with managing their care; and
 - ix. Providing an electronic visit verification (EVV) system compliant with the 21st Century Cures Act.
4. The MCO shall submit for approval to the State, at implementation, revision, or upon request, the policies and procedures for handling self-directed services.
 - i. The VF/EA shall report updates on the status of each deliverable on weekly basis to the MCO
 - ii. The MCO's Self-Direction Program Director shall report updates on the status of each deliverable on a weekly basis to the State.
 - iii. The State reserves the right to conduct a readiness review for implementation of VF/EA services. Refer to Article 4.11 and Appendix B.4.11 for information regarding the requirements and process for providing notification to DMAHS of the proposed change(s).

B. Member Enrollment Process and Systems

The MCO shall establish a process for VF/EA service initiation for the member. The process shall include verification of member demographics as well as a reliable process to notify the appropriate entity when a request is incomplete or contains errors.

1. All service initiation requests must include a completed participant packet that shall be processed, including data verification and entry into the VF/EA database, within three (3) business days of the receipt of the request from the MCO.
2. **Participant Enrollment Packet Requirements:**
 - i. Introductory letter;
 - ii. All required state and federal tax forms;
 - iii. VF/EA services, roles and responsibilities information;

- iv. Applicable federal forms to complete, sign, and submit;
- v. Customer service contact information and hours of operation;
- vi. Criminal background request information and cost details;
- vii. Information on the federal List of Excluded Individuals and Entities (LEIE) and state-required background checks
- viii. Information about Worker's Compensation Insurance
- ix. Description of payroll periods, timesheet due dates and timelines for processing and payment distribution;
- x. Notice of Discontinued Employment form; and
- xi. All Electronic Visit Verification information.

3. PPP Worker New Hire Packet Requirements

The MCO's VF/EA shall develop, distribute or make available in electronic format, new hire packets for each worker within three (3) business days of receipt of the Participant's enrollment request. The new hire packet shall be pre-populated to the maximum extent possible. The new hire packet shall be presented in a format that is easily understood.

At a minimum, the new hire packet shall contain the following:

- i. Introductory letter;
- ii. VF/EA services, roles and responsibilities information;
- iii. Customer service contact information and hours of operation;
- iv. Criminal background request details;
- v. Information on the federal List of Excluded Individuals and Entities (LEIE) and state required background checks;
- vi. Required federal employment eligibility, tax, and related forms that the worker must sign and submit with accompanying instructions
- vii. NJ's earned sick leave accrual policies in accordance with Labor and Workforce Development code.
- viii. Required state forms with accompanying instructions;
- ix. Description of payroll periods, timesheet due dates and timelines for processing and payment distribution
- x. Direct deposit information and debit card options;
- xi. Notice of Discontinued Employment form;
- xii. Enrollment options when internet access is unavailable; and
- xiii. Electronic visit verification information.

4. Background Checks

State and Federal laws and regulations (Federal list of Excluded Individuals and Entities, a.k.a. LEIE) require prospective PPP workers to pass background checks.

- i. Background checks are required at the time of initial employment, re-employment by the same employer, and employment by another member.
- ii. The MCO's VF/EA shall be obligated to perform a criminal background check for a prospective PPP worker upon member's request.
- iii. The MCO's VF/EA shall have controls for processing all required worker background checks that minimally includes:

- a. Maintaining results in each worker's file and in the employer and/or worker's web portal self-service account;
- b. Written notification to the PPP member/employer, upon discovery, when the results of the background check disqualify the worker from employment; and
- c. A system for blocking the worker in the VF/EA payroll system from receiving payment effective the date that adverse findings are received by VF/EA.
- d. Ability to rerun all required state and federal background checks semi-annually or upon request of the Member.

C. Member and Worker VF/EA Provided Supports

1. Information and Assistance Services

The MCO's VF/EA Information and Assistance (I & A) services shall provide the PPP member assistance with:

- i. Developing the person-centered service plan and monthly budget;
- ii. Supporting the PPP member and worker(s) through telephonic, written, and face-to-face meetings as requested by PPP member/employer and/or authorized representative; and
- iii. Schedule and complete required quarterly face-to-face meetings with the PPP Member, authorized representative, if applicable, and PPP workers.

2. Member and Worker Web Portal Access

The MCO's VF/EA shall have a secure system, policies, procedures, and internal controls for implementation and maintenance of a self-service web portal for members, their workers, and services facilitators or other authorized entities (i.e., Care Managers, staff of the VF/EA, State staff, etc.).

- i. The portal shall be integrated with the VF/EA's financial management, enrollment, and electronic visit verification systems.
- ii. The roles based self-service web portal shall be user-friendly, and accessible twenty-four (24) hours seven (7) days a week, except for planned maintenance period.
- iii. The self-service web portal shall provide users with real-time visibility of self-directed services information including:
 - a. Enrollment status;
 - b. Employer and worker demographics;
 - c. Timesheets;
 - d. Service authorization;
 - e. Service use;
 - f. Accrued sick time;
 - g. Paystubs;
 - h. Employer Responsibility Tax;
 - i. Garnishments;
 - j. Withholdings; and
 - k. Year-end tax.
- iv. The MCO's VF/EA shall post the following information to a website or incorporate in the web portal:
 - a. Routine program updates and communications;

- b. User tutorials and technical assistance;
- c. Learning Management System for PPP members and workers;
- d. Applicable manuals;
- e. Instructions for web portal access;
- f. Alerts for program, payroll, tax, website maintenance periods, and other changes affecting PPP members and workers; and
- g. Instructions on how to obtain information in non-English languages.

3. Customer Service Call Center

The MCO shall ensure PPP members, authorized individuals, and workers have access to self-directed VF/EA information available by telephone.

- i. The vendor shall provide and maintain a Call Center for VF/EA services through a dedicated toll free number.
- ii. The vendor shall provide for language translation services and access for persons with a hearing or speech disability to use the telephone system using a text telephone service (711 TTY).
- iii. The Call Center shall provide twenty-four (24) hours a day, seven (7) days a week access to timesheet and payroll inquiries.

4. Training, Education, and Outreach

The MCO shall ensure that the following responsibilities are met and performed in accordance with the state's requirements. These requirements may be performed by the MCO or the MCO's VF/EA.

- 1. Prepare written communication, participate in stakeholder meetings, training sessions, and provide web-based outreach and training materials, as approved by the State and MCO, for users of the system;
 - a. Provide initial, refresher, and ongoing systems training no less than annually and upon request to PPP members, authorized individuals, and workers.
 - b. Provide a detailed plan for initial and ongoing training, including a training manual and web-based training models using VF/EA's Learning Management System.
 - c. The VF/EA must address how questions will be received and answered upon completion of implementation and ongoing support initiatives.

5. Employment and Earnings Verification

The MCO's VF/EA shall have a system for completing employment verifications, Social Security earnings verifications, and other ancillary requests within the timeframes established by the requestor.

6. Satisfaction Survey

- i. The MCO shall annually conduct a survey to assess member and worker satisfaction with its contracted vendor providing VF/EA services including but not limited to enrollment, timesheet (clock-in/clock-out), electronic visit verification, payroll services, tax processing, call center responsiveness and customer service, and web-based services and information.

- ii. The MCO shall ensure a minimum sample of 10% of the total number of unduplicated, active members who had paychecks issued to workers at any time during review period.
- iii. Survey specifications shall be reviewed and approved by the State prior to conducting the survey.
- iv. Survey results shall be provided to the State annually and upon request.

D. VF/EA Systems and Data Access

The MCO 's VF/EA shall utilize standard Health Insurance Portability and Accountability Act (HIPAA) transactions for the electronic exchange of PPP applicable data.

1. Electronic Visit Verification (EVV)

The VF/EA shall have an EVV system that will electronically verify and collect data and meets the requirements consistent with the 21st Century Cures Act, Section 12006, 42 U.S.C. § 1396(b).

- i. At a minimum, the EVV shall capture in real-time the following data elements for self-directed personal care services.
 - a. Type of service performed
 - b. Member receiving service
 - c. Date of service
 - d. Location of service delivery
 - e. Worker providing the service
 - f. Time service begins and ends
- ii. The EVV system shall be capable of securely transmitting all raw data elements to the MCO in the approved format and in accordance with approved transmission schedules.
- iii. The system shall contain edits and audits to ensure correct and complete formatting of data submitted to the EVV system by members and worker(s). Complete verification and documentation for each visit is required.
- iv. The VF/EA's system shall have the ability to effectively and securely share EVV data with the state's procured contracted EVV aggregator.
- v. The VF/EA shall have system edits in place preventing claims for services that are not electronically verified and documented using the EVV system or otherwise inconsistent with an approved Provider Authorization.
- vi. The VF/EA's EVV system shall support real-time access to members and worker.
- vii. The EVV system shall meet the following requirements:
 - a. Collect clock in/clock out time submissions, date of service, member and worker ID numbers, and GPS technology used to capture location and visits using GPS enabled devices;
 - b. Allow for review, approval, and submission of timesheets by the appropriate designee; and
 - c. Provide roles-based access controls that allow members and workers to create user roles.
 - d. The system shall provide real-time views for appropriate designee and the MCO; and
 - e. Have the capability to limit authority to modify changes and modifications to service entries.

- f. MCO's VF/EA shall have a mobile phone application for PPP Members and their workers with roles-based access controls that allow for real-time review, approval, and submission of timesheets by the appropriate designee.

2. MCO Database and Automated Payroll Systems

- i. The MCO's VF/EA shall have an automated system that has the capacity to exchange files with the MCO.
- ii. The automated payroll system shall verify data to ensure accurate payroll.
- iii. The system shall receive, verify, and maintain electronic Provider Authorizations authorized by the MCO.
- iv. The system shall have the ability to request and receive: 1) NJ FamilyCare/Medicaid eligibility confirmation and 2) a PPP prior authorization verified by the MCO.
- v. The MCO's VF/EA shall conduct bi-weekly payroll that meets federal and state Department of Labor and Industry wage, hour, and pay date requirements for hourly workers.
- vi. Prior to payment, timesheets shall pass all system edits, accurate wage amounts confirmed, and paid in accordance with the appropriate pay rate.
- vii. The MCO's VF/EA payroll processing system shall have the ability to calculate and make accurate payments to workers. Overtime payment for more than forty (40) working hours in one workweek is not permitted.
- viii. The MCO must calculate and make accurate payment to PPP workers who are authorized to work up to sixteen (16) hours in a day for a single worker and/or who works up to forty (40) hours per week
- ix. Direct deposit and debit card payroll solutions shall be made available to all workers.

3. The MCO's VF/EA shall capture the following data elements in the payroll database:

- i. NJ FamilyCare/PPP Member and Employer of Record (EOR);
- ii. Name;
- iii. Medicaid ID number;
- iv. Eligibility status;
- v. Birth date;
- vi. Social Security Number;
- vii. Demographics and contact data;
- viii. PPP service codes;
- ix. FEIN;
- x. Individual's relationship to worker(s);
- xi. Individual's relationship to EOR;
- xii. Enrollment data;
- xiii. Enrollment status; Enrollment and Tax forms completion status;
- xiv. Tax filing data; and
- xv. Services:

- a. Service codes and names;
- b. Waiver type(s) where applicable;
- c. Provider Authorization (PA) Number;
- d. PA for units and date ranges; and
- e. PA hours used and balance.

4. Worker related data elements:

- i. Name;
- ii. Worker ID Number;
- iii. Social Security Number;
- iv. Demographics;
- v. Enrollment Date;
- vi. Enrollment and Tax Forms Completion Status;
- vii. Enrollment Status;
- viii. Background Check Status and Results;
- ix. Pay Rates;
- x. Billable Rates Payroll Schedule;
- xi. Pay Period;
- xii. Worker's Tax Status;
- xiii. Employment Agreement Signed;
- xiv. Tax Filing, Exemptions, Allowances, and Withholdings;
- xv. Garnishments and Liens; and
- xvi. Worker Pay Distribution - Bank Account/Debit Card Transit Number.

5. Timesheet and Payroll data elements:

- i. Timesheet Number;
- ii. Timesheet Authorized Signatures;
- iii. Dates Worked;
- iv. Timesheet Authorized Signatures;
- v. Hours Worked;
- vi. Timesheet Status;
- vii. Timesheet Pend Reasons;
- viii. Timesheet Import Type – Web, Manual;
- ix. App Posting Dates;
- x. Pay Date;
- xi. Check/EFT/Debit Card Payments;
- xii. Payment Authorized/Blocked;
- xiii. Check Number; and
- xiv. Pay Check Amounts.

6. Services Facilitator (if applicable) of Home Care Agency Name data elements:

Services Facilitator (Provider) data is required when a PPP member/employer hires a back-up staff person for their back-up plan using an accredited home care agency.

- i. Provider ID Number; and
- ii. Demographics and Contact Data.

- E. The MCO's VF/EA shall have a payroll and audit process, claims and billing process, and distribution system that has the capacity to provide accrued sick leave to providers of self-directed services, in accordance with New Jersey Labor and Workforce Development Administrative Code Section 12:69 - 3.3.

Section III - PPP Program Policies (in alphabetical order)

A. Authorized Representative

An Authorized Representative (AR) is a person appointed to manage a participant's PPP services. Appointment of an AR can be either predetermined, voluntary or mandated. The role of an AR should be discussed with the participant during options counseling, as well as during enrollment and quarterly visits, as appropriate. An AR may be a participant's legal guardian, a family member, or any other individual identified who willingly accepts responsibility for performing PPP employer tasks that the participant is unable to complete. An AR must demonstrate a personal commitment to the participant and must be willing to follow their wishes and respect their preferences while using sound judgement to act on their behalf. An AR cannot receive any kind of compensation for this service, and may not concurrently serve as an employee of the participant.

Requirements and Responsibilities

An Authorized Representative supports a participant as needed to fulfill their responsibilities as a PPP participant and employer, so they must be present and readily available in the participant's life to provide necessary support. If a participant has identified an AR, it is important that the AR meet the following criteria:

- At least 18 years of age
- Visit the participant as often as possible with a minimum of one (1) visit per pay period
- Live in New Jersey or within an hour or 30 miles from the participant
- Have knowledge and understanding of the participant's specific needs
- No record or history of violent felonies or allegations of abuse

On behalf of the participant, an Authorized Representative will manage all aspects of being a PPP employer of record such as processing paperwork, hiring and supervising workers, overseeing services from providers, approving timesheets and invoices, and following up with MCO or fiscal intermediary if any issues arise.

An Authorized Representative must meet with the financial consultant to ensure they understand the role and responsibilities they will be taking on. Specifically, the representative shall assume the full responsibilities of the participant as listed in N.J.A.C. 10:142-2.2(a), such as:

- Work with the financial consultant to develop the Cash Management Plan (CMP) on the participant's behalf;
- Help assure that the cash grant is used for the items outlined in the CMP, taking into account the participant's wishes and needs;
- Maintain records, as required by the State, regarding planned expenditures;
- Approve and submit employee shift records and non-labor invoices to the fiscal intermediary for processing; and
- Hire, train and fire PPP employees as necessary.

Types of Authorized Representatives

1. Predetermined Representative
 - a. The participant has a legal guardian or court appointed representative in place at the time of options counseling and enrollment;
 - b. The participant is under 18 years of age; or
 - c. Through the options counseling process, the MCO determines the participant requires an AR due to diagnosis or assessed cognition in order to apply for PPP.
2. Voluntary Representative
 - a. The participant requests that an authorized representative serve on their behalf; or
 - b. The consultant recommends that the participant designate an AR and the participant agrees.
3. Mandated Representative
 - a. The participant has perpetuated fraud, waste or abuse of PPP funds; or
 - b. The participant's cognitive functioning or decision-making ability has deteriorated in such a way that they are no longer able to manage the required program responsibilities independently.

Removal of Predetermined or Mandated Representative

If a participant has a predetermined or mandated authorized representative, they are required to have an AR appointed at all times in order to stay enrolled in PPP. During any time period that the participant does not have an active AR, their PPP services must be suspended with traditional PCA agency services offered until a new AR is appointed. If the participant's situation changes (i.e. - minor child turns 18 years old, guardianship revoked, change in mental status/cognition, etc.) and the participant requests to independently self-direct their PPP services without the assistance of an AR, the MCO must first reassess the participant. After reassessment, the MCO will submit their recommendation to either lift the AR requirement or keep it in place. If the MCO recommends maintaining the participant's AR, the current supporting documentation must be submitted to the PPP Office for a final determination.

¹ § 10:142-3.3 https://nj.gov/humanservices/providers/rulefees/regs/NJAC%2010_142%20Personal%20Preference%20Program.pdf

B. Cash Expense Request

This is a policy for MCOs to use when reviewing and approving Participant's monthly cash allowance payments. At the conclusion of the review, if utilization is determined inappropriate then the request must be denied.

One of the benefits of self-direction is the ability to request a monthly cash allowance to pay for services/items that align with a member's need(s) determined through the Personal Care Assistance (PCA) assessment and not already covered under NJ FamilyCare/Medicaid.

MANAGED CARE ORGANIZATIONS – Policy Review Requirements for Monthly Cash Allowance Requests:

When the MCO is reviewing the PPP participant's monthly cash expense request the reviewer shall ensure the items below align with the cash management plan (CMP) and meet the approved cash allowance policy requirements.

1. The participant has been on PPP for a minimum of six months
2. Confirm that the requested cash amount is no more than 10% of the participant's monthly CMP amount.
3. The participant's request aligns with services that are covered under NJ FamilyCare/Medicaid.
4. Confirm that participants enrolled in Managed Long Term Services & Support (MLTSS) have a back-up plan in place to make up for the decrease in direct care hours the cash expense request creates in the participant's CMP.
5. Participant's request includes a detailed description of the requested items as well as a breakdown of costs.
 - For example: \$11.00 per week for 2 washers @ \$2.50 each and 2 dryers @ \$3.00 each
6. If laundry is requested, the reviewer must confirm the participant's PCA assessment states that laundry is done outside of the home.
7. Confirm that the amount of laundry/frequency aligns with the participant's needs only.
 - The request only covers the participant's laundry needs, not the household's needs.
 - Confirm the costs align with prices for laundromats in the participant's area.

Non-Permitted Items

There are specific items that are incidental to an approved cash expense request that are not covered by NJ FamilyCare/Medicaid such as supplies used for providing a covered service, e.g., laundry, non-medical transportation, or a community related outing.

These item include:

- Laundry/Cleaning related supplies
 - Detergent, fabric softener
 - Cleaning supplies
 - Dry cleaning
- Non-medical transportation
 - Tips
 - Gratuities

- Community related outing
 - Food/drinks
 - Entertainment

The items noted below are available through NJ FamilyCare/Medicaid services and cannot be paid for with “cash” through PPP.

- Incontinence supplies
- Medical transportation

² NJAC 10:142 4.3(d) https://nj.gov/humanservices/providers/rulefees/regs/NJAC%2010_142%20Personal%20Preference%20Program.pdf

C. Group Hours

When two PPP participants utilizing the same fiscal intermediary live together in the same household, they may choose to use a portion of their PPP budget to cover group hours. Group hours are when one employee simultaneously works the same exact hours under two participants in order to provide the participants with instrumental activities of daily living (iADL) assistance that benefits them both (i.e. – meal prep, laundry, housekeeping, shopping).

As group hours are limited to covering just iADL tasks, a participant's PPP cash management plan (CMP) shall never include the use of group hours only and must include individual PCA hours. Participants assessed for group hours may also opt to have their employee(s) work individual hours only and not include group hours at all into the CMP.

Anytime that group hours are utilized by a participant, there must be another participant in the household utilizing the same hours. If one participant only has 10 hours per week of group hours in their cash management plan (CMP), the other participant in the household must also list 10 hours of group hours in their CMP.

As the mutual employee is receiving payment for the same hours twice (once under each participant), it is important that their cumulative hourly pay rate for group hours stay within the program minimum and maximum pay rates (currently \$15.13/hour up to \$25.00/hour).

Example

Employee John works from 10am-12pm on May 1, 2024 for both Participant Anne and Participant Chris doing laundry and meal prep. John will clock in and out for that time period under both Anne and Chris. If Anne and Chris opt to pay John minimum wage (\$15.13/hour), John's hourly rate of pay for group hours will be \$7.57 under each participant so that the total amount equals minimum wage.

- John will receive payment for 2 hours at \$7.57/hr. totaling \$15.14 out of Anne's budget
- John will receive payment for 2 hours at \$7.57/hr. totaling \$15.14 out of Chris's budget
- Altogether, John has been paid a total of \$30.28 (or \$15.14/hr.) for the 2 hours spent preparing meals and doing Chris and Anne's laundry.

If Anne and Chris select to pay John the maximum pay rate (\$25.00/hr.), John's hourly rate of pay for group hours cannot exceed \$12.50.

Please note that PPP Participants do not require an MCO authorization for group hours in order for Participants to schedule and use group hours in their Cash Management Plan (CMP).

D. PPP Services for College Students

NJ FamilyCare members who attend college/university full-time out-of-state are permitted to utilize their PPP services while away at school. Participants must provide documentation of full-time enrollment as well as document progress towards completion annually. In these circumstances, although the employees hired will typically not be New Jersey residents, an exception is made for them to provide PPP services even though they do not live within 1 hour / 30 miles from the participant's home NJ address. These employees are not eligible for the Difficulty of Care tax exclusion or EVV Live-In Exemption, as the college/university is not the permanent residence for either the employee or participant.

Eligible college students are eligible to complete their required quarterly PPP home visits with the fiscal intermediary telephonically while away at school. Requests to waive in-person quarterly PPP visits and conduct those visits telephonically must be submitted to the State PPP Office for approval. During periods where the participant is back in NJ (holiday breaks, summer, etc.), the fiscal intermediary should attempt to schedule an in-person quarterly visit as appropriate. The use of telephonic visits are limited strictly for quarterly PPP visits and do not apply to PCA assessments, which must take place face-to-face.

³10:142-2.1 https://nj.gov/humanservices/providers/rulefees/regs/NJAC%2010_142%20Personal%20Preference%20Program.pdf

E. Unable to Contact / Missed Quarterly Visits

Participants (and their Authorized Representative, if applicable) enrolled in the Personal Preference Program (PPP) are required to participate in quarterly PPP visits with their financial consultant. These visits are mandatory and failure to complete a quarterly visit could lead to suspension or disenrollment from PPP.

If the financial consultant cannot reach the participant to schedule the visit, or if the participant failed to attend the scheduled quarterly visit, the following procedure shall be followed:

1. Financial Consultant attempts and documents a minimum of three call attempts to reach the participant. These attempts should be varied in day of the week and time of day attempted.
2. If after a minimum of three attempts the financial consultant is still unable to speak with the participant, a letter should be mailed to the participant and an UTC (Unable to Contact) report sent to the MCO.
3. Upon receipt of an UTC report, the MCO reviews the participant's demographics (address, phone number, emergency contact information, etc.) to provide any updates to the financial consultant that may help in reaching the participant.
4. If all contact information is up-to-date, or the financial consultant is still unable to reach the participant with the updated information, the MCO shall attempt and document a minimum of three call attempts to speak to the participant in order to re-educate the participant on the mandatory visits.
5. If after a minimum of three call attempts and the MCO is still unable to connect with the participant, a suspension letter shall be mailed to the participant.
6. Any participant suspended for being unable to contact will not be permitted to begin receiving services until after the quarterly PPP visit has actually been completed and the participant is back in compliance with program requirements.

F. Out-of-State Vacations

Out-of-state vacation refers to a period of time where the participant is temporarily staying in a location out-of-state (excluding any place that personal care is included such as a hospital, rehabilitation center, group home, etc.) where the participant's intention is to return to their permanent residence in New Jersey.

Requirements and Procedures

Participants are permitted to receive PPP services while out-of-state on vacation for up to 30 days when accompanied by their employee(s). Participants must notify the MCO and/or fiscal intermediary of their travel plans in advance, unless an emergency situation is documented. The participant's employee must travel with the participant to provide services. When the employee will not be traveling with the participant, services shall be suspended from the first day out-of-state until the participant returns. If a participant's vacation is scheduled to last longer than 30 days, or if a situation arises where the participant's return is delayed, the participant's PPP services shall be suspended on the 31st day out-of-state until the time the participant returns home.

*Note: Services are not permitted outside of the fifty United States for **any** period of time. Participants traveling outside of the United States shall have their PPP services suspended on the first day out of country.*

⁴ 10:142-5.3 (b) https://nj.gov/humanservices/providers/rulefees/regs/NJAC%2010_142%20Personal%20Preference%20Program.pdf

Section III - Appendix

A. PPP Procedure Codes as of July 2024

Service Name	Service Codes	Modifier #1	Modifier #2	Modifier #3	Service Type	Unit	Unit of Measure	Service Notes
PCA - Individual - Self Directed	T1019	SE			Self-Directed PCA	1	15 mins	
PCA - Individual - Agency Directed	T1019	SE	U1		Agency-Directed PCA	1	15 mins	
PCA - Group - Self Directed	S5125	SE	HQ		Self-Directed PCA	1	15 mins	
PCA - Group - Agency Directed	S5125	SE	U3		Agency-Directed PCA	1	15 mins	
Chore Services	S5120	SE			Participant-Directed Goods and Services (PDGS)	1	15 mins	
Transportation	T2003	SE			Transportation	1	1 way	
Mileage	T2015	SE			Transportation	1	1 mile	
Adaptive Equipment	T2028	SE			Participant-Directed Goods and Services (PDGS)	1		MLTSS service only
Home Modifications	S5165	SE			Participant-Directed Goods and Services (PDGS)	1		MLTSS service only
Vehicle Modifications	T2039	SE			Participant-Directed Goods and Services (PDGS)	1		MLTSS service only
Meal Service & Supports	S5170	SE			Participant-Directed Goods and Services (PDGS)	1		MLTSS service only

Household Appliances	T5999	SE			Participant-Directed Goods and Services (PDGS)	1		
Participant/Caregiver Training	S5111	SE			Participant-Directed Goods and Services (PDGS)	1		
Technology	T2035	SE			Participant-Directed Goods and Services (PDGS)	1		
Emergency Cash	T1999	SE			Participant-Directed Goods and Services (PDGS)	1		
Cash	T1999	SE	U1		Cash	1		
Administrative / Information & Assistance (I&A) Fees – NEVER SUBMITTED AS ENCOUNTERS								
Per Member Per Month Fee	T2041	SE	22					
Workers Compensation	T2025	SE	UC	WC	Fiscal Intermediary	1		
Workers Compensation Administrative	T2025	SE	UC	WA	Fiscal Intermediary	1		
Criminal Background Checks	99199	SE	U1	CB	Fiscal Intermediary	1		
Check Processing Fee	T2025	SE	U2	CP	Fiscal Intermediary	1		
Orientation and Initial Cash Management Plan (CMP) Fee	T2041	SE	UA		Fiscal Intermediary	1		
Financial Counseling	T2025	SE	UB		Fiscal Intermediary	1	Each Unit is 15 minutes	

Sick Leave - Individual PCA Hours	T1019	SE	XU			1	Each Unit is 15 minutes	
Sick Leave - Group PCA Hours	S5125	SE	XU			1	Each Unit is 15 minutes	

B. PPP Budget Calculation Details

Budget Calculation Example

- **Step 1:** Multiply the authorized hours by the PCA reimbursement rate: **25 Hours X \$19.34 = \$483.50**
- **Step 2:** There are more than 4 weeks in each month, so we use the bookkeeping figure to account for the 29th, 30th, 31st day in a month (4.33): **\$483.50 X 4.33 = \$2,093.56**
- **Step 3:** The Member receives 87.5% of the monthly budget to purchase services and other participant's fees. 12.5% is reduced from the monthly budget to pay for *costs associated with being the Employer of Record **\$2,093.56 X .875 = \$1831.87 = Monthly Cash Grant Amount**

Monthly Cash Grant Amount = \$1831.87

Costs Associated with Being the Employer of Record

- As with any small business, there are some costs involved such as **bookkeeping, taxes, payroll** as well as **workers' compensation and overhead**.
- **These costs are deducted from the participant's budget including payroll taxes, workers' compensation and check processing fees.**
- The balance of the budget will be applied to the services the participant needs to remain in the home and community.