CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LT. GOVERNOR

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES
PO BOX 726
TRENTON, NJ 08625-0726
Visit us on the web at:
www.state.nj.us/humanservices/ddd

Jennifer Velez
COMMISSIONER

Dawn Apgar
Deputy Commissioner

TEL. (609) 631-2200

The Supports Program – Frequently Asked Questions for Providers:

1. **Who can be a provider in the Supports Program?**
   In order to provide services in the Supports Program, a provider must meet the qualifications for each service as defined by the Division of Developmental Disabilities (DDD) and, depending on the service, must also be an approved Medicaid provider. In order to receive payment for services rendered, providers must claim for the services through Medicaid's Fiscal Agent (Molina) or must claim for their services through the Department of Human Services' (DHS) Fiscal Intermediary (FI). The type of service being provided and the type of provider will dictate the method by which the provider claims. Reimbursement for services in the Supports Program will be provided through a Fee-For-Service (FFS) model, which means that providers will be required to submit claims for each unit of service they provide before receiving reimbursement.

2. **What types of services will I be able to provide under the Supports Program and what qualification need to be met for me to become approved to provide them?**
   The services and qualifications for each service under the Supports Program can be found in the Supports Program Services and Qualifications document on the DDD Supports Program website. These are the provider qualifications and standards that must be met in order to provide each service. In order to be a DDD approved provider, verification that you meet all applicable standards must be provided through the application process described in question 7.

3. **How do I get paid for the services that are delivered in the Supports Program?**
   All claims will be processed and paid by Medicaid through Molina. Claims may be submitted to Medicaid either directly through Molina or through the FI. In order for a claim to be processed and paid: (1) the provider submitting the claim must be an approved Medicaid provider (this includes the FI who, as an approved Medicaid provider, submits claims on behalf of non-traditional providers); (2) the individual must be Medicaid eligible and enrolled in the Supports Program; (3) the service must be identified in the individual's approved Service Plan; and (4) a prior authorization must be in place for the specific service to be delivered. Standard rates will be established through a formal rate study and will include factors for non-direct care costs such as vacancies, training, general and administrative costs, etc. The goal of the rate study will be to construct a market rate to account for all provider costs (direct and indirect) associated with delivering a particular service.

4. **How will I know which services have to be billed through the FI?**
   A list of which services need to be billed through the FI is currently in development and will be available in January 2013.

5. **How often will billing need to be done?**
   A provider must claim within one year of the provision of services in order to ensure timely filing. Claims can be submitted as often as the provider would like after the service has been delivered.

6. **Can I bill for various services on the same day/time?**
   Subject to the service limitations listed in the Supports Program Services and Qualifications document, a provider can claim for different services on the same day but never during the same timeframe.

7. **How will rates under the Supports Program be established? Will providers have input?**
   DHS will be engaging a professional rate setting firm to perform a formal rate study for all DDD services. The rate study will be conducted in two phases: (1) non-residential services including all services available in the Supports Program and (2) residential services. The rate setter will utilize the reported cost related data of service providers statewide to formulate the rate and provide all stakeholders with ample opportunity to offer input throughout the process. All costs associated with

delivering a particular service (both direct costs and allocated indirect administrative costs) will be factored into rate construction. Typical indirect costs that will be analyzed include agency costs for human resources, information technology, training, vacancy, etc. One of the goals of the rate study is to produce rates for common services across all Divisions within DHS, to ensure that similar services are billed and paid at standard amounts across all Divisions. The rate setter will also conduct readiness evaluations and offer training and technical expertise for the provider community in preparation for the transition into a FFS model.

8. **What steps do I need to take to become an approved Medicaid provider?**
The first step to becoming an approved Medicaid provider is to apply for a *National Provider Identification* number. You can apply for an NPI number at:
https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do. The application can be completed online. Once completed, it will usually take approximately 2 weeks to receive your NPI number. After you have an NPI number, you will have to complete a Medicaid Provider Application, which will include requirements and qualifications to become an approved Medicaid provider as well as an approved DDD provider for the particular service for which you want to provide services. The Medicaid Provider Application is expected to be available in late January 2013.

9. **How can I get training in being a Medicaid provider?**
Training can be arranged by calling Molina at (800) 776-6334. We recommend waiting until the provider application is available to arrange training through Molina.

10. **If I am already an approved provider, do I have to go through the application process?**
Even if you are already an approved provider through Medicaid and/or DDD, you will still need to become DDD approved for the specific services in the Supports Program that you intend to provide.

11. **I am already a provider in another state. Is the process to become an approved provider in New Jersey different?**
Yes, the process is different. Medicaid provider criteria is different from state to state so those providers that are already approved Medicaid providers in another state will need to become approved Medicaid providers in New Jersey. In addition, the provider will need to meet the DDD qualifications for each service they wish to provide in New Jersey.

12. **How is a FFS model different from a cost reimbursement model?**
In a cost reimbursement model, providers receive a monthly payment, at the contracted rate, regardless of whether the services have yet been delivered. In a FFS model, providers will have to submit a claim for each unit of service that is delivered, at the standard rate, after the services have been delivered. In FFS, all providers are paid the same rate for the same service and are required to maintain documentation to demonstrate that each unit of service has been provided. FFS offers providers several advantages, including greater flexibility in managing their cash flow and budget allocations, fewer administrative/contract obligations with DDD, and the ability to build a reserve to address infrastructure, capital improvements, or other unforeseen events that carry a negative budget impact. FFS also provides added flexibility for individuals looking to access different services on the same day (but not at the same time). For example, an individual may choose to receive supported employment services for part of their day and day habilitation for the remainder of the day.

13. **Will I convert from a cost reimbursement payment model to a FFS model all at once?**
DDD is working on converting all services to a FFS model, but this process will take time. The first stage of the shift to FFS will include non-residential services offered by DDD. This stage will be phased in as the Supports Program is rolled out. The second stage will include all residential services. Once full implementation has occurred, all funding will be removed from contract and redirected into the fee for service model.

14. **How will vacancies be treated in the Supports Program?**
In a FFS model, vacancies are not claimable. Vacancies will be factored into the standard rate for a particular service.

15. **How will individuals be referred to my program/services?**
All participants in the Supports Program will have a Support Coordinator (SC) who will help them to identify possible service providers from which they can choose to receive their services. Individuals receiving services in the Supports Program will not be assigned to any particular program, and there will not be "program slots". In order to advertise services and garner business, providers are encouraged to share marketing tools with SCs to highlight their services and identify the locations they serve, attend or become vendors at community events, and/or advertise in their local newspaper or other publications throughout the areas they serve. Some of the most successful providers will likely get their business through "word of mouth" referrals from other individuals and families.

16. **Can a service provider be approved to provide both support coordination and other services?**
As the mandated monthly care management service for all individuals in the Supports Program, there must be a separation of Support Coordination services (case management) from direct service provision – "conflict free". Best practice dictates a

total separation of entities providing Support Coordination and direct service provision. DDD will allow a provider to offer both, but never to the same individual and only where the provider can demonstrate that a policy is in place to ensure personal choice in services and providers as well as continuity of care.

17. **How will participants be assigned a support coordinator?**
    At the time of enrollment, an individual will have an opportunity to select a Support Coordinator. If the individual has indicated a preference, the Division will determine whether the agency has capacity and is conflict free. Provided that this criteria has been met, the individual will be assigned to their preferred agency. If the individual has not indicated a preference, the selected agency has no capacity at the time of assignment, or the agency does not meet the conflict free requirements for this particular individual, another agency will be electronically "auto-assigned".

18. **How many people will require support coordination in the Supports Program?**
    Every participant enrolled in the Supports Program will have a support coordinator. Currently, we expect 15,000 people who are already receiving services from the Division to require Support Coordination in our initial roll out of the Supports Program. In addition, we expect between 600 to 1,200 incoming individuals who have exhausted their educational entitlements to receive Support Coordination annually. Eventually, it is anticipated that every individual receiving DDD-funded services, including those on the Community Care Waiver, will be receiving Support Coordination services.

19. **What is the minimum level of service for support coordination?**
    At this time, DDD has not established a minimum level of service for support coordination but agencies must serve at least one county.

20. **What is the difference between Support Coordination and Supports Brokerage?**
    Service descriptions for both Support Coordination and Support Brokerage can be found in the Supports Program Services and Qualifications document on the DDD Supports Program website.

21. **Will additional IT systems software be required?**
    A centralized system hosted by the Division to store the Service Plan and supporting documents will be accessible through the internet. Providers will need to have access to productivity software, such as Microsoft Word and Excel, to generate the necessary supplementary tools. Providers should consider a billing software solution with the ability to interface with Medicaid's fiscal agent (Molina) for electronic claims submission. In addition, the billing software should be able to provide reports required by DDD for quality assurance and program oversight. DDD cannot endorse any particular software solution.

22. **What role will DDD play in this new structure?**
    DDD will continue to have a significant role in supporting provider agencies and ensuring quality services and supports for individuals with developmental disabilities. In addition to Service Plan approval and services authorization, DDD staff will provide extensive quality assurance and ongoing technical assistance to providers.

23. **What can providers do <u>now</u> to prepare for the Supports Program?**
    There are several actions that providers can take right now in order to prepare for the Supports Program. These actions include but are not limited to the following:

    - Apply for a National Provider Identification (NPI) number.
    - Become familiar with the services offered in the Supports Program.
    - Assist individuals in becoming Medicaid eligible.
    - Assess business model (staffing, overhead, G&A, office space, vehicles, collaboration with other providers, etc.) and adapt as needed.
    - Assess fiscal model (internal service/program cost analysis, cash flow, working capital, fiscal staffing, etc.) and adapt as needed.
    - Communicate with individuals currently served regarding future service provision.
    - Develop marketing tools.
    - Investigate and procure electronic claims software that interfaces with Medicaid/Molina.
    - Arrange/Attend training provided by Medicaid/Molina.
    - Familiarize yourself with the fee-for-service system. In the new system, providers will need to pay particular attention to the management of prior authorizations, understanding billing codes, the claiming process, and documentation requirements.
    - Prepare an outline for a monthly financial reporting package for your agency.
    - Stay connected (attend provider meetings, contact with other providers and trade organizations, etc.).
    - Identify areas of your business that you will not be able to claim for and plan accordingly.

24. As additional information becomes available, what should providers do to ensure they are ready when enrollment begins?

As more information becomes available, providers will be able to continue their preparation for the Supports Program in ways that include, but are not limited to the following:

- Review provider qualifications and build internal capacity.
- Become an approved provider for the services you wish to provide.
- Become an approved Medicaid provider.
- Begin marketing services.
- Address any IT needs.
- Address any staffing gaps and training needs.
- Prepare for documentation & reporting requirements.
- Prepare for and begin to focus on quality indicators.

25. Will there be an opportunity for stakeholder input?

DDD is committed to ensuring that individuals continue to receive quality services and providers continue to receive reimbursement during this transition. This cannot occur successfully without active input from people with developmental disabilities, their families, and the provider community. To that end, there will be multiple opportunities for input and dialogue.

26. How can I get additional information and who can I contact with questions?

Information, materials, and videos of various presentations related to the Supports Program can be accessed on the Supports Program website at: http://www.state.nj.us/humanservices/ddd/programs/supportsprgm.html. Questions about the Supports Program can be emailed to DDD.SuppProgHelpDesk@dhs.state.nj.us.