

Division of Developmental Disabilities (DDD)

Supports ProgramProvider Overview

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Today's Speakers

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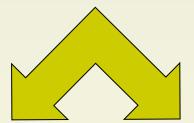
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DDD's New Vision

- Children's Services Realignment
- Transition Planning Services (16-21)
- Medicaid Services



Community Care Waiver (CCW)

Supports Program



Supports Program Background

- Major DDD initiative included in the Comprehensive Medicaid Waiver (CMW)
- CMW approved by CMS on October 1st
 - Statewide reform strategic plan for change
 - Community-based vs. institutional services
 - Allows NJ to draw down increased federal funds



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Supports Program Background

- Basic Waiver Assurances
 - Administrative Authority
 - Level of Care
 - Qualified Providers
 - Service Plan
 - Health & Welfare
 - Financial Accountability



Supports Program Highlights

- Services/supports for individuals living in their own homes or with their families
- Provides Individualized Budgets (based on assessed level of need)
 - Employment/Day services
 - Individual & family support services (\$5,000, \$10,000, \$15,000)
 - Administrative

Department of Human Services



Supports Program Highlights

SERVICE	ADMIN	SUPPORTS (only)	EMPLOYMENT/DAY (only)	вотн
Support Coordination	X			
Financial Management (FI)	X			
Support Brokerage		X		
Respite		X		
Natural Supports Training		X		
Behavioral Management		X		
Cognitive Rehabilitation		X		
Interpreter Services		X		
Occupational Therapy		X		
Physical Therapy		X		
Speech, Language & Hearing Therapy		X		
Personal Emergency Response System		X		
Assistive Technology		X		
Vehicle Modifications		X		
Environmental Modifications		X		
Day Habilitation			X	
Community Inclusion Services				X
Community-Based Supports				X
Prevocational Services				X
Supported Employment - Individual				X
Supported Employment – Small Group				X
Career Planning				X
Transportation				X
Goods & Services		DHS/DDD		X

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Supports Program Benefits

CURRENT

- State-Only Funding
- Contract Reimbursement
- Limited Service Options
- Limited Support Budgets
- Limited Flexibility
- Slots/Referrals
- Waiting Lists

THE SUPPORTS PROGRAM

- Federal Match Medicaid Eligible
- □ Fee-For-Service
- Expanded Service Options
- Expanded Support Budgets
- Increased Flexibility
- Individual Choice
- Access to Services



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Supports Program Benefits

CURRENT

- Multiple Assessments
- Multiple Service Plans
- Inconsistent Policies
- Multiple Rates
- Case Manager

THE SUPPORTS PROGRAM

- Single Assessment Tool
- Single Service Plan
- Consistent Policies
- Consistent Rates
- Support Coordinator & Waiver Assurance Coordinator (WAC)



Supports Program Eligibility

- 21 years old & completed educational entitlement
- DDD eligible
 - Resident of New Jersey
 - Functional criteria DD
- Medicaid eligibility (continually maintained)
- Live in an unlicensed setting
- Cannot be enrolled on both CCW & SP



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Enrollment Process

Determination of Eligibility

Completed Assessment

Assigned Budget Level

Signed Participation Agreement



Accessing Services

- Assigned a Support Coordinator (SC)
- Develop Individualized Service Plan (ISP)
 - Based on person-centered planning process
 - Written by SC
 - Services must be based on assessed needs
- Waiver Assurance Coordinator approves the ISP and authorizes services
- Provider Selection and Delivery of Services



Services - Available

- Assistive Technology
- Behavioral Management
- Career Planning
- CognitiveRehabilitation
- Community BasedSupports
- Community Inclusion Services
- Day Habilitation
- Environmental Modifications

- Financial
 - Management Services (FI)
- Goods & Services
- Interpreter Services
- Natural SupportsTraining
- Occupational Therapy
- Personal Emergency Response System
- Physical Therapy
- Prevocational Training

Respite

- Speech, Language and Hearing Therapy
- Support Coordination
- SupportedEmployment –Individual
- SupportedEmployment SmallGroup
- Supports Brokerage
- Transportation
- Vehicle Modifications

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Services – Highlights

- Expanded employment service options
- Focus on "Employment First"
 - Raises expectations
 - Presumes that all people with disabilities can and should work in their communities
 - Benefits & day services supplement employment



Employment Services

- Supported Employment Individual
- Supported Employment Small Group
- Career Planning
- Prevocational Training



Other Services - Highlights

- Day Habilitation
- Community Based Supports
- Community Inclusion
- Goods & Services
- Transportation
- Fiscal Intermediary



Provider Qualifications

- Providers will need to meet qualifications and be approved to provide each service they plan to offer
- Qualifications include but are not limited to meeting standards/regulations, staff training, licensing/certification, education & experience
- Provider/stakeholder input needed 12/5



Approved Providers

- All providers must meet the qualifications for each service as defined by DDD
- Providers must also be approved Medicaid providers with the following exceptions:
 - "Non-Traditional" providers (YMCA, DCA Licensed Employment Agencies, etc.),
 - "Self-Hires"
 - Certain services (environmental modifications, vehicle modifications, etc.)



Fee For Service (FFS)

- FFS is a complete transformation of DDD's current contracting and payment model (cost reimbursement)
- Contract shift:
 - <u>Current</u> contract between DDD and Provider for "slots" or level of service
 - <u>Future</u> agreement between Provider and Medicaid to be paid for services authorized and delivered with DDD providing quality assurance and oversight



Fee for Service (FFS)

- Payment shift:
 - <u>Current</u> payment during last week of the month for anticipated upcoming month of service, cost reconciliation after
 - Future service authorized, service delivered, service claimed, claim paid at a standard, statewide rate (eliminates the vacancy issue)

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Fee for Service – Rate Study

- National rate setting firm
- Uniform rates will be established across the Department
- Will include the following:
 - Provider workgroup
 - Multiple opportunities for provider input
 - A readiness study of both the Division and the provider community
 - Assistance with implementation tools, training, formal guidance



Medicaid Claims Processing

- For claims to be processed by Medicaid (through Molina):
 - Claim must be submitted by an approved Medicaid provider
 - The participant must be Medicaid eligible
 - The participant must be enrolled in the Supports Program
 - The authorized service must be identified within the approved ISP
 - A prior authorization must be in place for the specific service to be delivered and claimed
 - Eligible and authorized services will be paid at a statewide, standard rates established by a formal rate study



Medicaid Processing Timelines

- Accurate claims submitted electronically are typically processed within 7-10 business days
- In select instances, paper claims are allowed but take up to 3 times longer to process
- All payments to providers are made by electronic funds transfer (except in the case of a bank routing or account number change)

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Provider Deliverables

- Fiscal/Administrative
 - Documentation that each unit of service has been provided
 - Cost data
 - Proof of fiscal stability
- Program
 - Ongoing documentation that DDD standards/requirements are being met
 - Outcomes/progress data (linked to ISP)



Preparation – Things to Do Now

- Apply for National Provider Identification (NPI) #
- Assist individuals in becoming Medicaid eligible
- Assess business model (staffing, overhead, G&A, office space, vehicles, collaboration with other providers, training etc.) and adapt as needed
- Assess fiscal model (internal service/program cost analysis, cash flow, working capital, fiscal staffing, etc.) and adapt as needed

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Preparation – Things to Do Now

- Develop marketing tools
- Investigate electronic claims software that interfaces with Medicaid/Molina
 - <u>www.njmmis.com</u> on the left menu, go to "Approved Vendors" for billing vendors, software vendors, combined vendors
- Arrange/Attend training provided by Medicaid/Molina
- Review services to identify those that you are interested in and areas of your current business that won't be covered – and plan accordingly

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Supports Program Roll Out - Tentative

- Initial provider enrollment
 - "Traditional" providers 1/13–4/13
 - "Non-Traditional" providers 3/13–5/13
- Support Coordinator training 2/13–6/13
- Target grads Medicaid eligibility 2/1/13
- □ Fiscal Intermediary established 3/1/13
- Support Coordination begins 4/13



Supports Program Roll Out - Tentative

- □ Priority rates set 4/13
- Rates implemented 6/13
- Enrollment begins with 2013 grads 6/13
- FFS conversion begins
 - Phase 1 Employment/Day & Individual/Family Support – 6/13
 - Phase 2 Residential TBD

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Additional Info Sessions

- Support Coordination 11/27 & 12/4
- Supports Program Provider Overview-TBD
- Medicaid and Molina will provide individual or group training

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We need your input!

- Provider Qualifications (Deadline 12/5)
- Individualized Service Plan (Deadline 12/21)
- Quality Plan (Deadline TBD)
- Rate Study (Between 11/12-3/13 tentatively)
- Supports Program Policy Manual (1/13)
- Development of Provider Training, TA, &
 Related Materials (Spring 2013)

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Don't Forget!

- Information is continuously updated
 - Visit the SP page of the DDD website at <u>www.state.nj.us/humanservices/ddd/programs</u> <u>/supportsprgm.html</u>
 - Watch for updates and new information
- Deadlines for input
- Questions?

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QUESTIONS???