



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](http://www.state.nj.us/humanservices/ddd)

Jennifer Velez  
COMMISSIONER

Dawn Apgar  
Deputy Commissioner

TEL. (609) 631-2200

## The Supports Program – Frequently Asked Questions:

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**1. How do I qualify for this program?**

With the exception of individuals enrolled on the Community Care Waiver (CCW), all adult individuals 21 and older who have been determined to be functionally eligible for DDD services and who are Medicaid eligible will be able to participate in the Supports Program. Participants will be required to maintain their Medicaid eligibility while they are enrolled in the Supports Program. If, at any time, an individual becomes ineligible for Medicaid, s/he will be disenrolled from the Supports Program.

**2. Why don't individuals enrolled on the CCW qualify for the Supports Program?**

Individuals enrolled on the CCW receive the services and supports they need via the CCW and thus, do not require enrollment on the Supports Program. If an individual's needs can be better met on the Supports Program, s/he may voluntarily disenroll from the CCW and enroll on the Supports Program.

**3. Will this program have an impact on people on the CCW?**

The Supports Program will not have a direct effect upon the CCW. People receiving waiver services can only participate in one waiver at a time.

**4. Is there a waiting list for the Supports Program?**

There will be a period during the roll-out of the program in which some individuals who are interested in the program may not be able to participate. However, once statewide implementation occurs, no waiting list is anticipated.

**5. What do I need to do to enroll on the Supports Program?**

Once the roll-out begins, implementation of the Supports Program will be phased in over a series of months. Individuals will be notified as they are identified to be enrolled. While you do not need to do anything specific at this time, it is advisable to ensure that you are continuing to maintain Medicaid eligibility, as ineligibility for Medicaid will impede your ability to enroll in the Supports Program. Additionally, if you are currently receiving DDD-funded employment/day or family supports, you may also want to ensure that your current service provider is aware that this change is in process and that they know that they will need to become a DDD/Medicaid-approved provider for the Supports Program. This will help ensure that you will be able to continue to receive the services you are currently accessing as the Supports Program is rolled out.

**6. What income level do I need to maintain in order to access the Supports Program?**

In order to access and remain eligible for the Supports Program, you will need to maintain Medicaid eligibility. Please refer to the following link for a fact sheet on becoming Medicaid eligible for the Supports Program:

[http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/Medicaid\\_Fact\\_Sheet%20SP.pdf](http://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/Medicaid_Fact_Sheet%20SP.pdf).

**7. What services can I receive in the Supports Program?**

An individual's services will be determined as part of a person-centered planning process and documented in his/her individualized service plan. Services must be tied to an assessed area of need. The services available in the Supports Program include: Assistive Technology, Behavioral Management, Career Planning, Cognitive Rehabilitation Therapy, Community-Based Supports, Community Inclusion Services, Day Habilitation, Environmental Modifications, Fiscal Management Services, Goods & Services, Interpreter Services, Natural Supports Training, Occupational/Physical/Speech Therapies, Personal Emergency Response System, Prevocational Services, Respite, Support Coordination, Supported Employment – Individual, Supported Employment – Small Group, Supports Brokerage, Transportation, and Vehicle Modifications.

**8. Are residential services (i.e. group homes, supervised apartments, etc.) part of the Supports Program?**

Residential services are not covered under the Supports Program, but are covered under the CCW.

**9. How will my budget level be determined?**

All individuals in the Supports Program will be assessed and assigned an “up to” budget based on his/her assessed level of need. These levels of need are determined by the amount of support individuals require to do self-care, household and independent living activities. If the needs of individuals change after their budgets are assigned, they will be able to request a reassessment.

**10. Are the individual budgets broken down into categories?**

Each Supports Program participant will have a budget based on assessed level of need that is made up of 3 components: (1) Administrative (2) Employment/Day Services, and (3) Individual/Family Supports. The Administrative portion of a participant's budget will house only two services, Support Coordination (mandated for all participants) and the administrative cost for using a Fiscal Intermediary (based on the nature of service). The budget range for Employment/Day Services has not been determined at this time, but it is anticipated that the budgets for Individual/Family Supports will range between \$5,000- \$15,000. For a delineation of which component each service falls under, please refer to the Supports Program Budget Allocation Chart.

**11. How will my services be paid for?**

All services will be paid for via claims processed and paid by Medicaid through Molina (Medicaid's Fiscal Agent). Claims may be submitted to Medicaid either directly through Molina or through the Department's Fiscal Intermediary (FI).

**12. Will I have a DDD case manager?**

Individuals enrolled in the Supports Program will not have a DDD case manager. However, all individuals enrolled in the program will have both a Support Coordinator (SC) and a Waiver Assurance Coordinator (WAC). SCs will coordinate the planning process, draft the Service Plan, assist families in accessing the services as outlined in the Service Plan, and conduct ongoing monthly monitoring. Support Coordination is a monthly service that will be included as an administrative cost in an individual's budget, and will not impact the funds available for services. WACs are DDD employees who will approve the Service Plans, authorize the funding of services, and provide ongoing oversight of services in accordance with all applicable requirements.

**13. Will the Service Plan be drafted by the Division or the agency?**

Support Coordinators will work with individuals and their families/guardians to draft the Service Plan. The plans are all reviewed by DDD prior to implementation.

**14. Who can I get services from?**

Individuals in the Supports Program can access services from any DDD/Medicaid-approved provider who has met all qualifications identified by DDD for the specific service they are providing (including, but not limited to, fingerprinting, background check and training requirements).

**15. Are there any limitations on the services I can receive?**

Yes, there are specific service limits outlined for many of the services available in the Supports Program (i.e., limitations on the number of hours an individual can access a service, limitations on the settings in which services can be accessed, etc.). Your SC and WAC will be able to provide you with details about these limits as needed. Service limits will also be outlined in the *Participant Handbook*, which will be available for all participants in the Supports Program.

**16. How will enrollment on the Supports Program impact my Medicaid State Plan services (home health aide, etc.)?**

Individuals enrolled on the Supports Program will be able to continue to receive their Medicaid State Plan services, as long as they continue to maintain Medicaid eligibility.

**17. Will I still be able to keep the services I am currently receiving?**

You will likely be able to choose to keep the *type* of service you are receiving. In order to continue to access services from the same provider, the provider will need to become an approved provider. There are some limited exceptions to this; whereby services that individuals are currently accessing will not be available in the Supports Program, or where there will be a change in the delivery method or service limits for the service once the Supports Program is implemented. For example, individuals will not be able to receive cash to pay privately for respite or individual supports. As the program is rolled-out, your SC and WAC will be able to assist you in navigating this process and choosing among the available services.

**18. Will there be a disruption in my services?**

DDD is working to roll-out the Supports Program in a deliberate way to avoid or minimize any disruption in services.

**19. What happens if my needs change?**

The Supports Program allows flexibility to re-assess individual needs if and when they change, and make budget adjustments as needed. The need for a reassessment will be evaluated at the service plan meeting each year. Additionally, if at any time throughout the plan year, an individual's needs change, s/he can request a reassessment. If an individual is determined to have

an increased need as the result of a temporary change in their circumstances (i.e. short-term health issue of caregiver, etc.), they may be able to access a “bump up” in their budget to meet that temporary need. If the change is the result of a long-term change in circumstances, this may require an actual level reassessment. If an individual’s needs increase so significantly that s/ meets the emergency criteria outlined in regulation, s/he may be dis-enrolled from the Supports Program and enrolled on the CCW.

**20. Will being enrolled on the Supports Program impact my status on the Waiting List for the CCW?**

Individuals who enroll on the Supports Program will be able to remain on the Waiting List for the CCW.

**21. Is the Supports Program replacing what is currently known as the Family Support Program?**

All family support services will be administered through the Supports Program, along with individual supports and employment/day services. DDD’s ongoing commitment to provide family support services designed to strengthen and support families who provide care within the family home for a family member with a developmental disability remains unchanged.

**22. Does the Supports Program take the place of “Self-Directed Services” (SDS)?**

Self-direction is a service model for the delivery of services and supports for people with developmental disabilities based on the principle that individuals should have the ability to exercise choice and control over the supports that they need to live in the community. The manner in which the Supports Program will be administered is consistent with this philosophy. Individuals enrolled in the Supports Program will collaborate in a person-centered planning process to develop an individualized service plan and will be assigned an “up to” budget amount, based on their assessed level of need, which can be utilized to purchase services as identified in their plan. Individuals enrolled in the Community Care Waiver (CCW) who self-direct their services will not be impacted by the Supports Program.

**23. What if I do not want to enroll on the Supports Program? Can I still access my services?**

Once the Supports Program is implemented, all DDD-funded services for non CCW-eligible individuals will be accessed via the Supports Program. Individuals will be required to become eligible and enroll on the program if they want to receive DDD-funded services.

**24. When will the Supports Program be available?**

The State received final authorization of the Comprehensive Medicaid Waiver from the federal Centers for Medicare and Medicaid Services (CMS) on October 1, 2012. Now that this authorization is granted, the State can begin implementation of the Supports Program. This is currently expected to begin in Spring 2013.

**25. How do I get more information about the Supports Program?**

Visit the Division of Developmental Disabilities’ website for updates and additional information by going to: <http://www.state.nj.us/humanservices/ddd/home/index.html>

**26. 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.