



Support Coordination Update

April 14, 2020

Thank you!

The Division is seeing some wonderful work from Support Coordinators and their Agencies during this challenging time. Please know that we appreciate your commitment and the hard work you are doing to ensure the health, safety, and well-being of the individuals we mutually serve.

Guardianship/Decision-Making

The COVID-19 public health emergency has underscored the importance for individuals served by the Division and provider agencies to have a plan for medical and social decision-making in the event of a change in their circumstances. Sadly, the Division is seeing more cases where COVID-19 has negatively affected the primary decision-maker.

Decision-Making for Individuals with Capacity

For individuals who have capacity for decision-making and who are their own guardian, we strongly encourage the identification of an alternate decision-maker in the event the individual becomes unable to make decisions. The NJ Department of Health has a [Designation of Healthcare Representative Form](#), or proxy directive, which is a document that identifies a person to make healthcare decisions for an individual if they become unable to make those decisions themselves. This form does not need to be notarized, but does need to be completed prior to a health crisis. Please note that if an individual loses capacity, it is too late to use this form.

Decision-Making for Individuals without Capacity

For individuals with a primary caregiver who has served as their (informal) guardian or for those individuals who have a family member who is the court-appointed guardian, families are encouraged to identify additional potential decision-makers in the event the primary caregiver/guardian becomes ill or is otherwise no longer able to provide care and decision-making. While formal guardianship is established via the legal system, identification of an individual's next of kin is helpful in emergencies like the COVID-19 emergency. Support Coordinators will need to work with the individual/family to have guardianship formally appointed after the COVID-19 emergency has passed.

Decision-Making by the Division

The Division of Developmental Disabilities does **not** make decisions regarding placement or medical care for individuals. There are strict parameters for circumstances under which the Division can make a decision in a medical emergency, but such decision-making capacity does not apply to ongoing care decisions, end-of-life decisions, or decisions related to placement.

Retroactive Change Requests

Please note that March 16, 2020 is the earliest possible date that a Support Coordinator can retroactively request that units be added to a plan due to COVID-19, as that is when the Division's guidance was issued. Following are the three possible scenarios and the way Support Coordinators can handle RCRs:

- 1. Individual was already enrolled with PPL and increasing hours for an SDE that was already in the plan:**
SC can submit an RCR to increase the hours retroactive to the actual date the SDE began providing the additional hours – with the first possible date being March 16.
- 2. Individual was already enrolled with PPL and adding a brand new SDE (SDE not already in the plan):**
SC can submit an RCR to add the service as of the date of the email from PPL identifying the billable rate for the new SDE. (Billable rate email is the indicator that PPL has received either temporary DHS clearance or current fingerprinting results.)
- 3. Individual was not enrolled with PPL (no Employer of Record in place):**
Same as #2. The date of the PPL billable rate email is the first date that any retroactive service can be added.

Support Coordinators as “Essential Employees”

Identification of employees as essential is only required during a travel restriction. At this time, per the [State of NJ Office of Emergency Management](#), the COVID-19 emergency does not include a travel restriction. Because Support Coordination services are necessary for the health and safety of the individuals served, the Division has put flexibilities in place that temporarily allow Support Coordinators to continue their work remotely so they can comply with the Governor's COVID-19 stay-at-home order.

Face-to-Face Contact Requirements

As you know, Support Coordinators continue to be required to make monthly contact with all individuals served – although the Division has put flexibilities in place that temporarily allow contacts to be conducted via videoconferencing or telephone.

At this time, the Division is seeking flexibility from the federal Centers for Medicare and Medicaid Services (CMS) that would enable remote contact via videoconferencing to take the place of required in-person contact. Until notified otherwise by the Division, Support Coordination Supervisors should continue to push required in-person contacts forward.

Requirements Regarding Ensuring Health and Safety

As outlined in the waiver manual, Support Coordination does not end with the required monthly contacts. The Division expects that Support Coordination services will continue beyond required contacts to ensure the health and safety of the individual. Issues identified or known should have appropriate interventions and related documentation completed.

Incident Reporting

The Division issued guidance on March 30 regarding the completion of Incident Reports (IR) beyond usual reporting requirements and specific to COVID-19. The reporting requirements apply to individuals living with residential providers as well as those living with families or in other community settings. While

residential providers should take the lead on reporting issues that occur in a provider-managed residence, Support Coordinators are required to report issues for individuals for whom the incident may not have been reported by another entity, **which is especially true for individuals living with their families**. If a Support Coordinator is unsure whether an incident report has been submitted, **they must submit one**. Because some of the requirements may be new to Support Coordination Agencies, it is important to review the [COVID-19 Incident Reporting](#) guidelines, which are summarized below.

Report any of the following as a Medical event (communicable disease):

- An individual receiving DHS services has symptoms of, is undergoing testing for, or is confirmed positive for Coronavirus Disease 2019 (COVID-19).
- The family member of an individual receiving DHS services was in contact with the individual in the past 14 days, and the family member is confirmed positive for COVID-19.
- An agency employee was in direct contact with an individual receiving services from DHS in the past 14 days, and the employee is confirmed positive for COVID-19.
- The family member of an agency employee was in contact with the employee in the past 14 days, and the employee's family member is confirmed positive for COVID-19.

Additionally, the following must be reported within the same business day of the occurrence:

- Medical – Communicable disease: especially in the event of a suspected/confirmed COVID-19 diagnosis. Follow-up information should be provided as soon as new information is obtained.
- Unplanned Hospitalizations – Medical: should be reported as soon as practicable; discharge date and diagnosis should be submitted as soon as possible.
- All allegations/incidents involving abuse and neglect.
- Operational incidents related to COVID-19 involving program closure, emergency relocation, shelter in place, or COOP (DMHAS). Important: Operational closures related to the emergency closure of all DDD day programs does not have to be reported as an Operational incident.

All other incidents currently required to be reported should be reported as soon as practical. All guardians must be notified for all involved individuals when an incident impacts the health, safety or well-being of those individuals.

Special Considerations for Individuals with I/DD

There are special considerations that should be taken into account when planning for the needs of adults with intellectual/developmental disabilities during a public health emergency like COVID-19. Below are some issues that may become more complex, and which Support Coordinators may be in a position to discuss with individuals and families.

Adults with developmental disabilities:

- May often require "hands-on" assistance and services from others, such as personal care, transportation, etc.
- May be in other high-risk groups, such as older adults, or those with additional health issues.
- May have difficulty in following handwashing, social distancing, and other precautions.
- May have behavioral changes due to changes in routine, boredom, changes in provider staffing, lack of usual supports, reduced contact with loved ones.
- Inability to participate in screening or testing procedures.
- Language/verbal limitations which may prevent communication of symptoms.

DDD Weekly COVID-19 Update Webinars

On Thursday April 9, the Division held the first of what is planned to be a weekly COVID-19 update webinar. In case you missed it, the webinar slides and recording, as well as the new guidance documents referenced in the webinar, are available on the [NJ Department of Human Services Coronavirus Information](#) page and below:

[DDD Weekly COVID-19 Update \(Webinar Slides\)](#)

[DDD Weekly COVID-19 Update \(Webinar Recording\)](#)

[COVID-19 Temporary Service Modifications](#)

[COVID-19 Temporary Provider Funding](#)

Resources Reminder

The Division of Developmental Disabilities is open and staff are working remotely. Additionally, on-call staff are working 24 hours a day. As a reminder, the following resources are available:

- ✓ DDD Support Coordination Helpdesk: DDD.SCHelpdesk@dhs.nj.gov
- ✓ DDD COVID-19 Helpdesk: DDD.COVID-19@dhs.nj.gov
- ✓ The NJ Poison Control Center and 211 have partnered with the State to provide information to the public on COVID-19:
Call: [2-1-1](tel:2-1-1) | Call (24/7): [1-800-962-1253](tel:1-800-962-1253)
Text: NJCOVID to 898-211
Visit nj.gov/health or covid19.nj.gov

FAQs from Support Coordinators

Will parents/guardians hired as self-directed employees (SDEs) during the COVID-19 emergency be able to continue as SDEs after the emergency has passed?

At this time, the temporary lifting of the restriction on a parent, guardian or spouse becoming an SDE for their loved one is limited to the duration of the COVID-19 health crisis.

Does DDD foresee any slowdowns of NJCAT reassessments, SCA assignments or service reviews due to COVID-19?

The Division is open and operational, with staff working remotely.

- Assignments of individuals to Support Coordination Agencies (SCAs) are occurring as usual.
- Released SCAs are approving the ISPs for their agencies as usual, and Division staff are approving ISPs and responding to communications for unreleased SCAs.
- Requests that require Division review are being processed as usual, and we are monitoring turnaround timeframes and will make adjustments if needed.
- Completion of NJCATs for new referrals continues as usual, although DDD staff are conducting remotely rather than in-person. Individuals can still request and receive an NJCAT reassessment, but the reassessments conducted every five years have been temporarily suspended.

How should Support Coordinators document monthly monitoring by telephone in iRecord?

Support Coordinators should document the method used to conduct monthly monitoring in the Monthly Monitoring Tool and in iRecord using the COVID note type.

Can a parent who works for a provider agency switch to become an SDE for their loved one?

Yes, per the Division's temporary lifting of the restriction on parents becoming SDEs for their loved one.