



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

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Jennifer Velez
COMMISSIONER

Dawn Apgar
Deputy Commissioner

TEL. (609) 631-2200

November 27, 2012

Dear Stakeholder:

As you are likely aware, the Division of Developmental Disabilities (Division) has been working to develop one uniform Service Plan in order to streamline the planning process and comply with the assurances included in the Comprehensive Medicaid Waiver (CMW). The Division is actively seeking stakeholder input as we move toward finalizing the Service Plan. To that end, drafts of the Service Plan and the mandatory discovery tool – the Person-Centered Planning Tool (PCPT) – are available for your review and comment.

The PCPT will be completed by the team as part of a person-centered planning process and will ultimately guide the information and services included in the Service Plan. An individual's Support Coordinator will be responsible for leading this process and drafting the actual Service Plan. The Service Plan must address all critical information, satisfy all Medicaid requirements, and provide a mechanism for authorizing services. All service providers identified in the Service Plan will be given access to the Service Plan. Division staff will approve all Service Plans and act in an ongoing quality assurance role.

Additional information regarding the roll-out and implementation of the Service Plan, as well as a schedule for training, is forthcoming. In the meantime, please provide comments and feedback regarding the Service Plan and/or the PCPT to DDD.SuppProgHelpDesk@dhs.state.nj.us by December 21, 2012.

Sincerely,

A handwritten signature in black ink that reads "Dawn Apgar". The signature is written in a cursive, flowing style.

Dawn Apgar, PhD, LSW, ACSW
Deputy Commissioner

New Jersey Division of Developmental Disabilities
Individualized Service Plan

A. COVER SHEET

Demographics -

DDD Id:
DOB:
Gender:
Language:
Region:
County:
Status: Eligible/Not Eligible for DDD Services
Waiver Program:
Waiver Status: Enrolled
Waiver Enrollment Date:
Waiver List Date:
Service Plan Date:
Name:
Support Coordinator:
Waiver Assurance Coordinator (WAC):

Program Information -

Permanent Program:
Placement Date:
Phone #:
Permanent Address:
Current Program:
Placement Date:
Phone #:
Current Address:
Employment/Day Program:
Start Date:
Phone #:
Address:

Insurance Information -

Insurance Type:
Policy Name:
Policy Number:
Update Date:

Healthcare Contact Information -

ASO Name:
ASO Care Manager:
Contact #:
MCO Name:
MCO Care Manager:
Contact #:

Emergency / Contact Information -

Name:
Type:
Address:
Phone #:
Guardian:

Assets and Benefits -

Asset or Benefit:
Type:
Amount:
Effective Date:
End Date:

Guardianship Information -

B. Personally Defined Outcomes & Services (Outcome #1 of ____)

Participant Name:				Plan Date:					
Personally Defined Outcome:									
A. Planning Goal B. Measure of Completion	Procedure Code	Service Name	Reference Assessment Tool (1)	Units (2)	Rate	Frequency (3)	Duration (4)	Provider	Payment Source (5)
A.									
B.									
A.									
B.									
A.									
B.									

***Reference Assessment Tool (1):**

- 1. PCPT
- 2. DDD Assessment Tool
- 3. Other
- 4. Other

Units (2):

- 15 min
- 30 min
- 60 min
- Daily

Frequency (3):

- Daily
- Weekly
- Biweekly
- Monthly
- Quarterly
- Annually
- Other:

Duration (4):

- 30 days
- 60 days
- 90 days
- 180 days
- 1 year
- Other:

Payment Source (5):

- Medicaid State Plan - MCO
- Medicaid State Plan - ASO
- Supports Program
- CCW
- Private Insurance
- Medicare
- DVRS
- Other:

**This key is an example only; information will change as the service units, rates, etc., become more defined.*

B. Personally Defined Outcomes & Services (Outcome #2 of _____)

Participant Name:					Plan Date:				
Personally Defined Outcome:									
A. Planning Goal B. Measure of Completion	Procedure Code	Service Description	Reference Assessment Tool (1)	Units (2)	Rates	Frequency (3)	Duration (4)	Provider	Payment Source (5)
A.									
B.									
A.									
B.									
A.									
B.									

***Reference Assessment Tool (1):**

- 1. PCPT
- 2. DDD Assessment Tool
- 3. Other
- 4. Other

Units (2):

- 15 min
- 30 min
- 60 min
- Daily

Frequency (3):

- Daily
- Weekly
- Biweekly
- Monthly
- Quarterly
- Annually
- Other:

Duration (4):

- 30 days
- 60 days
- 90 days
- 180 days
- 1 year
- Other:

Payment Source (5):

- Medicaid State Plan - MCO
- Medicaid State Plan - ASO
- Supports Program
- CCW
- Private Insurance
- Medicare
- DVRS
- Other:

**This key is an example only; information will change as the service units, rates, etc., become more defined.*

C. Employment First Implementation Please note that New Jersey is an Employment First State, meaning that: “*Competitive employment in the general workforce is the first and preferred post education outcome for people with any type of disability.*” In conjunction with this policy, at least one outcome in Section B must be related to employment, the pursuit of employment, or the exploration of employment. This outcome should be developed utilizing the **Pathways to Employment** section of the PCPT.

Documentation of Compliance with Employment First Policy:

Please provide the individual’s current employment status:

- The individual is currently in a job.
- The individual is unemployed or underemployed and is pursuing employment.
- The individual is not pursuing employment at this time.

Please document why employment is not currently being pursued and what needs to change to pursue employment?

D. Health & Safety Information

1. What level of behavioral monitoring and support is necessary to reduce the risk of harm to self/others (regardless of the person’s living environment)?

	<u>None</u>	<u>Periodic Visual Checks</u>	<u>Within Constant Eyesight</u>	<u>Within Constant Eyesight AND Physically Near</u>
Inside the Home	0	1	2	3
When Using the Bathroom	0	1	2	3
Sitting Outside Home	0	1	2	3
Crossing a Street with Traffic	0	1	2	3
Inside a Store or Restaurant	0	1	2	3
Around Other People’s Possessions	0	1	2	3
With Strangers	0	1	2	3
With Small Children	0	1	2	3
With People of the <u>Opposite</u> Sex	0	1	2	3
With People of the <u>Same</u> Sex	0	1	2	3
When Sleeping	0	1	2	3
In Group Leisure Activities	0	1	2	3
Other _____	0	1	2	3

2. Does the person self-medicate? YES NO

If NO, please describe assistance needed and method of administering medication _____.

Individualized Service Plan

- 3. Please identify any other important health and safety information that caregivers/providers need to know to keep the person healthy and safe. This may include information related to allergies critical medications, special dietary needs, necessary adaptive equipment, physical/mental health or behavioral issues, or others.

Check here if no additional health or safety information needs to be shared.

E. Religious/Cultural Information

- 1. Are there any Religious or Cultural preferences that you would like to share with you caregiver/provider? YES NO
If yes, please describe:

- 2. Are there any Religious or Cultural restrictions that you would like share with your caregiver/provider? YES NO
If yes, please describe:

F. Emergency Back-Up Plan

The Emergency Back-Up Plan is only required to be completed if the Team deems necessary. The Emergency Back-up Plan must identify specific arrangements necessary to maintain the health and safety of an individual in the event of a breakdown in the routine plan of care. In the event of a life-threatening emergency, call 911.

- Check here if the individual lives in an agency-managed setting with 24-hour access to staff assistance.
- Check here if the individual uses PERS (Personal Emergency Response System).

If your Caregiver/Provider does not arrive and you need assistance, call:			
Family Member:		Alternate Caregiver/Provider:	
Friend:		Support Coordinator:	
Neighbor:		Waiver Assurance Coordinator (WAC):	
Home Care Agency:		Other:	
Other Important Numbers:			
Doctor:		Transportation:	
Preferred Hospital:		Human Services Helpline:	#211
Police:		Emergency Response Registration Website:	www.registerready.nj.gov
Fire:			
Other:			
To report abuse and/or neglect:			
DDD Abuse Hotline:	1-800-832-9173		
Adult Protective Services:	1-800-792-8820		
Special Instructions: Please describe any equipment, environmental factors, service animals, medication, emergency preparedness or other supports that - if not available - would threaten health and safety: _____ _____			

G. Authorizations & Signatures

Team Members Present/Participating in developing the Individualized Service Plan:

Role	Name	Phone/email	Agency/Region
Individual			
Family/Friends			
Support Coordinator			
Waiver Assurance Coordinator (WAC)			
Support Broker (If Applicable)			
Other			

Approval of Services Certification:

- I agree with this Service Plan
- I had the freedom to choose the services in this Service Plan.
- I had the freedom to choose the providers of my services based on available providers.
- I helped develop this Service Plan.
- I am aware of my rights & responsibilities as a participant of this program.

Signature _____ / / _____
 Individual / Guardian / Legal Representative Date

Signature _____ / / _____
 Support Coordinator Date

Plan Authorization:

I authorize the services and supports in this plan for the period of _____ to _____.

Waiver Assurance Coordinator (WAC) Signature _____ / / _____

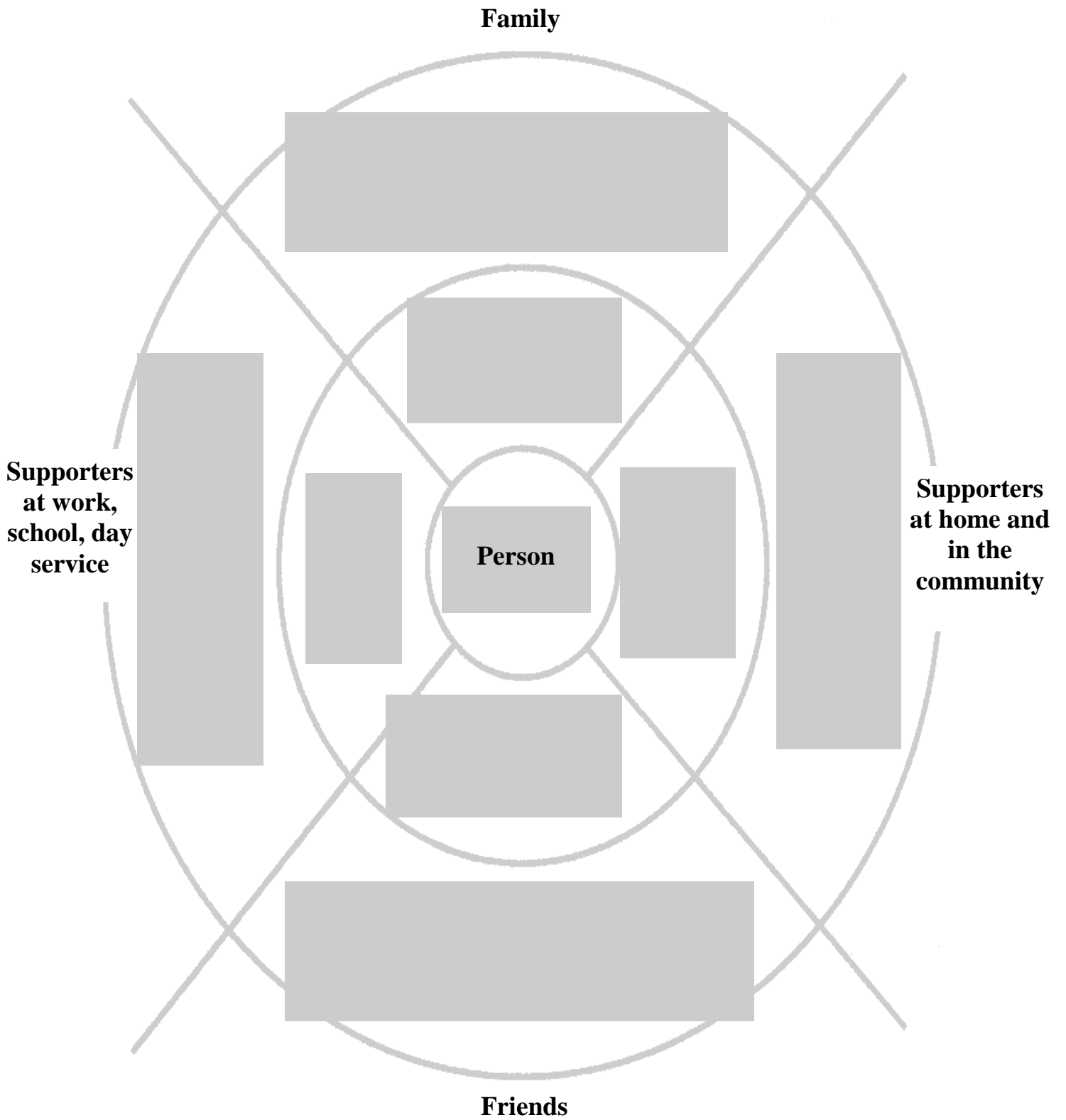
New Jersey Division of Developmental Disabilities
Person-Centered Planning Tool

Person-Centered Planning Tool (PCPT)

The Person-Centered Planning Tool (PCPT) is a mandatory discovery tool used to guide the person centered planning process and to assist in the development of an individual's Service Plan.

Role	Name	Phone/email	Agency/Region
Individual			
Family/Friends			
Support Coordinator			
Waiver Assurance Coordinator (WAC)			
Support Broker (If applicable)			
Other			
Other			
Other			

DRAFT



Great things about the person This section reflects the positive qualities of a person.
•
•
•
•

What is important to the person? This section describes what is important to the person, including: routines, relationships, places to go, things to do, etc.
•
•
•
•

What others need to do to support the person? This section describes what others need to know and do to support this person at home, work or in the community. Be specific.
•
•
•
•

What are the characteristics of the people who support the person best?

This section includes personality characteristics that the person would like to see present in the individuals that support him/her.

•
•
•

What do caregivers/providers need to know about how the person communicates?

This sections captures information about how the person communicates: What language does the person speak? Does the person read/write? This section also includes information about how the person communicates non-verbally, including how the person lets others know if s/he is happy, sad, excited, angry, disagrees, understands, or wants to go somewhere. Does this person use gestures or signs?

•
•
•

What do we still need to figure out?

This section captures additional information about the person's long-term hopes and dreams.

•
•
•

**Pathway to Employment: Use the tool below to assist
in developing employment-related outcomes for the person’s Service Plan**

Path 1: Already Employed	
<u>Questions</u>	<u>Check, if “Yes”</u>
1) Are you making enough money to meet your living expenses?	<input type="checkbox"/>
2) Are you working the amount of hours you want to work during the week?	<input type="checkbox"/>
3) Are you happy / satisfied with the job you have?	<input type="checkbox"/>
4) Do you want to stay where you are working now?	<input type="checkbox"/>
5) Do you get the opportunity to try all the different jobs/tasks you’d like at work?	<input type="checkbox"/>
6) Are you happy with the employment services you’ve been getting/SE provider?	<input type="checkbox"/>
7) Are you happy with your job coach?	<input type="checkbox"/>
Are all of the answers “YES”?	<input type="checkbox"/>
<p>If all answers are “YES” –</p> <p>Identify areas in which the employee needs support, must improve due to supervisor feedback, wants to improve, etc. and indicate on the Intervention Plan & Service Log if the individual is receiving employment services. Include these outcomes and any services that are needed to accomplish these outcomes in “Section B: Personally Defined Outcomes” of the Service Plan.</p>	
<p>If any answers are “NO” (i.e. you may be underemployed or unsatisfied with your job) --</p> <p>Identify outcomes related to getting an increase in salary, additional hours, another position/job that will increase the employee’s satisfaction level, etc. and indicate on the Intervention Plan & Service Log if the individual is receiving employment services. Include these outcomes and any services that are needed to accomplish these outcomes in “Section B: Personally Defined Outcomes” of the Service Plan.</p> <p>Activities you may consider to increase job satisfaction include, but are not limited to:</p> <ul style="list-style-type: none"> • Speak with your employer about increasing your hours/salary or about trying other job duties within the company • Seek alternative employment (part-time or full-time) • Consider exploring employment options through Career Planning services • Utilize suggested activities listed under “Path 2.” 	
<p>Additional Notes -</p>	

Path 2: Unemployed & Wants to Work or Has Paid/Unpaid Experiences/Training (i.e., internships, volunteering, prevocational training, sheltered workshop, career planning, job try-outs/sampling, etc.)	
Questions	Check, if "Yes"
1) Do you know what kind of job you want?	<input type="checkbox"/>
2) Have you applied for any jobs?	<input type="checkbox"/>
3) Do you have a resume?	<input type="checkbox"/>
Are all of the answers "YES"?	<input type="checkbox"/>
If all answers are "YES" –	
1) Do you have the necessary skillset to perform the job you want?	<input type="checkbox"/>
<p>If the individual has the skillset to perform the job - Activities you may consider to pursue employment include but are not limited to the following:</p> <ul style="list-style-type: none"> • Network with friends, family, neighbors, and other contacts to seek out job opportunities in the field of interest • Utilize the One-Stop Career Center to assist in finding a job • Pre-placement services through the Division of Vocational Rehabilitation Services (DVRS) • If DVRS pre-placement services are not available, use DDD Supported Employment services to assist the individual in finding a job 	
<p>If the individual does not have the skillset to perform the job – Activities you may consider to build skills related to employment include but are not limited to the following:</p> <ul style="list-style-type: none"> • Explore the opportunity to receive financial assistance from DVRS for college courses, training, education in the field of interest • Take classes to gain skills, education, training in the field of interest • Utilize Prevocational Training services 	
If any answers are "NO" –	
1) Have you gone to the Division of Vocational Rehabilitation Services (DVRS) to see if you are eligible for their services and if they can help you get a job?	<input type="checkbox"/>
2) Have you gone to the One-Stop Career Center to see how they can help you write a resume, build skills, network and meet with other unemployed people, etc.?	<input type="checkbox"/>
3) Have you had a situational (community-based vocational) assessment or job sampling?	<input type="checkbox"/>
<p>If all answers are "Yes" - Activities you may consider to assist you in exploring employment options include but are not limited to the following:</p> <ul style="list-style-type: none"> • Situational assessments (or vocational evaluations) and/or pre-placement services through DVRS • If DVRS services are not available, use DDD Career Planning, Supported Employment, or Prevocational Training services • Utilize the One-Stop Career Center to access assistance in identifying a career path 	
<p>If any answers are "No" –</p> <ul style="list-style-type: none"> • Contact your local DVRS office and set up a meeting to determine eligibility for services • Visit your One-Stop Career Center to learn about the services they have to offer and access those services that apply • Discuss getting a situational assessment through DVRS or (if unavailable from DVRS) through DDD Supported Employment services 	

Path 3: Unemployed & Has No Exposure to Paid/Unpaid Experiences/Training	
<u>Questions</u>	<u>Check, if "Yes"</u>
1) Do you want to learn a new skill?	<input type="checkbox"/>
2) Have you thought about something you are really good at and how that could become a job for you?	<input type="checkbox"/>
3) Have you thought about what needs to be done to help you consider employment?	<input type="checkbox"/>
4) Have you thought of how your life might change if you had money for what you wanted?	<input type="checkbox"/>
5) Have you thought of how your life might change if you were more involved in the community?	<input type="checkbox"/>
6) Would you like to get paid to do what you spend your spare time doing already?	<input type="checkbox"/>
7) Have you taken work-related training, education or classes?	<input type="checkbox"/>
8) Have you had job experiences in school or as an adult?	<input type="checkbox"/>
Are all of the answers "YES"?	<input type="checkbox"/>
If all answers are "YES"	
<ul style="list-style-type: none"> • What needs to change in order for you to consider finding a job in your future? • Why do you feel that work is not an option at this time? • What is your greatest fear when you think about working? • Are you aware of the services and supports that are available to help you find and keep a job? • Are you aware of ways that you can maintain benefits while working? 	
If any answers are "NO"	
<ul style="list-style-type: none"> • Continue thinking about the possibility of going to DVRS for employment services and supports • Consider exploring employment options through Career Planning services • Consider building skills or gaining work-related experiences through volunteer work by using Prevocational Training services • Consider spending time learning more about employment/work through job touring, job shadowing, job clubs, and/or job sampling • Consider watching videos, reading books, exploring the Internet for information about various jobs/careers • Seek benefits counseling/planning through providers of this service, Supported Employment providers that offer benefits counseling services, the Social Security Administration, or other entities with expertise in this area. • Use www.njdb101.org to assist in calculating your benefits • Determine whether WorkAbility (NJ's Medicaid buy-in program) is an option for you by DDS at 888-285-3036 or visiting www.state.nj.us/humanservices/dds/projects/discoverability 	
Additional Notes -	

Potential Funding Sources:

Use the below to assist in identifying resources for the person.

Potential Funding/Resources for Employment Services and Supports		
<u>Source</u>	<u>Was Pursued?</u>	<u>Result</u>
Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI)	<input type="checkbox"/>	
Ticket to Work Program	<input type="checkbox"/>	
Workforce Investment Act (WIA)	<input type="checkbox"/>	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	
Social Security Work Incentives – PASS, IRWE, other SSA Initiatives	<input type="checkbox"/>	
Personal or Family Funds	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
What other funding/resources are available for services and supports?		
<u>Source</u>	<u>Was Pursued?</u>	<u>Result</u>
New Jersey Medicaid State Plan	<input type="checkbox"/>	
Medicare Coverage	<input type="checkbox"/>	
Private Insurance/Coverage	<input type="checkbox"/>	
Personal Care Assistance (PCA)	<input type="checkbox"/>	
Personal Preference Program	<input type="checkbox"/>	
Personal Assistance Service Program	<input type="checkbox"/>	
Educational Entitlement	<input type="checkbox"/>	
Food Stamp Program	<input type="checkbox"/>	
Federal/State Housing Assistance	<input type="checkbox"/>	
Advocacy Services	<input type="checkbox"/>	
Special Transportation Services	<input type="checkbox"/>	
Senior/Aging Support Services	<input type="checkbox"/>	
Personal, Special Needs Trust or Family Funds	<input type="checkbox"/>	
Home Energy Assistance (HEA & LIHEAP)	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	