

# The New Jersey Division of Developmental Disabilities



## **FEE FOR SERVICE: INFORMATION FOR SERVICE PROVIDERS**

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# FFS: The Three Minute Version

- **Key Fact #1:** People who are currently happy with what they have – with some small exceptions – will be able to continue to receive exactly what they have today.
  - There will be a change in case management
  - If living in a funded residential “placement”, there will be additional documents to sign
  - If utilizing self-directed employees (SDEs), there will be a new Fiscal Intermediary and a new model of service provision
  - If previously utilizing Division budget for services that cannot be reimbursed by federal Medicaid (*i.e. personal training, clothing, etc.*), individuals will have to choose alternate services

# FFS: The Three Minute Version



- **Key Fact #2:** People who are currently not happy with what they have will be able to change services and/or service providers.
  - The new system allows for greater “mixing” of services in a given day/week/month
  - The new system will bring in new providers, allowing individuals greater choice
  - The new system has additional services, so individuals will be able to choose services that were previously not available

# FFS: The Three Minute Version



- **Key Fact #3:** The Division, support coordinators and service providers will guide individuals & their families through this process.
  - The Division will provide technical support and assistance to service providers and support coordinators
  - Support coordinators will assist with the development of the new Service Plan, including the individual's present residential provider (if they have one) in the planning process as well as identifying new services and providers that may be needed
  - Service providers will ensure that the support coordinator is told what services they currently provide so that pre-authorizations are correct (CCW Fee-for-Service Worksheet)

**CCW Shift to Fee-for-Service Services Worksheet**

Individual Name: \_\_\_\_\_ DDD ID#: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Provider Contact: \_\_\_\_\_  
 Contact phone#: \_\_\_\_\_  
 Contact email: \_\_\_\_\_

What services does the individual currently receive from your agency?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How do these services translate to the Fee-for-Service System? Please check boxes from this common list of CCW services and complete information about units.

<u>Applicable Services</u>	<u>Units per Week</u>	<u>Dates Program is Closed</u>	<u>Anticipated Start Date</u>
<input type="checkbox"/> Individual Supports (daily rate)*			
<input type="checkbox"/> Individual Supports (hourly rate)*			
<input type="checkbox"/> Behavioral Supports			
<input type="checkbox"/> Career Planning			
<input type="checkbox"/> Day Habilitation			
<input type="checkbox"/> Prevocational Training			
<input type="checkbox"/> Respite			
<input type="checkbox"/> Supported Employment			
<input type="checkbox"/> Transportation			

*\*Review pages 107 and 108 of the CCW Policies & Procedures Manual for distinctions between using the daily rate vs. the hourly rate for Individual Supports.*

Please list any other services currently provided (Assistive Technology, Community Transition Services, Environmental Modifications, Occupational Therapy, PERS, Physical Therapy, Speech, Language, & Hearing Therapy, Vehicle Modifications):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*Support Coordinators** – please keep in mind that moving to a Fee-for-Service system provides opportunities for individuals to access services that are new to the CCW, utilize new providers, and mix & match services in a way that was previously very difficult to do. Once this initial shift is complete, the planning process should include discussions about these opportunities.

# FFS Fast Facts



- The Division is moving all individuals it serves into FFS over the next year
- Service Providers
  - Division is verifying that service providers are approved by Medicaid and the Division to provide needed services
  - Division is verifying with service providers that they are ready to bill Medicaid (Molina) for needed services
- Individuals
  - Division is verifying that individuals are eligible for services, have active Medicaid and a current NJCAT



# Medicaid Based, Fee-for-Service



- **Medicaid Based**
  - Individuals need to have active Medicaid
  - Service Providers need to be approved by Medicaid
  - Service Providers, including SCAs, bill directly to Medicaid
  - Services are pre-authorized through the individual's service plan
- **Fee-for-Service (FFS)**
  - Utilizes standardized rates
  - Services are purchased individually rather than in a bundle
  - Service delivery shifts to smaller units

# Tiers



- Assigned through the New Jersey Comprehensive Assessment Tool (NJCAT)
- Individuals are assigned one of 10 tiers based on NJCAT
  - A, B, C, D or E
  - A tier could have an acuity factor assigned to it when certain medical/behavioral supports are needed (Aa, Ba, Ca, Da or Ea)



# Individual Budgets



- An individual's budget has three components (for individuals on the Community Care Waiver):
  - Employment/Day Services
    - ✦ An individual can access additional Supported Employment Services as needed
  - Individual/Family Supports
  - Individual Supports (residential or in-home)
    - ✦ This support type is not available in the Supports Program

# Outreach



- Once a service provider and individual are screened
  - Letter sent to individual, or their guardian, informing them that conversion process is starting and that they need to select (or choose to be auto-assigned) a Support Coordination Agency (SCA)
    - ✦ Current Division case manager is copied on correspondence
  - **Webinar opportunity** provided to
    - ✦ Individual, families and guardians
    - ✦ Service Provider
    - ✦ SCA

# Process



- Vetting of service provider and individual
- For those residentially placed, the service provider is given the CCW Shift to Fee-for-Service Worksheet to complete
  - Service provider retains the completed sheet and provides to the Support Coordinator when they reach out to them
- Individual/Guardian sent SCA Selection Form and letter
- Individual/Guardian returns SCA selection form
  - If not returned within two weeks auto assignment occurs

# Process Cont'd



- **Division assigns the SCA**
- **SCA assigns a Support Coordinator**
- **Support Coordinator will reach out to the individual/guardian**
  - Support Coordinator reviews Participant Enrollment Agreement for CCW with individual/guardian
  - Individual/Guardian will complete and sign form
  - Support Coordinator will upload the document to the iRecord system

# Process Cont'd



- **Support Coordinator will work with the individual/guardian and service provider to develop the service plan**
  - New Jersey Individualized Service Plan (NJISP) is used
  - Support Coordinator obtains completed CCW Shift to Fee-for Service Worksheet from service provider
- **Depending on individual circumstances**
  - Service pre-authorization will be completed (Short Plan)
  - Service pre-authorization and a full NJISP will immediately be completed (Full Plan)

# Service Prior-Authorization (Short Plan)



- For initial conversion of residentially placed CCW individuals into FFS a Service Pre-Authorization (Short Plan) is generally used
- This will be used when:
  - The annual IHP date is more than 30 days from time of SC assignment
  - The individual/guardian are not seeking to change services and/or service providers
- Allows for faster service prior-authorization

# Service Prior-Authorization (Short Plan)



- This is in place until the individual's annual plan year based on their IHP is reached
- The IHP is the prevailing service plan during this period
- iRecord will trigger a full NJISP and PCPT at that time
- iRecord will pro-rate the budget for the time between plan approval and annual plan date
- If a revision is needed during this time, a full NJISP and PCPT will be required

# Service Prior-Authorization and Full NJISP



- **Service Prior-Authorization, Full NJISP and PCPT are used when:**
  - Annual IHP date is less than 30 days from SC Assignment
  - The individual/guardian are seeking a change in services and/or service providers at time of SC Assignment
  - A new NJCAT is needed (Not for Cohort 1 service providers)
- If an individual was assigned a short plan and through planning any of the above apply contact the Division so the plan type can be changed by emailing [DDD.CCWHelpdesk@dhs.state.nj.us](mailto:DDD.CCWHelpdesk@dhs.state.nj.us)



# Tips for Service Providers



- **Review CCW Manual**
- **Make sure that you communicate with the Support Coordinator**
- **Complete the CCW Shift to Fee-for-Service Worksheet in a timely fashion**
- **Make sure that staff are trained on documentation and billing requirements**

# Claiming



- For Service Providers, claiming is the same as it works in the Supports Program (if applicable)
- CCW Manual needs to be followed once claiming under FFS is in place – even though it says Draft
- Must adhere to Service Delivery Documentation as outlined in the CCW Manual
- Claiming occurs directly through Medicaid (Molina)

# Claiming Cont'd



- **Prior Authorizations are required – do not provide services without Prior Authorization (Once out of contract). There is no ability to provide payment without the Prior Authorization**
- **If a service provider has received Prior Authorization and there are claiming issues notify DDD immediately at [DDD.CCWHelpdesk@dhs.state.nj.us](mailto:DDD.CCWHelpdesk@dhs.state.nj.us)**
- **Once services are in place and claiming has occurred, contract reductions will occur as outlined by the Division's contracting unit**



# Housing



- Housing costs will be paid via voucher from the Supportive Housing Connection (SHC)
- Individual, or their guardian will need to sign
  - Lease/Residency Agreement and DDD Rental Subsidy Agreement
- Service Provider or landlord will need to sign
  - Housing Assistance Program (HAP) Contract, SHC Addendum to HAP and W9
- For individuals in the CCW conversion this will be handled by the Division's Housing Subsidy Unit and residential service provider in the majority of cases

# Lease or Residency Agreement



- Centers for Medicaid and Medicare Services (CMS) require a document that provides tenant rights. This can be either a:
  - Lease – Generally used when an individual directly rents a property from a traditional third party landlord. There are various types
  - Residency Agreement – An option for service providers that can be used in locations that are owned or leased by the provider
- Individuals, or their payee, will contribute 30% of their income toward rent



# Contribution to Care



- Once an individual begins to pay 30% of their income toward rent, Contribution to Care payments can stop
- Service Providers may devise their own policy on what percentage (or other amount) they will charge the individual to offset expenses like food and utilities

# What do Service Providers Need to do?



- **Complete the CCW Shift to Fee-for-Service Services Worksheet, listing all the services they provide to the individual (Include number of units and anticipated start date)**
  - If an individual has different day and residential providers, one worksheet is needed for each service provider
- **Provide the completed worksheets to the support coordinator when contacted**

# Information and Resources



- DDD Website
  - <http://www.nj.gov/humanservices/ddd/home/>
  - <http://www.nj.gov/humanservices/ddd/resources/community/>
- DRAFT CCW Policies & Procedures Manual
  - [http://www.nj.gov/humanservices/ddd/documents/community\\_care\\_waiver\\_policy\\_manual.pdf](http://www.nj.gov/humanservices/ddd/documents/community_care_waiver_policy_manual.pdf)
  - CCW Help Desk
  - [DDD.CCWHelpdesk@dhs.state.nj.us](mailto:DDD.CCWHelpdesk@dhs.state.nj.us)
- Division Announcements
  - Email [DDD.Communications@dhs.state.nj.us](mailto:DDD.Communications@dhs.state.nj.us) and write “Division Update Subscribe” in the subject line





Thank You



Questions?

