

POST ELIGIBILITY

REGULAR POST ELIGIBILITY

1. L SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deducting the following amounts from the waiver recipients income.

A. § 435.726-States which do not use more restrictive eligibility requirements than SSI.

a. Allowances for the needs of the

1. Individual (check one):

A.~ The following standard included under the State Plan (check one):

(1)_SSI

(2)_Medically needy

(3)-X- The special income level for the institutionalized

Three times the federal benefit rate for SSI.

(4)- The following percent of the Federal poverty level): %

(5)_Other (specify):

B.- The following dollar amount:

\$ _____

* If this amount changes, this item will be revised.

C. _____ - The following formula is used to determine the _____ needs allowance:

Note: If the amount protected for waiver recipients in item 1. is equal to, or greater than the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, enter NA in items 2. and 3. following.

2. Spouse only (check one):

A.- SSI standard

B.- Optional State supplement standard

C.- Medically needy income standard

D.- The following dollar amount:

\$ _____

* If this amount changes, this item will be revised.

E.- The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

F.- The amount is determined using the following formula:

G.X- Not applicable (N/A)

3. Family (check one):

A.- AFDC need standard

B.- Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C.- The following dollar amount:

\$ _____

*If this amount changes, this item will be revised.

0.- The following percentage of the following standard that is not greater than the standards above: % _____ of _____ standard.

E.- The amount is determined using the following formula:

F.- Other

G.X Not applicable (*N/A*)

- b. Medical and remedial care expenses specified in 42 CFR 435.726.

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POST-ELIGIBILITY

REGULAR POST ELIGIBILITY

1.(b)_209(b) State, a State that is using more restrictive eligibility requirements than .SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. 42 CFR 435.735-States using more restrictive than requirements SSI.

(a) Allowances for the needs of the

1. individual: (check one):

A. The following standard included under the State Plan (check one):

(1) SSI

(2)- Medically needy

(3)- The special income level for the institutionalized

(4)- The following percentage of the Federal poverty level: _____%

(5)~ Other (specify):

-B.- The following dollar amount:

\$ _____

* If this amount changes, this item will be revised.

C. The following formula is used to determine the amount:

1-[..

Note: If the amount protected for waiver recipients in 1. is equal to, or greater than the maximum amount of income a waiver recipient may have and be eligible under §435.217, enter **NA** in items 2. and 3. following.

2. spouse only (check one):

A- The following standard under 42 CFR 435.121:

B.- The medically needy income standard

C.- The following dollar amount:
\$ _____

* If this amount changes, this item will be revised.

D._The following percentage of the following standard that is not greater than the standards above: ~ of

E.- The following formula is used to determine the amount:

F.-X Not applicable (N/A)

3. family (check one):

A- AFDC need standard

8.- Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

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C.- The following dollar amount:

\$ _____

* If this amount changes; this item will be revised.

D.- The following percentage of the following standard that is not greater than the standards above:
. % of standard.

E.- The following formula is used to determine the amount:

F.- Other

G.X- Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

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POST ELIGIBILITY

SPOUSAL POST ELIGIBILITY

2. X The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual (check one):

(a) SSI Standard

(b) Medically Needy Standard

(c) X The special income level for the institutionalized at 300% of federal benefit rate for SSI.

(d) The following percent of the Federal poverty level:
 %

(e) The following dollar amount
 \$ **

**If this amount changes, this item will be revised.

(f) The following formula is used to determine the needs allowance:

(g) Other (specify):

If this amount is different from the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.

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APPENDIX D

ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

Discharge planning team

Physician (M.D. or D.O.)

Registered Nurse, licensed in the State

Licensed *Social Worker*

-X Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

Other (Specify):

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APPENDIX 0-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

Every 3 months

Every 6 months.

-X Every 12 months

Other (Specify):

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

X The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):

Physician (M.D. or D.O.)

Registered Nurse, licensed in the State

Licensed Social Worker

Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

Other (Specify):

c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The 'state will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply): .

"Tickler" file

Edits in computer system

-X. - Component part of case management

X. Other (Specify):

Linked to Plan of Care Schedule.

"7.

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

By the Medicaid agency in its central office

By the Medicaid agency in district/local offices

- X By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program

By the case managers

By the persons or agencies designated as responsible for the performance of evaluations and reevaluations

By service providers

Other (Specify):

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

"7.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix, **Attachment 5**

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

Check one:

X The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.

The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals.

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X. 0-4 APPENDI

a. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:
 - a. informed of any feasible alternatives under the waiver;
and
 - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.
3. The following are attached to this Appendix, Attachment 6:
 - a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
 - b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) .of the feasible alternatives available under the waiver;
 - c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services;
 - d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:

Recipient file located in the case manager's *office*.

APPENDIX E - PLAN OF CARE

APPENDIX E-1

a. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the preparation of the plans of care:

Registered nurse, licensed to practice in the State

Licensed practical or vocational nurse, acting within the scope of practice under State law

Physician (M.D. or D.O.) licensed to practice in the State

Social Worker (qualifications attached to this Appendix)

-L Case Manager

-L Other (specify):

Contracted agency staff

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained:

At the Medicaid agency central office

At the Medicaid agency county/regional offices

--X By case managers

By the agency specified in Appendix A

By consumers

Other (specify):

f-[..

3. The plan of care is the fundamental 'tool by which the. State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur IS:

Every 3 months

Every 6 months

Every 12 months

Other (specify):

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APPENDIX E-2

a. MEDICAID AGENCY APPROVAL

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

See Attachment 7

b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.

2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix, Attachment 8.

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)~ of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State Plan services.

2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

.1 Payments for all waiver and other State Plan services will be made through an approved Medicaid Management Information System (MMIS).

Payments for some, but not all, waiver and State Plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an 'audit trail for all State and Federal funds expended.

Other (Describe in detail):

b. BILLING PROCESS AND RECORDS RETENTION

1. - Attachment 11 a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

a. When the individual was eligible for Medicaid waiver payment on the date of service;

b. When the service was included in the approved plan of care;

c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

-X Yes

No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

1 All claims are processed through an approved MMIS.

MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

c. PAYMENT ARRANGEMENTS

1. Check all that apply:

-X The Medicaid agency will make payments directly to the sole provider of waiver services which is DDD.

-L The Medicaid agency will pay this provider through the same fiscal agent used in the rest of the Medicaid program.

The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.

Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

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APPENDIX G - FINANCIAL DOCUMENTATION

APPENDIX G-1

COMPOSITE OVERVIEW COST
NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: ICF/MR				
YEAR	FACTOR 0	FACTOR 0'	FACTOR G	FACTOR G'
1	<u>36.582</u>	<u>5.826</u>	<u>99,303</u>	<u>3,559</u>
2	<u>38,433</u>	<u>6,644</u>	<u>93,373</u>	<u>3,851</u>
	<u>41,113</u>	<u>7,574</u>	<u>96,548</u>	<u>4,167</u>
4	<u>42,292</u>	<u>8,634</u>	<u>99,831</u>	<u>4,509</u>
5	<u>43,491</u>	9,843	103,225	4,879

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FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR	UNDUPLICATED INDIVIDUALS
1	<u>9,027</u>
2	<u>9,942</u>
3	<u>11,457</u>
4	<u>12,372</u>
5	13,28.7

EXPLANATION OF FACTOR C:

Check one:

The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.

-X The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature for that time period.

The State will inform HCFA in writing of any limit which is less than factor C for that waiver year.

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APPENDIX G-2
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

FACTOR D .

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor D as:

"The estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program."

The demonstration of Factor D estimates is on the following page.

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APPENDIX G-2
 FACTOR 0 LOC:
 ICF/MR

Demonstration of Factor 0 estimates:

Waiver Year 1 1999	2	3	4	5			
	-	-	-				
Waiver	#Undup.			Average #	Average Unit		
Service	Recip.	Unit of		Annual	Cost		Total
	(Users)	Service		Units/User			
Column A	Column B	Column C		Column D	Column E		Column F
1. Case Mgm.	9,027	Month		12	\$	83.43	\$ 9,037,471
2. Respite	1,508	Day		9		164.06	2,226,622
3. Habilitation							
3a. ODD Hab.	5,819	Day		216		74.55	93,702,193
3b. Sup. Emp.	1,430	Hour		170		36.74	8,931,494
4. Env. Mods	225	Year		1		3,296.00	741,600
5. PERS	130	Month		10		47.50	61,750
6. Ind. Supts	6,044	Day		336		106.13	215,527,106

GRAND TOTAL (sum of Column E) 330,228,236

TOTAL ESTIMATED UNDUPLICATED RECIPIENTS 9,027

FACTOR 0 (Divide total by number of recipients): 36,582

AVERAGE LENGTH OF STAY: 344 days

APPENDIX G-2
 FACTOR 0
 LOC: ICF/MR

Demonstration of Factor 0 estimates:

Waiver Year 1	2 2000 3	4	5		
Waiver Service	#Undup. Recip. (Users)	Unit of Service	Average # Annual Units/User	Average Unit Cost	Total
Column A	Column B	Column C	Column D	Column E	Column F
1. Case Mgm.	9,942	Month	12	\$ 85.93	\$ 10,251,793
2. Respite	1,659	Day	9	168.98	2,523,040
3. Habilitation					
3a. ODD Hab.	6,219	Day	216	77.07	103,528,439
3b. Sup. Emp.	1,573	Hour	170(hrs.)	37.84	10,118,794
4. Env. Mods	325	Year	1	3,393.00	1,102,725
5. PERS	230	Month	10	47.50	109,250
6. Ind. Supts	6,719	Day	336	109.86	248,018,178
G~ND TOTAL (sum of Column E)					375,652,219
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS					9,942
FACTOR 0 (Divide total by number of recipients):					37,784

AVERAGE LENGTH OF STAY: 344 days

APPENDIX G-2									
FACTOR 0									
LOC: ICF/MR									
Demonstration of Factor 0 estimates:									
Waiver Year 1		2		3 2001		4		5	
		-							
Waiver		#Undup.		Average #		Average Unit			
Service		Recip.		Unit of		Annual		Cost	
		(Users)		Service		Units/User		Total	
Column A		Column B		Column C		Column 0		Column E	
1. Case Mgm.		11,457		Month		12		\$ 88.51 \$ 12,168,709	
2. Respite		1,825		Day		9		173.86 2,855,651	
3. Habilitation									
3a. ODD Hab.		7,219		Day		216		80.04 124,806,692	
3b. Sup. Emp.		1,703		Hour		170 (hrs.)		38.97 11,282,205	
4. Env. Mods		425		Year		1		3,496.00 1,485,800	
5. PERS		330		Month		10		47.50 156,750	
6. Ind. Supts		7,994		Day		336		116.18 312,057,621	

GRAND TOTAL (sum of Column E) 464,813,428

TOTAL ESTIMATED UNDUPLICATED RECIPIENTS 11,457

FACTOR 0 (Divide total by number of recipients): 40,57C

AVERAGE LENGTH OF STAY: 344 days

APPENDIX G-2
 FACTOR 0
 LOC: ICF/MR

+++++Demonstration of Factor 0 estimates:

Waiver Year 1 2 3 4 2002 5

Waiver Service	#Undup. Recip. (Users)	Unit of Service	Average # Annual Units/User	Average Unit Cost	Total
Column A	Column B	Column C	Column D	Column E	Column F
1. Case Mgm.	12,372	Month	12	\$ 91.16	\$ 13,533,978
2. Respite	2,007	Day	9	179.07	3,234,541
3. Habilitation					
3a. ODD Hab.	7,619	Day	216	82.63	135,984,522
3b. Sup. Emp.	1,903	Hour	170 (hrs.)	40.14	12,985,691
4. Env. Mods	525	Year	1	3,601.00	1,890,525
5. PERS	430	Month	10	47.50	204,250
6. Ind. Supts	8,669	Day	336	119.80	348,951,523
GRAND TOTAL (sum of Column E)					516,785,030
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS					12,372
FACTOR 0 (Divide total by number of recipients):					41,771

AVERAGE LENGTH OF STAY: 344 days

APPENDIX G-2
 FACTOR 0 LOC:
 ICF/MR

Demonstration of Factor 0 estimates:

Waiver Year 1 2 3 4 5 2003

Waiver Service	#Undup. Recip. (Users)	Unit of Service	Average # Annual Units/User	Average Unit Cost	Total
Column A	Column B	Column C	Column D	Column E	Column F
1. Case Mgm.	13,287	Month	12	\$ 93.89	\$ 14,970,197
2. Respite	2,207	Day	9	184.44	3,663,532
3. Habilitation					
3a. ODD Hab.	8,019	Day	216	85.29	147,731,150
3b. Sup. Emp.	2,093	Hour	170 (hrs.)	41.34	14,709,185
4. Env. Mods	625	Year	1	3,709.00	2,318,125
5. PERS	530	Month	10	47.50	251,750
6. Ind. Supts	9,344	Day	336	123.51	387,770,020
GRAND TOTAL (sum of Column E)					571,413,959
TQ1AL ESTIMATED UNDUPLICATED RECIPIENTS					13,287
FACTOR 0 (Divide total by number of recipients):					43,005

AVERAGE LENGTH OF STAY: 344 days

APPENDIX G-3

METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

- A. The following service(s), other than respite care*, are furnished in residential settings other than the natural home of the individual (e.g., foster homes, group homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

INDIVIDUAL SUPPORTS

*NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.

- B. The following service(s) are furnished in the home of a paid caregiver. (Specify).

INDIVIDUAL SUPPORTS

Attached is an explanation of the method used by the State to exclude Medicaid payment for room and board.

The rate development process for cost reimbursement programs excludes all room and board expenses from the rate. The fixed rate paid to sponsors providing Individual Supports in their own home (Skill Development) constitutes reimbursement for training and/or care only. Room and board for these recipients is paid by SSI and/or ODD and is not claimed.

APPENDIX G-4
METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES
OF AN UNRELATED LIVE-IN CAREGIVER

Check one:

The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.

- The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

Attached is an explanation of the method used by the State to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver.

The room and board expenses for an unrelated live-in caregiver are determined to be equal, on the average, to one half the cost of room and board paid by the recipient of services. We estimate that the average annual cost of room and board per recipient is \$19,920~ Therefore, the estimated average cost per a live-in caregiver is \$9,960 per year.

APPENDIX G-5

FACTOR D

LOC: ICF/MR

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

"The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services **WHILE THE INDIVIDUAL WAS ON THE WAIVER.**

The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began **AFTER** the person's first day of waiver services and ended **BEFORE** the end of the waiver year **IF** the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.

Do NOT include institutional costs incurred **BEFORE** the person is first served under the waiver in this waiver year.

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If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

APPENDIX G-S

FACTOR D' (cant.)

LOC: ICF/MR

Factor 0' is computed as follows (check one):

Based on HCFA Form 2082 (relevant pages attached).

- X Based on HCFA Form 372 for year 1996 of waiver # 0031.90R2, which serves a similar target population.

Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

Other (specify):

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APPENDIX G-6

FACTOR G

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G as:

"The estimated annual average per' capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

- Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.
- Based on trends shown' by HCFA Form 372.for year 1996 of waiver #- 0031.90R2 which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers.
- Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached.
- Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.
- Other (specify):

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

VERSION 06-95

APPENDIX G-7

FACTOR G'

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G' as:

"The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver, were the waiver not granted.

Include in Factor G' the following:

The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.

The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

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APPENDIX G-7

FACTOR G'

LOC: ICF/MR

Factor G' is computed as follows (check one):

- Based on HCFA Form 2082 (relevant pages attached).

X-Based on HCFA Form 372 for year 1996 of waiver
0031.90R2 which serves a similar target population.

- Based on a statistically valid sample of plans of care for individuals with
the disease or condition specified in item 3 of this request.

- Other (specify):

/of ..

APPENDIX G-8

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DEMONSTRATION OF COST NEUTRALITY

LOC: ICF/MR

YEAR 1				
FACTOR 0:	<u>36.582</u>		FACTOR G: <u>90,303</u>	
FACTOR 0':	<u>5.826</u>		FACTOR G':	<u>3,559</u>
TOTAL:	42.408		TOTAL:	862

YEAR 2				
FACTOR 0:	<u>38.433</u>		FACTOR G	<u>93,373</u>
FACTOR 0':	<u>6.644</u>		FACTOR G':	<u>3,851</u>
TOTAL:	45.077-	<	TOTAL:	<u>97,224</u>

YEAR 3		
FACTOR 0:	<u>41,113</u>	
FACTOR 0':	<u>7,574</u>	
TOTAL:	<u>48,687</u>	<
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FACTOR G:	<u>96,548</u>
FACTOR G':	<u>4,167</u>
TOTAL:	100.715

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY (cant.)

LOC: ICF/MR

YEAR 4				
FACTOR D:	<u>42,292</u>		FACTOR G:	<u>99,831</u>
FACTOR D':	<u>8,634</u>		FACTOR G':	<u>4,509</u>
TOTAL:	<u>50,926</u>	<	TOTAL:	<u>104,340</u>

YEAR 5				
FACTOR D:	<u>43,491</u>		FACTOR G:	<u>103,225</u>
FACTOR D':	<u>9,843</u>		FACTOR G':	<u>4,879</u>
TOTAL:	<u>53,334</u>	<	TOTAL:	<u>108,104</u>

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SERVICE DEFINITIONS

I. RESPITE CARE

Respite care is a service provided to MR/DD persons in a temporary absence or disability of a parent, guardian, or other immediate caregiver in accordance with guidelines developed by the Division of Developmental Disabilities. Respite services may be furnished either at the business location or private home of the provider or in the home of the MR/DD individual.

Respite services may be:

- A. Furnished by agencies and/or individuals who are licensed under the provisions of New Jersey Administrative Code 10:44A** and/or 10:44B** (Manuals of Standards for Licensed Group Homes and Supervised Apartments for the Developmentally Disabled and Standards for Skill Developmental Homes, Family Care Homes, and Family-Based Respite Care Homes respectively).
- B. Furnished by home health agencies who are authorized Title XIX providers and/or are licensed by another State agency.
- C. Furnished by agencies and/or individuals who are approved by, and under contract with, 000.***

When furnished by providers who are not authorized to provide _overnight care, respite services may not include room and board. Board is defined as three meals a day. Room and board is only paid in licensed residential facilities, not in the recipient's home.

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Providers who are approved (rather than licensed) are not authorized to provide overnight services.

ATTACHMENT 1

Respite providers who are approved by the ODD must:

- A. Be adults
- B. Be unrelated to the recipient
- C. Submit an application and undergo a screening process which includes personal interviews, reference checks, and site evaluations.
- D. Complete the DDD training program
- E. Have a valid contract with the DDD. An individual who meets the following standards may enter into a contract with DDD to provide respite care services:
 1. Except' as otherwise provided in the Rehabilitated Offenders Act, no contract will be issued to any person who, at any time, has been convicted of forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud, crimes against the person, or other like offense(s). Additionally, no contract shall be issued to an individual who has been civilly adjudged or criminally liable for abuse of another person.
 2. The individual shall read, write, and understand English or otherwise demonstrate that he/she can sufficiently comply with the contracting requirements.
 3. The individual and members of the individual's family participating in client care shall be of sound physical and emotional health.
 4. Every two years, the individual shall provide a statement from his/her physician to the effect that he/she is physically capable of performing his/her duties.

The Division imposes the following limits on the amount of respite which a recipient may receive each year. Recipients who live in skill development (SO) and/or a foster care (FC) home may receive respite in accordance with the length of time the provider has been under continuous contract with the DDD. The following schedule is in effect:

- A. 1 to 5 years - 14 days
- B. 6 to 10 years - 21 days
- C. Over 10 years - 28 days

II. HABILITATION

Habilitation is the process of providing those comprehensive services that are deemed necessary to meet the needs of MR/DD persons in programs designed to achieve objectives of improved health, welfare and the realization of individuals' maximum physical, social, psychological and vocational potential for useful and productive activities. Although the specific services will be described in a client's IHP, habilitation services are designed to develop, maintain and/or maximize the individual's independent functioning in self-care, physical and emotional growth, socialization, communication, and vocational skills. Habilitation services may include the following:

- A. Developing socially appropriate behaviors and interpersonal skills, and eliminating maladaptive behaviors;
- B. Developing cognitive skills including, but not limited to, the handling of emergencies, telling time, managing money, making change, recognizing street and other signs, solving problems, etc;
- C. Using recreation and leisure time;
- D. Orienting to the community and training for mobility and travel;
- E. Developing or remediating communication skills;
- F. Developing appropriate grooming, sex, dress, and self-care habits, such as toileting, eating, and shaving;
- G. Enhancing the physical, mental, and dental health of persons served. The services should deal with prevention and maintenance needs.
- H. Training in assertiveness, and advocacy in dealing with citizenship, legal, family, and/or social needs; and,
- I. Orienting to other programs, as appropriate.

Transportation to and from training sites will be included as a habilitation service - For purposes of this waiver, habilitation does not include activities or training to which the client may be entitled under federal or state programs of public elementary or secondary education or federally aided vocational rehabilitation.

III. INDIVIDUAL SUPPORTS

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Individual support services are self-care and habilitation-related tasks performed and/or supervised by service provider staff in an individual's own or family home or in certified community-based settings, in accordance with approved IHPs. Assistance to, as well as training and supervision of, DMR clients as they learn and perform the various tasks that are included in basic self-care, social skills, activities of daily living and behavior shaping will be provided. (The IHP will specify the actual tasks to be performed).

Individual support services may include:

A. Personal Assistance

Personal assistance means assistance with normal personal maintenance and household care activities at the direction of the recipient of services, his/her family member or guardian, in accordance with an established IHP. Personal Assistance services include attendant care, specified household chores, assistance with shopping appointments or other errands essential to community integration. The purpose of personal assistance is to provide necessary support for eligible people to meet their daily living needs and improve integration into the community.,

Personal assistance services are described as follows:

1. Attendant Care Services:

- a) Bathing in bed, in the tub or shower;
- b) Using toilet or bedpan;
- c) Grooming: care of hair, including shampooing, shaving, and the ordinary care of nails;
- d) Helping recipient in transferring from bed to chair or wheelchair, in and out of tub or shower;
- e) Care of teeth and mouth;
- f) Changing bed linens with recipient in bed;
- g) Helping with eating and preparing meals, including special therapeutic diets for the recipients;
- h) Dressing;

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- a) Ambulation, indoors and out;
- b) Escorting recipient to clinics, physician's *office*, related medical therapies, recreation activities and/or other trips;
- c) Assisting with medication that can be self-administered;
- d) Assisting recipient with use of special equipment such as walker, braces, crutches, wheelchair, etc., after thorough demonstration by a registered professional nurse or physical therapist, with return demonstration until registered professional nurse or physical therapist is satisfied that recipient can use equipment safely;
- e) Assisting recipient in implementing physical or occupational therapy, or speech language pathology programs.

2. Household Chores:

- a) Care of kitchen, including maintenance of general cleanliness of refrigerator, stove, sink, and floor; dishwashing;
- b) Care of bathroom, including maintaining cleanliness of toilet, tub, shower, and floor;
- c) Care of recipient's personal laundry and bed linen (may include necessary ironing and mending);
- d) Bedmaking and changing of bed linen;
- e) Window washing;
- f) Lawn cutting;
- g) Putting out garbage;
- h) Other necessary household chores related to independent living.

3. Errand Services:

- a) Routine errands for recipient such as picking up medication, picking up prepared meals, marketing, or any short trip to perform a specific task.

B. Training

Training services are activities intended to assist a recipient in acquiring, maintaining, or improving skills and/or knowledge. This training is intended to assist a recipient to achieve or maintain independence in the performance of routine, daily tasks. It is also intended to assist a recipient in accessing and utilizing community resources. Qualifying services include:

1. Training in self-care activities such as grooming, bathing, toileting, shaving, dressing, and feeding.
2. Training in nutrition, diet, and food purchase and preparation.
3. Training in community living skills such as money management, home care maintenance, using the telephone, telling time, solving problems, and handling emergencies.
4. Training in leisure/recreation activities and using recreational opportunities.
5. Training in family and life activities.
6. Training in travel activities, such as utilizing public transportation, utilizing specialized services, achieving mobility within the neighborhood, and employing reasonable safety precautions.
7. Training in decision-making, assertiveness and self-advocacy in dealing with citizenship, legal, family, and/or social needs.
8. Developing or remediating communication skills.
9. Training in medication management and self-administration.
10. Training in mobility, including the use of adaptive devices.
11. Training in communication including receptive language, expressive language, vocabulary development, sign language, conversation, expressing feelings and using communication devices.

C. 24-Hour Person-to-Person Emergency Response

Twenty-four (24) hour access to assistance will be available either from a provider furnishing services under other sections of this program or from another entity in the event of a health care or other personal emergency.

Person-to-person emergency response means the utilization of a pre-established emergency/crisis network operated by an agency providing services under this program or a network of individuals selected by the recipient who agree to provide these services at specified times. Generic community-based emergency medical services; i.e., ambulance services, "first aid squad, n mobile intensive care units or paramedics are not included. Rather, it is a hotline/on call system whereby service recipients can obtain any of the following:

1. in-home service for unexpected, non life-threatening conditions;
2. in-home emergency back-up for covered personal assistance services when the assistant is unexpectedly unavailable; and/or,
3. guidance/direction on how to properly respond to the presenting situation. "

Individuals who are capable of self-direction will be encouraged to establish their own network of people to provide these supports.

D. Transportation

Transportation services to provide access to essential, generic community resources or to a place of competitive employment. They do not include transportation to and from supported employment or other human service or medical programs for which transportation costs are otherwise provided. They may include drivers, taxi fares, train or bus tickets provided that the selected service chosen is the most cost-effective means which the recipient is able to access.

Amendment to Individual Supports Services

X Individual Support providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or stepparent), or to an individual by that person's spouse.

Justification:

X Family members who provide Individual Support services must meet the same standards as providers who are unrelated to the individual.

Supervision of Individual Support providers will be furnished by:

X Case Managers (by monitoring the plan of care)

X OWNER

a. Annual licensing inspection for licensed providers.

b. Consumer Surrogate.

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NEW JERSEY DEPARTMENT OF CIVIL SERVICE

DIVISION OF CLASSIFICATION AND COMPENSATION

COMMUNITY PROGRAM SPECIALIST

DEFINITION

Under the close supervision of a Supervisory officer within Community Services, Division of Developmental Disabilities, Department of Human Services, assists in facilitating the development, implementation and evaluation of client programs and living arrangements, and other related services; does related work as required.

EXAMPLES OF WORK

Plans, assesses, develops, implements, and evaluates sponsors, clients and programs for appropriate placements in programs and alternate living arrangements.

Works as a member of the regional team in developing programs and services, assessing client needs, discussing observations, documenting program changes.

Facilitates training and awareness related to community programs, living arrangements, and other Division units.

Coordinates activities between developmental centers and Community Services. Visits developmental centers and assists in selection of clients to be placed in the community.

Prepares and maintains essential records, reports, evaluations, and all other correspondence in the course of official duties.

Participates in various duties as a member of the regional team through participation in meetings, orienting new team members, serving on committees and serving as a resource to the team.

Investigates eligibility of potential clients and potential sponsors and provides assistance and services to clients in the intake process.

Develops and maintains a cooperative working relationship with other agencies within the Division and the community and establishes a positive public image of Community Services within the Division and the community.

May be required to learn to utilize various types of electronic and/or manual recording and information systems used by the agency, office or related units.

REQUIREMENTS

Education

Graduation from an accredited college with a Bachelor's degree.

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

OFFICE OF PERSONNEL MANAGEMENT

HABILITATION PLAN COORDINATOR

DEFINITION

Under a supervisory officer of a Developmental Center or Agency in the Division of Developmental Disabilities, Department of Human Services, is responsible for the development and implementation of Individual Habilitation Plan for a designated number of residents and clients under the jurisdiction of the Division of Developmental Disabilities does related work & is required.

EXAMPLES OF WORK

IN RESIDENTIAL SERVICE - DIVISION OF DEVELOPMENTAL DISABILITIES

Supervises the assembly and distribution of documents needed for Meetings of the interdisciplinary committee.

Insure that parent or guardian are notified of the opportunity to participate in the development and review of the resident's Individual Habilitation Plan.

Chairs the meeting of the interdisciplinary committee to develop and review the Individual Habilitation Plan of Residents and clients assigned to their overload Centers and issue master Individual Habilitation Plan (IMP) for each resident assigned.

Coordinates monitors and audit progress of the resident's Individual Habilitation Plan.

Recommends change and modifications to Individual Habilitation Plans through the interdisciplinary committee and sees to it that these **change are** carried out.

Keep periodically with other coordinator **to overview** the Master IHP progress and status of the institution or Agency.

Keeps abreast of federal and state regulations as they pertain to Individual Habilitation Plans

Is responsible for various monthly annual and periodic reports required for the implementation and operation of the Individual Habilitation Plan Progress.

Assure that all resident Individual Habilitation records are kept up to date and maintains essential records and files that are necessary.

EXAMPLES OF WORK

IN COMMUNITY SERVICES - DIVISION OF DEVELOPMENTAL DISABILITIES

Chairs the meetings of the interdisciplinary team to develop the Individual Habilitation Plan and coordinates the review.

Insures that parents and/or guardian are notified of the opportunity to participate in the development and review of the client's Individual Habilitation Plan.

Insures that all other parties who need to be involved in the development and review of the client's Individual Habilitation Plan such as psychiatrist, physicians, psychologist, speech, physical and occupational therapist, nurses, residential and day program staff are notified of the opportunity to participate in the process.

Recommends, approves and monitors the implementation of changes in the client's Individual Habilitation Plan.

Recommends, approves and monitors residential and program placement of assigned clients through the interdisciplinary team and ensures that such changes are carried out.

Visits each assigned client residing in alternate living arrangements on a monthly basis at the client's living environment performs monitoring and assessment of the client's residential program, training, behavior, social and health needs.

Assures that each assigned client is receiving necessary medical dental, psychiatric and psychological services as available from the Division of Developmental Disabilities, and other agencies as well as those generic services in the community.

Assures the establishment of personal guardianship for each assigned client based on pertinent State Statutes.

Functions as each assigned client's advocate in meetings with groups and/or individuals who impact upon the client's life.

~ Immediately investigates and follows up regarding any report of client abuse or neglect or any major unusual incident which may impact on the client's well being or cause negative public perceptin of the program. Makes all necessary referrals to investigating agencies i.e. DYFS, Ambudsman, police adult protective services and State licensing regulatory agencies.

On an annual and as needed basis is responsible for the initiation and assurance of the processing of applications on behalf of each assigned client for SSI, SSA, Medicaid, Medicare and other benefits.

On an as needed basis, is responsible for insuring that clients families and providers are aware of client entitlements and benefit programs.

Provides information to Operational Support Unit, on an as needed basis, relative to any changes which affect a client's benefits and the State's Division's Department's and/or County's ability to recoup costs for client's financial support.

Keeps abreast of Federal and State legislation, policies and procedures and their application.

Develops and maintains effective communications with the public provider agencies, sponsors, parents, guardians, and other agencies in assessing and meeting the needs and best interest of the clients.

Responsible for compliance of the operation of community residences for the developmentally disabled with State licensing standards.

Provides qualitative data for and participation in contract negotiations pertaining to group homes.

Negotiates skill development and family care home contracts with assigned sponsors.

Recommends contract modifications and changes up to and including continuation or termination of alternative living contracts.

Coordinates the development of crisis prevention and intervention plans for clients with medical, behavioral, social, and psychiatric problems.

Secures respite and/or emergency care for clients when the clients is in need of a modified or another residential environment for the purpose of care, treatment and/or specialized training on a 24 hour basis.

Reviews and analyses case histories and other data as well as corresponding with parents, guardians, officials, public and private agencies and/or other groups or individuals concerned with intake placement, program, and referral issues.

Prepares factual reports as required and is responsible for the maintenance of essential records and files as they apply to the best interests of the clients in keeping with Department, Division and applicable federal and other standards.

May be required to learn to utilize various types of electronic and/or manual recording and information systems used by the agency office or related units. , .

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May be required to engage in lifting clients when working in a setting which provides direct services to clients who are non ambulant or who are semi-ambulant and/or have severe physical handicaps.

Special Note:

The requirements enumerated below are written in such as unusual manner because it is mandated by Federal guidelines.

REQUIREMENTS

Education

Graduation from an accredited college with a Bachelor's degree supplemented by certification by the New Jersey Department of Education as a Teacher of the Handicapped and one (1) year of professional experience as a teacher working with the developmentally disabled.

and/or

Graduation from an accredited college with a Bachelor's degree in Social Work and one(1) year of professional experience as a social worker working with the developmentally disabled..

and/or

For those who **have a** general Bachelor's degree, from an accredited college, one year of additional experience in social work may be substituted for the Bachelor's degree in Social Work.

and/or

Graduation from an accredited college with a Bachelor's degree in Physical Therapy and one (1) year of professional experience as physical Therapist working with the developmentally disabled plus New Jersey State Licensure by the Board of Physical Therapy as a physical therapist.

and/or

Graduation from an accredited college with a Master's degree in Speech Pathology or Audiology or its equivalent, and one (1) year of professional experience as a speech pathologist or audiologist working with the developmentally disabled.

and/or

Graduation from an accredited college with a Bachelor's degree in Occupational Therapy and one (1) year of professional experience as an occupational therapist working with the developmentally disabled.

and/or

Graduation from an accredited school of professional nursing and three years of experience as a Registered Nurse working with developmentally disabled plus licensure by the New Jersey State Board of Nursing as a professional nurse.

and/or

Graduation from an accredited college with a Bachelor's degree in Rehabilitation Therapy and on (1) year of professional experience as a rehabilitation therapist working with the developmentally disabled plus certification as a rehabilitation counselor.

and/or

Graduation from an accredited college with a Bachelor's degree in Therapeutic Recreation and one(1) year of professional experience as a recreation therapist working with the developmentally disabled.

and/or

Graduation from an accredited college with a Bachelor's degree supplemented by a Master's degree in Psychology and one (1) year of professional experience as a psychologist working with the developmentally disabled.

Ability to physically lift, move and position client as needed.

License

Appointee will be required to possess a drivers, license valid in New Jersey only if the operation of a vehicle rather than employee mobility, is necessary to perform the essential duties of the position. .

Knowledge and Abilities

1- Ability to acquire a knowledge of Divisional rules regulations and policies concerning care treatment and rehabilitation of the developmentally disabled as experienced in both residential and community settings.

Basic knowledge of principles methods and devices, and techniques involved in Case Management, analysis, development and implementation of programs for the developmentally disabled.

Ability to acquire basic knowledge of Federal and State laws pertaining to both institutional and Community Care of the developmentally disabled or deficient clients.

Ability to acquire thorough knowledge of federal legislation as it applies to Individual Habilitation Plans and with the provision of Case Management services as required in a community setting, and ability to acquire that knowledge as it applies to the State of New Jersey.

Ability to acquire thorough knowledge of the services available to each client within the day and/or residential program and facility to which they are assigned. -

Ability to develop and implement Individual Habilitation Plans for residents assigned to caseload.

Ability to organize assigned caseload and develop appropriate work method.

Ability to work with various levels of professional staff concerned with the care, treatment and rehabilitation of clients.

Ability to act as chairperson for the interdisciplinary committee in the development of plans such the Individual Habilitation Plan (IEP), behavior plans, and residential and/or day program change plans.

Ability to work with supervisor and other Habilitation Plan Coordinators in developing a Master IHP for the Facility or agency..

Ability to work with parent/guardian in the explaining and implementation of the resident's Individual Habilitation Plan, or activity designed in the best interests of the clients.

Ability to draft and analyze reports dealing with the resident's assigned caseload.

Ability to draft extensive correspondence.

Ability to prepare concise, accurate and informative reports containing findings, conclusions and recommendations.

Ability to learn to utilize various types of electronic and/or manual recording and information systems used by the agency office or related units..

Ability to read, write speak, understand, or communicate in English sufficiently to perform the duties of this position. American Sign Language or Braille may also be considered as acceptable forms of communication.

Persons with mental or physical disabilities are eligible as long as they can perform the essential functions of the job after reasonable accommodation is made to their known limitations. If the accommodation cannot be made because it would cause the employer undue hardship, such persons may not be eligible.

Code: P22-e60669

SDU / CLP

11-23-91

Title Reference: 078

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NEVI JERSEY' DEP A.RTMENT OF PERSO~

OFFICE OF PERSONNEL MANAGAMENT

SENIOR COMMUNITY PROGRAM SPECIALIST

DEFINITION

Under the direction of the supervising Community Program Specialist Or Other supervisory officer with Community Services. Division of Developmental Disabilities, Department of Human services, is responsible for the development, implementation and evaluation of client programs and living arrangements, and other related services; does related work as required.

EXAMPLE OF WORK

Plans, assesses, develops, implements, and evaluates sponsors, clients and programs for appropriate placements in programs and alternate living arrangements.

Work as member of the regional team in developing programs and services, assessing client needs, discussing client observations, and documenting program changes.

Facilitates training and awareness related to community programs living arrangements, and other Division units.

Coordinate activities between development center and Community Services. Visit development centers and assists in selection of clients to be placed in the community.

Prepares and maintains essential records, reports, evaluations and all other correspondence in the course of official duties.

Participates in various duties as a member of the regional team through participation in meetings, orienting new team members, serving on committees and serving as a resource to the team.

Investigates eligibility of potential clients and potential sponsors and provides assistance and services to clients in the intake process.

Develop and maintain effective working relationship with other agencies within the Division and the community and establishes a positive public image of Community Services within the division and the Community.

May be required to learn to utilize various types of electronic and/or annual recording and information systems used by the agency, office or related units..

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SENIOR COMMUNITY PROGRAM SPECILIST

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May be required to engage in lifting client when working in a setting which provides direct services to client who are non-ambulant, or who are semi-ambulant and/or have severe physical handicap.

REQUIREMENTS

Education

Graduation from an accredited college with a Bachelor's degree.

Experience

Two (2) year of professional progress delivery experience in Providing education, habilitative or social services in programs for the developmentally disabled.

Applicants who do not possess the required education may substitute experience as indicated on a year for year basis.

A Master's degree in social work, education, psychology nursing, or other related areas may be substituted for one year of the above mentioned experience.

License

Appointee will be required to possess a driver's license valid in New Jersey only if the operation of a vehicle rather than employee mobility, is necessary to perform the essential duties of the position.

Ability to physically lift, move and position clients as needed.

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Knowledge and Abilities

Wide knowledge of the theory, principles, methods, equipment, and modern techniques of habilitation systems for developmentally disabled adults.

Wide knowledge of techniques necessary for training.

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Wide knowledge in the interviewing and selection process.

Considerable knowledge in the interviewing and selection process.

Ability to apply modern theories, methods, equipment and techniques of habilitation systems for Developmentally Disabled adults.

Ability to work effectively with staff, other State agencies and the public.

SENIOR COMMUNITY PROGRAM SPECILIST

Ability to prepare complex correspondence, reports and studies.

Ability to analyze individual and general programmatic needs and to make recommendations based upon this analysis.

Ability to learn to utilize various types of electronic and/or manual recording and information systems used by the agency office or related units.

.. Ability to read, write, speak, understand, or communicate in English sufficiently to perform the duties of this position. American Sign language or Braille may also be considered as acceptable forms of communication.

Persons with mental or physical disabilities are eligible as long as they can perform the essential functions of the job after reasonable accommodation is made to their known limitations. If the accommodation cannot be made because it would cause the employer undue hardship, such persons may not be eligible.

Code: p22-60949

CLP

01/16/99

Title Reference: 061

Title of Position: Program Specialist

Department~

.Non-Exempt

Position Reports to: Program Coordinator

Purpose: Serves residents by assessing their needs and directing employees.~

Position Qualifications:

1. A master's degree and one year of work: experience with person with developmental disabilities

OR

2. A bachelor's degree and years of work experience with persons with developmental disabilities.

OR

3. An Associates degree or 60 credit hour and four years work experience, with developmental disabilities .

Position Duties:

1. Coordinates the interdisciplinary team process in developing and implementing the annual service plan and required assessments,

2 Monitor and document client progress through direct service.

3. Provides coaching and correcting to Staff in implementing the annual service plan through direct involvement.

4. Communicates effectively with clients, their families and professional staff.

5. Provides a safe and caring; environment where individuals can grow while enjoying a healthy and productive lifestyle..

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6 Implements the mission statement, "promoting individual growth and accomplishment through respect and dignity."

7. Understands and implements the internal and external policies and governing Keystone facilities.

8. Participates in the interdisciplinary process by carrying out the goals and services described in the service plan.

9. Promotes community awareness by demonstrating responsible, courteous behavior and a positive perception of individuals with developmental disabilities.

10, Participates in required in-service training provided for staff education and development

INDIVIDUAL SUPPORTS - ADDITIONAL PROVIDERS

Individual Assistant/Live-in Caregiver

1. Must be at least 18 years of age.
2. Have the ability/experience to meet the participant's needs as expressed in a written job description developed by the consumer. This job description will become the basis of the contract for service if applicant is hired.
3. Have the physical capacity- to perform the job functions as required by the participant..
4. Have the ability to communicate in the consumer's primary language.
5. Pass criminal history background check.
6. Pass drug and alcohol screen if required by the employer of record.
7. If job requires driving, a valid driver's license and a copy of the abstract of the driver's record.
8. Reference check of two most recent employers.
9. Completion of any additional training specified by consumer.
10. Attend mandatory one-day new hire orientation program as required by the employer of record.

Support Broker

1. Must be at least 18 years of age.
2. Ability to read and write English sufficiently to perform the duties of the job.
3. Have the ability to communicate in the consumer's primary language.
4. Demonstrated ability to perform the essential functions of the job as determined by the hiring consumer/surrogate. Services to be performed are reflected in an individualized written contract for service signed off by the State Regional ODD coordinator. Sample contract and job requirements are attached hereto.
5. One year of documented experience working with, for, or on behalf of individuals with Developmental Disabilities.
6. Successful completion of a two-day support broker training program conducted by the University Affiliated Program of Robert Wood Johnson Medical School of New Jersey, under contract to the DDD.
7. The support broker is hired by and serves at the pleasure of the consumer.
The consumer can terminate services at any time.

SAMPLE

CONTRACTUAL AGREEMENT Service Brokers

The following *is* to be regarded as a binding agreement between you, hereinafter known as the _____ : Inc. hereinafter referred to as "your broker" whom you have selected to act AS your service broker. *This* document should be signed and dated *only* after you have read its content carefully and approve of these terms and conditions.

Role Of The Broker

As your broker, we will act as a supportive intermediary for you the client coordinating service and funds available, that *will* help you to design and live the life your choice.

Writing Your Personal Plan

As your broker, we will listen carefully to what you want and then we will transfer your thoughts and ideas into a written draft individual plan. You will then have the opportunity to peruse this draft plan and make any amendments you wish to it. Once we have your approval, we will send your finalized individual plan, together with a detailed personalized budget, to The Division of Developmental Disabilities for their consideration.

Preparing Your Budge!

As your broker, along with writing your personal *plan* we will also prepare a detailed budget estimating the cost of implementing your plan and send it to the Division of Developmental Disabilities for their approval along with your plan. As your broker we will also work with you to negotiate funding from the Division *of* Developmental Disabilities should it be necessary.

Implementing Your Plan

As your broker, *we* will assist you to implement your personal plan by:

- a) Helping you to negotiate price with your vendors and suppliers for goods and service applicable to your agreed budget within your personal plan.
- b) Helping you to develop and issue *contract/agreements* for goods and service applicable to your agreed personal plan and budget.
- c) Verifying that goal and services have been rendered and their quality, prior to the fiscal agency paying the invoices.
- d) maintaining a working relationship with We fiscal agency.

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- c) acting as an advocate for you and being responsible for helping you to resolve any problems or issues that may arise as a result of implementing your personal plan..

Developing And Facilitating Your Circle Of Support

If you would like to establish a circle of support or continue with an existing circle of support as your broker, we will help you to create a circle for yourself and facilitate regular circle meeting.

Your Staff

As your broker, we will help you to:

- a) prepare an appropriate job description for each of your staff, outlining the nature of their duties and responsibilities with reference to any particular requirements that you feel should be mentioned and incorporated.
- b) write and place advertisements in the appropriate media locally.
- c) identify staff training needs.
- d) coordinate your interview schedule
- e) conduct reference checks and process the input received, Also to make a summary of reference for people selected and send a copy to the fiscal agency for their personnel file..
- f) refer staff chosen by you to the fiscal agency for employment processing, including criminal background checks.
- g) develop a “backup” staff plan in the event that your primary staff become absent for any reason.
- h) complete, sign and submit your staff’s time sheet(s) to the fiscal agency in a timely manner. Your broker cannot however accept liability for late payments made by the Division of Developmental Disabilities or their fiscal agent. Neither will your broker be liable for late payments made to your staff in circumstances where your staff have failed to complete and submit their time sheet by the closing date given to them.
- i) mediate any issues that may occur between you and your staff or with the fiscal agency. This will include discharging your staff if and when appropriate. Your broker will not accept liability for consequences arising from claims or legal action taken by your staff or ex-staff.

Keeping In Contact

As your broker, we will:

- a) Maintain a minimum phone contact with you of one call each month and make at least one visit with you each quarter.
- b) Keep your Division case manager informed *or* any Important issues such as a change *in* your personal plan, your health status providers of services or any unusual incidents that may occur.

Record Keeping

As your broker, we will keep all appropriate records as required by the Division of Developmental Disabilities. These will include:

- a) maintaining a record concerning yourself as a client, as determined by the Division of Developmental Disabilities with a minimum number of documents stipulated by the Division.
- b) facilitating the monitoring and completion of all documents and paperwork required by the Division
- c) Providing statistical and other pertinent information to various regulatory, legal and programmatic entities as may be deemed necessary and appropriate.

Mentor/Trainer

1. Must be at least 18 years of age.
2. Ability to read and write English sufficiently to perform the duties of the job.
3. Have the ability to communicate in the consumer's primary language.
4. Must have documented ability/experience/education in a specific skill area required to meet the participant's needs as detailed in the plan of care.
5. Must have a signed service contract for the provision of a specific service detailed in the plan of care, with a specified timeframe.
6. Pass criminal history background check.
7. Pass drug and alcohol screen if required by the employer of record.
8. Successful completion of any additional training specified by the consumer/surrogate as necessary to perform job functions.