

The New Jersey Department of Human Services
Division of Developmental Disabilities

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How is Case Management for DDD Services Changing?

**An Overview of the Support Coordination
Model in the New FFS System**

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Change to Support Coordination Model in FFS System

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Moving From

IHP

ELP

Division Case Managers

Contracted Support
Coordination



Moving To

ISP

Division Staff
Monitoring & Oversight

Approved Fee-for-
Service Support
Coordination Agencies

Division Intensive/Transitional Case Management

What is Support Coordination?

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- Services that assist participants in gaining access to needed program and State plan services, as well as needed medical, social, educational and other services
- Case Management

New Model of Support Coordination

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- Critical to DDD's system transformation
- Shift from DDD Case Manager to Support Coordination
- Building rapport with individual/family
 - Identifying preferences, strengths, support needs, etc.
 - Creating outcomes relevant to the individual
- Link from individual to services
- Acting as a resource and primary contact for individuals and families to the service system
- Hands-on, in the field observation, monitoring, and reporting

Support Coordination – Enacting DDD’s Vision

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- Individual Choice
- Community-based and integrated supports
- Employment First
- Collaborating with other service systems (Mental Health, Vocational Rehabilitation, etc.)
- Treating individuals served with dignity and respect
- Disability services

Support Coordination Agency Policies

Important Policy & Practice Requirements

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- Support Coordination Agencies must adhere to DDD Policies & Practices
 - Documented prior to becoming an approved provider (conflict free)
 - Monitored via auditing & quality assurance
- Agencies may be sanctioned for non-compliance with policies, substantiated individual/family complaints, or not meeting deliverables

Conflict Free Care Management Policy

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- Separation of eligibility determination from direct services provision
- Care managers do not establish the levels of funding for individuals
- Separation of care management from direct services provision
- Cannot be related by blood or marriage to the individual or any of their paid caregivers

Conflict Free Care Management

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- SC cannot select providers for the individual
- SCA/SC cannot enter into “agreements” with direct service providers to refer individuals in exchange for SC referrals
- DDD will monitor trends in referrals
- SCA will be subject to suspension or disenrollment

Zero Reject/Discharge Policy

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- SCA must accept all individuals as assigned and cannot discharge individuals from services
- DDD may discharge individuals for failure to comply with eligibility requirements or policies
- A SCA cannot focus on serving one type of developmental disability or “specialize” in serving a specific group of people

Caseloads & Capacity

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- Currently, no mandated caseload ratios
- Must be able to meet the deliverables and fulfill roles and responsibilities
- DDD will monitor caseload ratios as reported and may institute caseload limits as warranted
- SCA must provide services in at least 1 county for a minimum of 60 individuals

24 Hour Coverage Policy

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- SCA must ensure that Support Coordination services are available at all times – minimally via phone contact
- Answering service is acceptable as long as there is a SC available on-call
- SCA must schedule meetings to accommodate individuals/families that cannot meet during business hours

24 Hour Coverage – Emergent Cases

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- Shall be directed to the on-call SC for follow-up
- SC must contact the individual and direct him/her to appropriate resources and/or make phone calls (911, hospital social worker, other government entities, crisis hotline, etc.)
- A meeting to develop a plan to address the issue must be held the following morning/day

Accessing Support Coordination

Accessing Support Coordination

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- Individual/Family completes the Support Coordination Agency (SCA) Selection Form & submits to DDD
- SCA form provides individual/family the opportunity to indicate preference in SCA
- SCA is assigned if preferred selection serves county of residence and has capacity

Accessing Support Coordination

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- SC Agency is auto assigned by computer in situations where:
 - No preference is indicated
 - SCA of preference does not serve county of residence or does not have capacity
- Individual/family can choose a new SCA once they have utilized them for at least 30 days

Accessing Support Coordination

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- Reviewed by Division for eligibility, Medicaid, assessment completed before assignment
- Notification of SCA assignment is sent to the SC Agency contact
- SCA will receive the NJ CAT (Comprehensive Assessment Tool) and individual's budget
- SCA will identify the Support Coordinator

Support Coordination Responsibilities

SC Agency Responsibilities

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- Person Centered Planning process
- Individualized Service Plan development
 - Outcomes/Planning Goals
 - Services
 - Provider identification
- Accessing Services
- Authorizing Services
- Monitoring

Keys to a Quality Support Coordinator

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Characteristics

Good Assessment/Observation Skills

Good Communicator

Organization/Coordination Skills

Interviewing/Facilitation Skills

Knowledge of Generic/Community Resources

Problem Solving/Conflict Resolution

Timely Follow Up

Knowledge and Understanding of DDD System, Policies, Practices

Teamwork/Collaboration

Deliverables

Meet with and begin person centered planning process with individual within 10 days of assignment

Complete PCPT prior to service plan development

Completed and approved ISP within 30 days of assignment

Distribution of approved ISP to all service providers and team members within 3 days of approval

Monitoring service provision every 30 days

Write annual ISP for approval

Selection of Approved Providers

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- SC **cannot** select providers for the individual
- SC will assist in
 - Matching providers to needs
 - Identifying criteria that will help narrow the list of available providers
 - Contacting potential service provider to help facilitate individual research (interviews, tours, etc.)
 - Determining availability of services

Selection of Approved Providers

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- Provider should make contact with individual or express interest in delivering services to the individual (5 working days)
- SC changes provider selection in ISP as necessary
- SC follows ISP authorization process

SC Supervisor

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- Reviews the ISP once submitted by SC
- Ensures that other resources have been explored and are either not available or not sufficient to meet the documented need
- Ensures that the services will be provided in accordance with the service definitions and parameters outlined in the Division Manual(s)

Authorization Process

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- SC completes the ISP and passes on to the SC Supervisor for review
- SC Supervisor (SCS) reviews the ISP using the ISP Quality Review Checklist
- SCS notifies the SC of any needed revisions
- SCS approves and sends to DDD for approval

Service Authorization

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- DDD-funded services require authorization prior to delivery
 - Currently, some plans are reviewed and approved by DDD only and some plans are reviewed and approved by the SC Supervisor
 - In the future, the SC Supervisor's approval of the ISP will authorize services & some services will require DDD approval (a list will be provided)
- The approved service plan acts as the prior authorization for services

Support Coordination Documentation Requirements

Importance of Documentation

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- Stronger emphasis in Medicaid Based, Fee-for-Service System
- Assists with facilitation of the person centered planning process
- **ISP provides prior authorization for services**
- Continuity of Care
- Provides guidance on important areas to observe, follow-up on, and monitor
- Linkage to claiming
- Remember - If it wasn't documented, it wasn't done

Documentation Required

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- Participant Statement of Rights and Responsibilities
- Person-Centered Planning Tool (PCPT)
- Individualized Service Plan (ISP)
- ISP Quality Review Checklist
- Support Coordination Monitoring Tool

Participant Statement of Rights & Responsibilities

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- Reviewed at first meeting with individual (and family, as applicable) and annually thereafter
- SC should ensure the individual understands his/her rights and responsibilities
- SC has document signed and dated before uploading into iRecord

Person-Centered Planning Tool (PCPT)

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- Planning Process Participants
- Like and Admire
- Circle of Support
- Important to the Individual
- Hopes and Dreams
- Support Needs
- Characteristics of People Who Support the Individual Best
- Communication
- Pathways to Employment
- Voting
- Mental Health Pre-Screening

Overall Considerations: PCPT

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- Information gathered through the PCPT informs the outcomes written into the ISP
- Answers provided about what is important to the individual, hopes and dreams, support needs, etc. can indicate areas the individual could participate in with services (including employment opportunities)
- Needed services may include resources beyond those provided by DDD
- Information in the PCPT should align with the NJ CAT

Individualized Service Plan (ISP)

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- Participant Information
- Personally Defined Outcomes & Services
- Employment First Implementation
- Religious/Cultural Information
- Health & Safety Information
- Emergency Back-Up Plan
- Authorization & Signatures

ISP Development

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- At least 1 employment-related outcome
- Services must be linked to assessed needs (NJ CAT, PCPT, etc.)
- Providers of DDD-funded services must be DDD approved
- Planning Team Composition
- SC writes plan for SC supervisor approval
- Distributed to providers once approved
- Must go through SC for service changes

Employment First Implementation

- 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 unless the individual is of retirement age. 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 employed.
- The individual is unemployed or underemployed and is pursuing employment options.
- The individual is not currently pursuing employment at this time.

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

**All ISPs must include at least one
employment related outcome**

Authorizations & Signatures

G. Authorizations & Signatures

Team Members Present/Participating in developing the Individualized Service Plan

Name	Phone/email	Role/Relationship

Approval of Services Certification:

- I helped develop this Service Plan.
- I agree with this Service Plan.
- Everyone I wanted to include in the planning process was invited to participate.
- I had the ability to choose the services in this Service Plan.
- I had the ability to choose the providers of my services based on available providers.
- I am aware of my rights & responsibilities as a participant of this program.
- You may share my Person Centered Planning Tool with *all* providers.
- You may share my Person Centered Planning Tool with all providers *except*:

Approval is for content of the plan and services. The service dates may vary based on approval date. The final approved version will be distributed.

Participant Signature _____ Date _____

Signature _____ Date _____

Qualified Intellectual Disabilities Professional
(Support Coordinator)

Signature _____ Date _____

Guardian/ Legal Representative

Overall Considerations: ISP

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- ISPs must be approved by DDD or the SC Supervisor (for agencies that have been authorized by DDD to do so)
 - Providers may or may not receive the PCPT along with the ISP
- ISPs must be completed and approved within 30 days of SCA assignment
- The ISP Quality Review Checklist must be used by the SC Supervisor to conduct a detailed assessment of the ISP prior to approval
- Information in the ISP should align with the NJ CAT and PCPT

iRecord

iRecord

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- New state electronic health record
- Fully HIPAA Compliant with secure upload of documents
- Allows interface between Division and Support Coordination
- Creates prior authorization for approved service providers
- New version to be released soon with enhancements

iRecord Plan Summary

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- Calculates units of service and obligated funds
- Tracks unallocated funds
- Outcomes and goals should be identical in the Plan Summary and ISP until new version available
- Provides prior authorization and payment mechanism for service providers
- **Services that have not been prior authorized through an approved ISP will not be funded**

Documentation & iRecord

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- All documentation is uploaded into iRecord
- Fiscal Intermediary has interface with iRecord for payment of services
- Signed documents must be scanned and uploaded as a PDF
- Notes must be entered timely by the SC in the Notes section
- Approved iRecord Plan Summary serves as prior authorization for services
- FI sends Service Detail Report with approved services
- **Services not prior authorized will not be paid to providers**

Monitoring

Monitoring

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- Ensuring that the individual
 - Receives quality supports and services as outlined in the ISP
 - Progresses toward identified outcomes
 - Receives quality supports and services in accordance with DDD's mission and core principles
- Documented on the Support Coordination Monitoring Tool

SC Monitoring Tool

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- Identifying Information
- Outstanding Issues/Outcomes of Corrective Actions
- Medicaid Eligibility Status
- Budget & Assessment
- Service Plan
- Provider Satisfaction
- Behavior
- Community Involvement
- Friendships and Social Interactions
- Choice and Decision Making

- Employment
- Communication
- Health & Safety
- Unusual Incident Reports (UIR)
- Quarterly Face-to-Face Review
- Annual In-Home Review
- Acknowledgements

The SC Monitoring Tool has step-by-step work instructions for Support Coordinators

SC Quality Assurance Responsibilities

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- SCs are required to report suspected or known abuse, neglect, and/or exploitation immediately
- SC should report any quality assurance issues that come to his/her attention to DDD
- Include standards that are out of compliance, inappropriate implementation of programs, serious incidents not being reported, etc.
- Documented in SC Monitoring Tool, Case Notes, and/or Unusual Incident Reports

Minimum Contact Requirements

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- Monthly
- Quarterly Face-to-Face
- Annual Home Visit
- Some services require a review of the setting where services are provided

Quality Oversight of Support Coordination Agencies

Training

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- **Support Coordination Orientation**
 - Webinar Modules – College of Direct Supports
 - Person Centered Planning & Connection to Community Supports
- **DDD Mandated Training**
 - Support Coordination Modules
 - Overview of Developmental Disabilities
 - Danielle’s Law
 - Preventing Abuse & Neglect
 - Medicaid Training for NJ Support Coordinators
- **Writing Quality Outcomes Technical Assistance Workshop**
- **SC Guide to Navigating the Employment Service System**

Crisis/Behavior Resources

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- Crisis/Behavior Resources Training
- Referral to DDD Clinical Services
 - Psychologist
 - Behaviorist
 - Nurse
- Intensive Case Management

Technical Assistance

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- Interim Policy Guide to Support Coordination
- SC Information & Resources Page
- SC Help Desk
- SC Mentors – assigned to each agency
- SC Supervisor Support Help Desk
- Central Office
- Intensive Case Management

DDD Oversight

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- Develops and implements policies, standards, and procedures
- Approves and monitors Support Coordination Agencies
- Maintains database of approved providers
- Provides technical assistance to providers
- Evaluate SC Agencies to approve own plans
- Approves ISPs
 - For certain services or circumstances
 - For SCAs that have not yet been authorized

Division Quality Assurance Responsibilities

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- Approval of service plans
- Auditing of service plans, with required remediation as applicable
- Monitoring trends in referrals
- Monitoring of deliverables
- Involuntary capacity closure when warranted
- Denial of payment to the SCA for poor quality services, lack of deliverables, and/or fraudulent activity
- Individual/Family complaint receipt and response
- Disenrollment when necessary

Assessing SCA Quality

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- Criteria Review for Agencies to Approve Own Plans
- Individual & Family Guides to Selecting a SC Agency
- Individual & Family Tool for Evaluating SC Services
- Support Coordinator Self-Assessment

Future Plans – Division Quality Assurance

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- Satisfaction Survey for Individuals/Families
- Expanded in-person quality of life surveys for individuals (e.g. National Core Indicators)
- Expanded Monitoring
 - Trend analysis of issues identified on SC Monitoring Tools and required follow up
- Expanded Technical Assistance & Training
 - Phone, Face-to-Face, Group, On-Site

Thank You

Questions?

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