**New Jersey Department of Human Services**

**Division of Developmental Disabilities**

**Addressing Enhanced Needs Form**

Completed for individuals assigned an acuity factor and interested in receiving any of the following services: Community Based Supports / Individual Supports, Day Habilitation, Respite.

Instructions:

1. This form is required **prior to service delivery** and is **updated at least annually.**
2. The Support Coordinator (SC) is to complete their section of the form and then send to the Provider to complete their portion.
3. The **completed** form is returned to the SC for upload to iRecord.

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| **General Information *This section completed by the Support Coordinator*** | |
| Individual’s Name: Click to enter text.  DDD ID Number: Click to enter text. | NJ CAT Score: Click to enter text.  Tier: Choose an item. |
| Acuity factor and enhanced needs are present for the following: Behavioral  Medical  Both | |

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| **Service Provider Information *This section completed by the Support Coordinator*** |
| Service Type: Community Based Supports  Individual Supports  Day Habilitation  Respite |
| Name of Service Provider: Click to enter text. |

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| ***Column Completed by Support Coordinator*** | ***Column Completed by Provider*** |
| **Enhanced Behavioral Needs** | **Addressing Enhanced Behavioral Needs** |
| **Support Coordinators**: List each current and historic behavioral concern which requires a clinical level of staffing to mitigate risk to the safety of this Individual and others while receiving services.  ***To add rows, click on the last row and click the Plus Sign: +*** | **Providers**: Describe how the agency will address the identified behavioral needs to mitigate risk. This may include environmental modifications, clinical staffing, adaptive equipment, specialized training or other specialized support. |
| Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. |
| **Enhanced Medical Needs** | **Addressing Enhanced Medical Needs** |
| **Support Coordinators**: List each medical diagnosis which requires a clinical level of staffing to mitigate risk to the safety of this Individual while receiving services.  ***To add rows, click on the last row and click the Plus Sign: +*** | **Providers**: Describe how the agency will address the identified medical needs to mitigate risk and meet supports needs. This may include environmental modifications, clinical staffing, adaptive equipment, specialized training or other specialized support. |
| Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. |
| Click to enter text. | Click to enter text. |

**Attestations**

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| *Completed by the Support Coordinator:* | |
| **By submitting this form, I attest that a review of the NJCAT was conducted and to the best of my knowledge, all areas for which the Individual requires enhanced supports while receiving services, have been identified.**  Support Coordination Agency Name: Click to enter text.  Support Coordinator’s Name: Click to enter text. | |
| Date Completed and sent to Provider: Enter a date. | Date Received back from the Provider: Enter a date. |

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| *Completed by the Service Provider Agency:* | |
| **By submitting this form, I attest the Provider is aware of CCP/SP Manual requirements as outlined ahead, has DDD approval to provide higher level supports and has properly trained and credentialed staff in place for service delivery.**  Name of Service Provider Agency: Click to enter text. | |
| Staff Member Name: Click to enter text. | Title: Click to enter text. |
| Date Received from the SC: Enter a date. | Date Completed by the Provider: Enter a date. |

**CCP/SP Policies & Procedures Manual Requirements**

**Acuity Factor Requirements** - **Chapter 3.4.1**

When an Individual is assigned an acuity differentiated factor, service provider staff are responsible to provide the needed behavioral and/or medical services. This includes assessment, development and monitoring of a behavioral support plan. Therefore, when acuity is factored into the rate for a service (i.e. Community Based Supports, Day Habilitation, Individual Supports and Respite), the needed behavioral support services, including those described as “Behavioral Supports” in Section 17.2 of the CCP/SP Manuals, must be provided and cannot be claimed for separately/concurrently during the time in which the service is being provided.

**Behavioral Support Provider Qualifications - Chapter 17.2.3**

All Providers of Behavioral Supports services must comply with the CCP/SP Manual standards. In addition, Behavioral Supports Providers shall complete State/Federal Criminal Background checks, Child Abuse Registry Information (CARI) checks, and Central Registry checks for all staff, drug tests as applicable under Stephen Komninos’ Law, and ensure that all staff successfully completes the training described in section 17.2.5.3 of the CCP/SP Manuals.

In addition, staff conducting assessments, developing behavior support plans, and evaluating their effectiveness must:

* have demonstrated experience in positive behavior support and/or applied behavior analysis -AND-
* have at least one year’s experience working with people with developmental disabilities -AND-
* meet or be under the supervision of at least one of the following:
  + Board Certified Behavior Analyst – Doctoral (BCBA-D) -OR-
  + Board Certified Behavior Analyst (BCBA) -OR-
  + With one year of supervised experience working with Individuals with developmental disabilities involving behavioral assessment and the development of behavior support plans:
    - Master’s degree and the completion of requisite coursework from a BACB approved course sequence program -OR-
    - Clinician holding NADD Clinical certification -OR-
    - Master’s or Bachelor’s degree in applied behavioral analysis, psychology, special education, social work, public health counseling, or a similar degree AND under the supervision of a BCBA-D or BCBA.

In addition, staff responsible for monitoring the implementation of the behavior support plan and training/supervising caregivers must have demonstrated experience in positive behavior support and/or applied behavior analysis and one year’s experience working with people with developmental disabilities and meet the following criteria or be under the supervision of someone who does:

* Board Certified Assistant Behavior Analyst (BCaBA) in accordance with BACB standards -OR-
* Registered Behavior Technician (RBT) in accordance with BACB standards -OR-
* Direct Support Professional (DSP) holding NADD DSP Certification -OR-
* Bachelor’s degree in applied behavior analysis, psychology, special education, social work, public health, or a similar degree.

**Specialized Staff Training Requirements** - **Chapter 8.3.2.6.7 / Appendix E**

Within 90 days of hire, and as needed, staff who work with Individuals with medical restrictions, special instructions, or specialized needs shall receive training to meet those needs. Training topics to meet Individuals’ needs may include but are not limited to the following:

* Specialized diets/mealtime needs – including eating techniques, consistency of foods, nutritional supplements, food thickeners, the use of prescribed equipment, chair positioning, the level of supervision needed, etc.
* Mobility procedures and safe use of mobility devices
* Seizure management and support
* Assistance, care, and support for Individuals with identified specific needs related to physical and/or medical conditions
* Assistance, care, and support for Individuals with identified mental health and/or behavioral needs (must comply with relevant Division policies).