NJ DEPARTMENT OF HUMAN SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES

Division Update for Individuals, Families, and Providers

June 23, 2022
Agenda

- July Webinar
- COVID-19 Statistics
- DDD Website Updates
- SDE Mandatory Trainings
- Emergency Preparedness and Response Plan
- Temporary Service Modifications Update
- Enhanced Funding for Day Services Reconciliation
- Day Services Rate Increase
- Proposed Amendments to Licensing Regulations
- Staff Stability Survey 2021
- Prevention Bulletins
- Resources
COVID-19 Update Webinar

Schedule

• July Update Webinar:
  • Thursday July 28, 2022 – 10:30 am.
• Register for the July Webinar.
• Please visit DDD’s Public Update Meetings website to register for the remaining DDD Update Webinars for calendar year 2022.
**New Jersey COVID-19 Current Statistics**

<table>
<thead>
<tr>
<th>State of New Jersey</th>
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<tbody>
<tr>
<td>Positive</td>
<td>2,107,600</td>
</tr>
<tr>
<td>Deaths</td>
<td>30,862</td>
</tr>
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</table>

*This update is as of June 22, 2022.*


## DDD Specific COVID-19 Statistics*

<table>
<thead>
<tr>
<th></th>
<th>Community</th>
<th>Developmental Centers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Licensed</td>
<td>Own Home</td>
<td></td>
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<tr>
<td>Positive</td>
<td>3,730</td>
<td>1,977</td>
<td>808</td>
</tr>
<tr>
<td>Deaths</td>
<td>135</td>
<td>85</td>
<td>42</td>
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</tbody>
</table>

*DDD-specific statistics are updated weekly. Community data includes individuals actively under DDD services in settings such as group homes, supervised apartments, out of state, and own-home settings.

Full detail, including data for individuals not under services for whom reporting is voluntary and provided for informational purposes only, can be found at NJ Department of Human Services COVID-19 Information.
DDD Website Updates

• DDD’s Updates and Announcements website has been updated to include DDD Communication Updates.
• DDD’s Public Update Meetings website has been updated to include:
  • Registration for all DDD Update Webinars through the end of calendar year 2022; and
  • All archived DDD Update webinars and slides.
Reminder: SDE Mandatory Trainings

SDE Mandatory Trainings can be found in Appendix E of the Supports Program and Community Care Program Manuals.

• **Within six (6) months of hire**
  • DDD System Mandatory Training Bundle
    • DDD Stephen Komninos’ Law Training
    • DDD Life Threatening Emergencies (Danielle’s Law)
    • DDD Shifting Expectations: Changes in Perception, Life Experience and Services
    • Prevention of Abuse, Neglect and Exploitation: Modules 1, 3, 4, 5, and 7
    • Prevention of Abuse, Neglect and Exploitation Practicum (on-site competency assessment after completing Prevention of Abuse, Neglect and Exploitation modules)
    • Individual/Family-Developed Orientation (length, content determined by the individual/family)

• **Within six (6) months of hire and every two years**
  • CPR Certification (recertification every two years)
  • Standard First Aid Certification (recertification every two year)

**Clarification on CPR/FA Certifications**
• CPR/First Aid training can be completed online but requires an instructor-led classroom skill section.
Emergency Preparedness and Response Plan

• In accordance with P.L. 2021, Chapter 292, the New Jersey Department of Human Services (DHS) has released an Emergency Preparedness and Response Plan (EPRP) for Licensed Providers of Services for Individuals with Intellectual and Developmental Disabilities.

• A Licensed Service Provider (LSP) is any entity licensed, certified, or otherwise authorized by DHS to provide services to individuals with intellectual and developmental disabilities.

• A webinar for impacted LSPs was held on June 2, 2022. The EPRP, webinar recording, and webinar slide deck are available on the Division’s EPRP Webpage.
Temporary Service Modifications

• The *Temporary Service Modifications* document has been updated. The policy is unchanged from the November 2021 release outside of date adjustments.

• This document describes how referenced service modifications, including virtual services, will continue to be in place until six months after the Federal Public Health Emergency (PHE) ends.

• Presently, the Federal PHE is scheduled to end on July 15, 2022, but may extend further.

• Be advised that long term policy adjustments are under review related to the continuation of Virtual Goods and Services after the Federal PHE ends.
Enhanced Funding for Day Services Reconciliation

- On October 1, 2021, Day Services Rates (i.e. Career Planning, Community Inclusion Services, Day Habilitation, Prevocational Training - Group and Individual, and Supported Employment - Group and Individual) were increased due to one-time funding.
- A portion of this increase was delivered through an Enhanced Rate requiring monthly reconciliation.
- Due to the nature of the increase and one-time legislative language, all underspent funds must be distributed to service providers rendering the aforementioned services.
Enhanced Funding for Day Services Reconciliation

• To address, the Division will administer a proportional one-time lump sum payment to providers of the projected underspent funds.

• To maximize the accuracy of the proportional lump sum payment, the majority of claims for impacted services rendered between October 1, 2021 and June 30, 2022 will need to be submitted by July 15, 2022.

• Please see Enhanced Funding for Day Services Reconciliation for more information.
Day Services Rate Increase

• On October 1, 2021, Day Services Rates were increased due to one-time funding.

• The amount of the increase was calculated using projections that did not meet actual utilization of services.

• To address this, effective July 1, 2022, the Division will increase day service rates by an additional 3%.

• Notice of rate increase has been published on the Public Notices section of the Division of Medical Assistance and Health Services website.

• A direct link to the notice can be found here.
Proposed Amendments to Licensing Regulations

- The Department of Human Services has published proposed amendments to three regulations governing different licensed settings. These are:
  - N.J.A.C. 10:44A – Community Residences for Individuals with Developmental Disabilities. This is the regulation that impacts persons living in group homes and supervised apartments funded by the Division of Developmental Disabilities;
  - N.J.A.C. 10:44B – Manual of Standards for Community Care Residences. This is the regulation that impacts persons living in Community Care Residences funded by the Division of Developmental Disabilities;
  - N.J.A.C. 10:44C – Standards for Community Residences for Persons with Head Injuries. This is the regulation that impacts persons living in settings for persons with Traumatic Brain Injury.
Proposed Amendments to Licensing Regulations

• The Department is proposing amendments to update the rules governing these Community Residences to be consistent with best practices and to include provisions for the:
  • Fee-for-Service Initiative;
  • Centers for Medicare and Medicaid Services’ guidelines for funding;
  • Central Registry of Offenders against Individuals with Developmental Disabilities (N.J.S.A. 30:4D-77);
  • P.L. 2017, c. 328 (an act concerning background checks and licensing of certain entities);
  • Stephen Komninos’ Law (P.L. 2017, c. 238); and updated organizational changes.

• To that end, the Department is proposing substantive amendments to these chapters.
Proposed Amendments to Licensing Regulations

• The rule proposals are available online on the Department of Human Services’ [Proposed Rules and Amendments website](#), or can be found in the [New Jersey Register’s June 20, 2022 edition](#), 54 NJR 1117(a); 54 NJR 1137(a); and 54 NJR 1146(a).

• Interested stakeholders are encouraged submit comments during the public comment period which is open through August 20, 2022.

• Comments are to be submitted in writing during that time period and be directed to:
  • Douglas Swan - [Doug.Swan@dhs.nj.gov](mailto:Doug.Swan@dhs.nj.gov)
    Office of Program Integrity and Accountability
    Department of Human Services
    PO Box 700
    Trenton, New Jersey 08625-0700
In April 2022, provider agencies who employ direct support professionals received an invitation along with instructions from the Division to participate in the National Core Indicators (NCI) Staff Stability Survey - 2021. Invitations were sent to the provider email address associated with the iRecord.

The NCI Staff Stability Survey is open until June 30th, 2022. It is critical that all eligible provider agencies complete this survey as it provides critical data on Direct Support Professional wages in New Jersey.

If your organization needs any assistance with completion please contact DDD.NCI@dhs.nj.gov.

Please see the Division’s NCI Staff Stability Overview for more information.
There are certain medical conditions that can quickly lead to deterioration in health, or even death, in persons with IDD. The Division has a series of Prevention Bulletins on its Health and Safety website to educate caregivers on these conditions:

- Preventing Aspiration
- Preventing Choking
- Preventing Constipation
- Preventing Dehydration
- Preventing Falls
- Preventing Pressure Ulcers
- Preventing Seizures

The following slides will outline some of these topics. Please review the complete bulletin for full information and seek medical attention when needed.
DDD Prevention Bulletins

- **Preventing Aspiration**
  - Aspiration occurs when food, saliva, liquids, or vomit enters into the lungs. Aspiration may occur without signs or symptoms (Silent Aspiration).
  - Aspiration is more common in people with developmental disabilities, who may be prone to conditions that can affect the muscles involved in swallowing.
  - Signs and Symptoms of Aspiration:
    - Coughing;
    - Wheezing/change in breathing;
    - Watery Eyes;
    - Rumination;
    - Gagging;
    - Wet/ Gurgly voice quality;
    - Color change/reddening of the face; and/or
    - Feeling something stuck in the throat.
• Preventing Aspiration
  • Tips for Decreasing the Risk of Aspiration:
    • The individual should be seated at a 90 degree angle for all oral intake, or as recommended by a specialist;
    • The individual should take small bites of indicated diet texture (1/2 to 3/4 teaspoon);
    • The individual should take small sips of indicated beverage consistency;
    • If thickened liquids are prescribed, ensure that ALL liquids are thickened (drinks, soups, cereals);
DDD Prevention Bulletins

• Preventing Aspiration
  • Tips for Decreasing the Risk of Aspiration:
    • The individual should eat at a slow rate of intake;
    • The mouth should be completely empty before taking another bite or sip;
    • This individual should avoid talking with food in their mouth; and/or
    • Staff should ensure an unrushed atmosphere that allows for independence.
• Preventing Choking
  • Choking is a major cause of medical injuries, but it can be prevented.
  • Choking is a blockage of the upper airway by food or an object that prevents someone from breathing.
  • It is a medical emergency that requires fast action, to include an immediate call to 911, followed by efforts to dislodge the object that is causing the choking.
DDD Prevention Bulletins

- **Preventing Choking**
  - People with developmental disabilities are more likely to have a number of common characteristics that place them at high risk for choking/aspirating. Some of these characteristics include:
    - Decreased or absent protective airway reflexes;
    - Poor oral motor skills that do not permit adequate chewing or swallowing;
    - Medication side effects; and/or
    - Impaired mobility/positioning.
DDD Prevention Bulletins

• **Preventing Choking**
  • Other risk factors include medical conditions such as:
    • Dysphagia;
    • Asthma;
    • Lung disease;
    • Emphysema;
    • Sleep apnea;
    • Seizures; and/or
    • Gastroesophageal reflux disorder (GERD).
DDD Prevention Bulletins

• **Preventing Choking**
  • Common causes of choking:
    • Eating or drinking too fast;
    • Not chewing food well enough prior to swallowing;
    • Distracted while eating (laughing/talking/ moving with food in mouth);
    • Distracted by other persons or activities;
    • Over stuffing mouth;
    • Food stealing;
    • Swallowing inedible objects (Pica);
DDD Prevention Bulletins

• Preventing Choking
  • Common causes of choking:
    • Incorrect diet texture - liquids or food items;
    • Poorly fit dentures;
    • Edentulous (having no teeth);
    • Inadequate supervision;
    • Inadequately trained staff;
    • Not familiar with prescribed diet;
    • Poorly assisted eating techniques; and/or
    • Allowing poor positioning.
DDD Prevention Bulletins

• Preventing Choking
  • Preventative measures:
    • It is advisable to maintain a phone in the room during mealtimes;
    • Post information on how to communicate to 911 operators near phone;
    • Educate caregivers on the importance of mealtime safety;
    • Improve accountability by assigning point people for mealtime monitoring;
    • Closely monitor people who eat too fast and overstuff their mouth.
    • Document mealtime concerns in the communication log;
• Preventing Choking
  • Preventative measures:
    • Follow prescribed diets;
    • Promptly communicate diet changes to all settings;
    • Provide administrative oversight during mealtimes;
    • Concerns should be reviewed by appropriate personnel to determine if an assessment of eating/swallowing skills is needed, if mealtime monitoring strategies are needed, if prescribed diet needs to be modified or if adaptive feeding equipment is needed; and/or
    • Be cautious of leaving food items accessible that could pose a choking risk.
Preventing Constipation

Constipation occurs when a person has fewer than three bowel movements a week and the stools are hard and/or the individual needs strain to pass them.

- Healthy persons may have bowel movements from three times a day to once every three days.

A daily bowel movement is not necessary and there is no proof that waste stored in the gut is absorbed and is bad for health. However, if there are more than three days without a bowel movement, the problem can make Constipation worse as the bowel contents tend to harden and become difficult to pass.

- This can cause pain and even small tears (fissures) in the anus (the bottom opening of the bowel), which may bleed or cause more pain making it even more difficult to have a bowel movement.
Preventing Constipation

Why people with a developmental disability may be at a higher risk for constipation:

- Neuromuscular degenerative disorders, such as cerebral palsy, that impair the central nervous system’s response for the need to elimination;
- Spinal cord injuries or birth defects, such as spina bifida, that affect neural responses needed for elimination;
- People with muscle weakness, such as down syndrome, that lack the strength needed for adequate bowel function;
- People with mobility issues that lack the activity level needed to help the bowels function properly;
DDD Prevention Bulletins

• Preventing Constipation
  • Why people with a developmental disability may be at a higher risk for constipation:
    • Diets that do not contain adequate fiber and fluids;
    • Poor swallowing skills that may make it difficult to eat and drink adequate amounts of fiber and fluids;
    • Medication side effects can contribute to constipation. In particular, watch for constipation in persons who take antacids, anticonvulsants, antidepressants, tranquilizers, iron supplements, drugs for tremor, medication for urinary control or if the individual is using narcotics or other drugs for pain relief; and/or
    • Lack of privacy. A regular private time for toileting is important, having regular times and habits aids with easy bowel movements.
DDD Prevention Bulletins

• **Preventing Constipation**
  • Most Common Signs and Symptoms of Constipation
    • Small hard lumps of stools;
    • Any bleeding from the anus;
    • Hard, protruding abdomen;
    • Sausage-like lumpy stools;
    • Refusing to eat or drink v Difficulty passing stool;
    • Swelling or pain from abdomen; and/or
    • Vomiting digested food that smells like feces.
• **Preventing Dehydration**
  
  • Dehydration is a loss of too much fluid from the body. If your body loses too much fluid your body loses electrolytes.
  
  • Electrolytes include important nutrients like sodium and potassium which your body needs to work normally.
  
  • A person can be at risk for dehydration in any season, not just the summer months. It is also important to know that elderly individuals are at heightened risk for dehydration because their bodies have a lower water content than younger people.
DDD Prevention Bulletins

• Preventing Dehydration
  • Why people with a developmental disability may be at a higher risk for dehydration.
    • People with physical limitations may not be able to get something to drink on their own and will need the assistance of others.
    • People who cannot speak or whose speech is hard to understand may have a hard time telling their support staff that they are thirsty.
    • Some people may have difficulty swallowing their food or drinks and may refuse to eat or drink. This can make them more susceptible to becoming dehydrated.
DDD Prevention Bulletins

• **Preventing Dehydration**
  • Common Causes and Risk Factors for Dehydration:
    • Diarrhea;
    • Vomiting;
    • Excessive sweating;
    • Fever;
    • Burns;
    • Diabetes when blood sugar is too high;
    • Increased urination (undiagnosed diabetes);
    • Not drinking enough water, especially on warm and hot days;
    • Not drinking enough during or after exercise; and/or
    • Some medications (diuretics, blood pressure meds, certain psychotropic and anticonvulsant medications).
DDD Prevention Bulletins

• **Preventing Dehydration**
  • Most Common Signs and Symptoms of Dehydration:
    • Dry mouth and tongue with thick saliva;
    • Flushed face;
    • Confusion in older adults;
    • Sleepy, difficult to wake up;
    • Dry, warm skin;
    • Dizziness;
    • General weakness;
    • Dark, concentrated urine;
• **Preventing Dehydration**
  • Most Common Signs and Symptoms of Dehydration:
    • Few or no tears when crying;
    • Headache;
    • Decreased urination; and/or
    • Decreased skin elasticity.
    • One test for dehydration is to lightly pinch the skin on the back of the hand. If it is slow going back into place, this may indicate dehydration. Mild to moderate dehydration can be corrected by drinking more water alone, but if severe dehydration develops, it can be a medical emergency!
DDD Prevention Bulletins

- **Preventing Dehydration**
  - Best Ways to Keep Hydrated and Avoid Dehydration:
    - Always carry a water bottle for each person in the group when going out in the sun.
    - Offer drinks throughout the day (not only at meals). People should generally have 8 - 10 glasses of fluid every day unless otherwise indicated.
    - Soda is not a good choice for rehydration because it contains too much sugar and not enough sodium to replace electrolytes.
    - Increase intake of foods with high water content, such as fruits and vegetables.
    - Encourage snacks like popsicles, Jell-O, diced fruit cup, apple sauce, and Italian ice since these have high water content.
    - Increase fluid intake at the first signs of illnesses such as a cold or the flu.
    - Use an air conditioner or fan in hot weather. Adults should never stay in temperatures over 100°F (37.8°C), especially indoors, without good air flow.
**DDD Prevention Bulletins**

- **Preventing Pressure Ulcers**
  - Pressure ulcer (decubitus ulcer) is also called a bed or pressure sore and is damage to the skin caused by pressure.
  - Pressure ulcers often look like a minor redness in the skin although they can initially hide more damage under the skin’s surface.
  - Pressure ulcers can be painful and they can become infected sometimes causing blood poisoning or bone infections.
  - In severe cases, they can spread deeply under the skin and some of the underlying muscle or bone may be destroyed.
  - Individuals mostly at risk of developing pressure ulcers include those who:
    - Are confined to bed or chair and unable to move independently;
    - Have poor circulation;
    - Have frequent moist skin; and/or
    - Are elderly or with poor food, fluid intake or have prior history of this.
DDD Prevention Bulletins

• Preventing Pressure Ulcers
  • The signs to look for especially on the areas where bones are close to the skin are:
    • Red / purple / blue skin,
    • Blister,
    • Swelling,
    • Dryness or patches,
    • Shiny areas,
    • Cracks,
    • Calluses,
    • Wrinkles.
  • The signs to feel for are: Hard or Warm areas.
DDD Prevention Bulletins

• **Preventing Pressure Ulcers**

• Pressure Ulcer Prevention:
  
  • Encourage individuals to move at least every hour, and if they depend on you, change their position at least every 15 minutes in chair and every two hours in bed. Avoid friction (from rubbing, dragging) and shear (sliding down the bed).
  
  • Provide adequate hydration and a balanced diet.
  
  • Assess the skin daily. Pay special attention to feet. Those with decreased circulation may not feel pain.
• **Preventing Pressure Ulcers**
  • Pressure Ulcer Prevention:
    • Keep skin clean and dry at all times. Prevent moisture from sitting on the skin over a period of time as it allows bacteria to grow. Dry skin gently to prevent damage. Avoid massaging skin over bony parts of the body.
    • Bathe or shower in warm (not hot) water using a mild soap.
    • Use a moisturizing lotion to prevent skin from drying out and cracking.
    • Make use of pillows and other products like cushions, pads, and mattresses to relieve pressure.
Important Resources

• **Disability Rights New Jersey**
  • 1-800-922-7233 (toll-free in New Jersey only)

• **Ombudsman for Individuals with Developmental Disabilities and their Families**
  • 1-609-984-7764

• **New Jersey Council on Developmental Disabilities**
  • 1-800-792-8858
Important Resources

• For assistance during this time:
  • For issues, call the Division Community Services office for your county or 1 (800) 832-9173.
  • For routine questions: DDD.FeeForService@dhs.nj.gov
  • For COVID-related questions: DDD.COVID-19@dhs.nj.gov
  • To report suspected abuse, neglect or exploitation: call 1 (800) 832-9173, then press 1.
Highlighted Resources

• For individuals, families and caregivers:
  • Boggs Center COVID-19 Information and Resources
  • COVID-19 Materials for People with Intellectual and Developmental Disabilities and Care Providers.

• For individuals:
  • NJ Self-Advocacy Project’s Stay Healthy at Home Webinar Series.

• For Direct Support Professionals:
  • National Alliance for Direct Support Professionals (NADSP) COVID-19 Toolkit for DSPs.
  • CDC Guidance for Direct Service Providers.