

Navigating the New System

...Community Care Waiver,
Waiting List Changes, and
Individualized Budgets

Overview of Presentation

- ◆ Who we are
- ◆ Three things you will know after tonight:
 - What Medicaid is
 - What the Community Care Waiver is
 - How to get services

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What is Medicaid?

- ◆ Government funded health insurance program for low income children and families, and adults who are aged, blind or disabled
- ◆ Pays for doctor visits, prescription drug coverage, other medical services
- ◆ Covers services other insurance often doesn't: personal care, and long term services & supports

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What is the Community Care Waiver...

- ◆ Funding mechanism for services
- ◆ Funds services in group homes, day programs, in-home supports
- ◆ Federal government contributes to the cost of services
- ◆ When services are not covered under waiver, the state pays the entire cost

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...and Why is it Important?

- ◆ It allows people to receive services in the community rather than in an institution
- ◆ It offers a wider variety/range of services & supports
- ◆ Because of the federal funds, it has potential to provide more money so the State can serve more people

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...and Why is it Important?

- ◆ And, it is the only way to access long term supports and ensure that your son/daughter will be properly supported throughout his/her lifetime
- ◆ Extensive waiting list

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How Do You Get Services?

- ◆ Become DDD eligible
- ◆ Get on the Waiver Waiting List
- ◆ While you are waiting, you may be eligible for non-waiver-funded services
 - Contact your DDD case manager to find out what services you can get while waiting for a waiver "slot"

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Overview of New System & Changes that are Coming

- ◆ The only REAL/practical differences are:
 - The vocabulary
 - What you get when you reach the top of the waiting list
 - You will have more choices in terms of what services you can get and from whom

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New System

- ◆ Self-direction Option
 - Based more on in-home supports
 - Funding flows from DDD through Fiscal Intermediary
 - Waiting list for "waiver slot"

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New System

- ◆ Provider-Managed Option
 - Individual chooses a provider agency
 - Payment made directly to provider
 - Waiting list for "waiver slot"

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What We Know for Sure

- ◆ National Trend
- ◆ DDD has stated that this change is already being implemented
- ◆ Self advocates & families will need a new set of skills & new vocabulary

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How does the Waiver System Work?

- ◆ Determination of eligibility for waiver services
 - Waiting list criteria
 - Reserve capacity within the waiver
- ◆ Assessment
- ◆ Individual Budget – Decision to self-direct or not
- ◆ Plan Development
- ◆ If not eligible, then look at non-waiver & waiver services funded with state dollars

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What does "Self-Direct" Mean?

- ◆ Support Coordinator assigned
- ◆ How do I find service providers?
- ◆ Who checks to see if services are being delivered?
- ◆ How does the money get paid to the provider? How much? Can I negotiate?
- ◆ What if my needs change?

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Waiver Waiting List

- ◆ All move to waiver waiting list if not currently enrolled on waiver
- ◆ When your name comes up on list, you will receive services you need at that time, and be removed from list
- ◆ If needs change, the changes will be accommodated

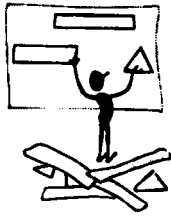
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How Waiting List Will Work



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Changes in Need



- ◆ If needs change, an updated plan is completed
- ◆ Services change to fit the need
- ◆ Waiver eligibility is preserved regardless of residence
- ◆ Waiver is portable

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Review of Covered Services in CCW

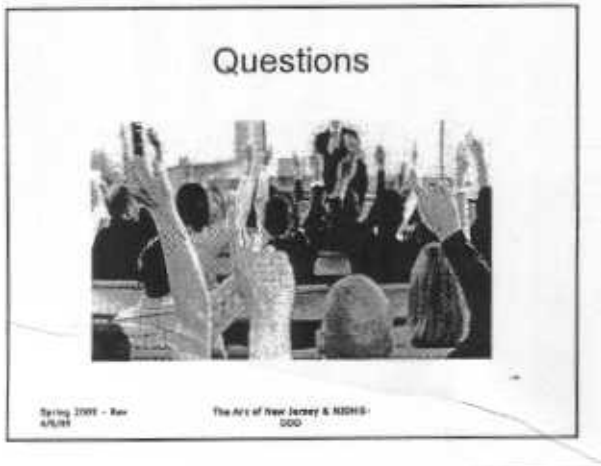
- ◆ Case Management
- ◆ Day Habilitation
- ◆ Individual Supports
- ◆ Respite
- ◆ Supported Employment
- ◆ Community Transition Services
- ◆ Support Coordination
- ◆ Assistive Technology Devices
- ◆ Environmental and Vehicle Adaptations
- ◆ Personal Emergency Response System (PERS)
- ◆ Transportation

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Non-Medicaid Funded Services

- ◆ Family Support
- ◆ Residential (room & board) after contribution to care received
- ◆ Start-up costs for residential placements, other than Transition services
- ◆ Discussion of what should be covered by state-only funds

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What is “self-direction”?

Self-direction (also referred to as self-determination) is a philosophy that individuals with developmental disabilities are entitled to have control over their own supports and services. The idea is that the individual, not the service system, decides where he/she will live and with whom, and what types of services he/she requires and who will provide them.

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Here is how it works in New Jersey:

- An individual will be assessed and assigned a budget based on his/her assessed level of need.
- Once an individual is assigned a budget, he/she will develop an Essential Lifestyle Plan.
 - This plan will outline what is important to the individual.
 - More specifically, it will include goals, support needs, outcomes, and other information that will be used to determine what services will be purchased and from whom.
- Each individual will have a “Person Centered Planning Team” which will assist the individual in carrying out the Essential Lifestyle Plan.
 - This team includes the individual with the disability, a support coordinator, a DDD monitor, and may include family, friends, a peer mentor, and others who know the individual well.
 - The team will assist in planning, budgeting, and finding resources, services, and supports for the individual.
- The support coordinator will help the individual and their team to locate the services they need to achieve the outcomes in their Essential Lifestyle Plan.
- However, the individual is ultimately responsible for determining what services he/she will purchase with his/her budget.

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Other things to keep in mind about New Jersey’s system of self-direction:

- The individual may only use his/her budget to purchase services and supports from a Medicaid qualified provider.
 - If families want to use someone who is not a Medicaid qualified provider, they can ask that particular provider to become a Medicaid qualified provider. If they are approved, the individual may pay them out of their budget.
- There is a fiscal intermediary so that the individual or family never actually handles the money.
 - The fiscal intermediary (currently Easter Seals) pays the service providers directly and is the employer of record for the staff the individual hires.
- DDD sets maximum rates, but the individual can negotiate any rate with a provider as long as it is less than the maximum rate.

TERMS YOU SHOULD KNOW

Assessment – The Developmental Disabilities Resource Tool (DDRT) is used to assess each individual participating in self-directed services. The information obtained from this assessment identifies level of support need to be considered for community planning in a variety of areas including self care and health and safety needs.

Centers for Medicaid and Medicare Services (CMS) – The federal agency responsible for monitoring, regulating, and approving all states' Medicaid programs. When states want to add, remove, or change any Medicaid programs or services, including all Waivers, they must apply to CMS for approval.

Community Care Waiver (CCW) - The federal program that allows DDD to claim reimbursement for a portion of the cost of residential, day program, and some related services, when they are provided to DDD eligible persons who are also Medicaid and waiver eligible. The CCW allows people with developmental disabilities to receive Medicaid funds for community-based or in-home services, instead of institutional services.

Day Habilitation/Day Program – Habilitation is the provision of services that are intended to help individuals with developmental disabilities realize their full physical, social, psychological, and vocational potential and achieve their maximum level of independence. Day habilitation or day programs are programs paid for by DDD that assist groups of people with developmental disabilities in meeting these goals during the weekdays. Many individuals with developmental disabilities attend these programs after aging out of the education system.

Division of Developmental Disabilities (DDD) – New Jersey's state agency within the Department of Human Services (DHS) that coordinates and/or provides a wide variety of services to people with developmental disabilities. The availability of services depends on current State resources; the types of services may vary in each county.

Essential Lifestyle Plan (ELP) – A plan created by the individual and DDD in collaboration with those important to the individual (such as family, friends, staff, etc.) that outlines who and what is important to the individual. It includes identified outcomes, goals, support needs, and other information that will be used to determine what services will be purchased and from whom.

Family Support - The Family Support Act was signed into law March 29, 1993. It made the Division of Developmental Disabilities responsible for creating a system of family support serving the person with a disability AND the entire family. Family support refers to services provided to help families keep a member with a disability at home and may include: cash subsidies, communication and interpreter services,

counseling and crisis intervention, day care, equipment and supplies, home and vehicle modifications, homemaker assistance, personal assistance services, respite care, self-advocacy training, therapeutic or nursing services, or vouchers for services. However, family support services are only available as state resources permit.

Fiscal Intermediary – In self-direction, this is the entity that holds the individual's budget and pays the service providers directly so that the individual or family never actually handles the money. They are also the employer of record for all staff the individual hires.

In-home Supports – Services and supports that are provided to an individual with a developmental disability in their family home, such as assistance with activities of daily living.

Individual Budget – The dollar amount assigned to an individual in self-direction based on that individual's assessed level of need using the DDRT. This is the amount of money the individual will have to purchase supports and services.

Individual Habilitation Plan (IHP) – A written plan of intervention and action that specifies the prioritized goals and objectives of the individual, as well as the steps being taken to achieve them. It may identify a continuum of skill development with progressive steps and anticipated outcomes of services. It encompasses all relevant aspects of an individual's life, such as any education plan, behavior modification plan, program plan, treatment plan, or health care plan.

Individual Supports One-on-one assistance with and supervision of self-care, social skills, activities of daily living, and other habilitation-related tasks.

Institution/Developmental Center – Large, congregate, self-contained living facilities for individuals with developmental disabilities. Residents live, eat, work and receive training, medical care, therapy, etc. on site. DDD runs seven developmental centers across the state.

Medicaid – A government funded health insurance program for low income children and families, and adults who are aged, blind and disabled. Like other types of health insurance, it pays for doctors visits, prescription drug coverage. Coverage under Medicaid is often more extensive than coverage provided by private insurance and includes personal care services, and long term services and supports (the services that people with disabilities often rely on throughout their lives).

Medicaid Qualified Provider/Medicaid Eligible Provider – A service provider who is approved by Medicaid to receive reimbursement from Medicaid for their services. Anyone who wants to provide services and who is willing to meet

Medicaid's requirements can go through a process to become Medicaid Qualified. Anyone receiving waiver services must use a Medicaid Qualified Provider.

Medicare - A federally administered system of health insurance available to all United States citizens aged 65 and over regardless of need.

Non-waiver Funded Services – Services provided to individuals who are not a part of waiver program, or services that are not covered under the waiver. These services are funded using all state dollars and are not entitlements or subject to federal rules.

Provider Managed - For those who do not want to self direct, this option allows an individual to choose a provider agency which takes care of all the supports and services for the individual. Payment is made directly to the provider so the individual and their family do not have to manage an individual budget, find services, or have a fiscal intermediary or support coordinator.

Respite Care – A service provided to families that allows the primary caregiver a break from caregiving responsibilities by providing a paid caregiver to assist an individual with a developmental disability on a temporary basis. Respite care can last for varying amounts of time (from a few hours on a given day, to multiple days or even weeks) and may include in-home respite, a weekend day drop off respite program, camp, or hotel respite.

Self-direction - This is a philosophy that individuals with developmental disabilities are entitled to have control over their own supports and services. The idea is that the individual, not the service system, decides where he/she will live and with whom, and what types of services he/she requires and who will provide them.

Self-directed Day Services – What individuals eligible for DDD services who are aging out of the education system will receive if there is adequate state funding. The individual is assigned a budget based on their level of need as assessed using the DDRT. They can then use that budget to purchase day services including, but not limited to a day program, supports for employment, personal assistant services, etc.

Support Coordinator – An individual from an agency contracted by DDD to help a person who has an individual budget find the services they need to implement their Essential Lifestyle Plan (ELP).

Waiting List – Currently there is a waiting list for waiver services called the Waiver Waiting List. This list used to be called the Community Residential Waiting List and was only for those wanting out-of-home placements. Now, it is a waiting list for anyone needing any type of services. Anyone who is eligible for DDD services can ask their DDD case manager to be placed on the Waiver Waiting List.

Waiver - Medicaid waivers are a way to provide Medicaid services in non-institutional or hospital settings while still receiving funding from the federal government through the Medicaid program. It is essentially a funding mechanism for community-based or in-home services. There are waivers for populations other than those with developmental disabilities (such as people with HIV/AIDS), but the primary waiver for those with developmental disabilities is the Community Care Waiver (CCW). Waiver services are an entitlement meaning the state is required by law to provide those on the waiver with whatever services they need, even if their needs change.

Waiver Services - Services funded through a Medicaid waiver. For people with developmental disabilities this means services provided under the CCW such as day programs, in-home supports, etc. When these services are funded through a Waiver, the federal government contributes to the cost of those services.