Supports Program and Community Care Program Policies and Procedures:

A Quick Guide for Families

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Introduction

The **Supports Program** and **Community Care Program** were developed by the New Jersey Department of Human Services' Division of Developmental Disabilities (DDD), which provides public funding for certain services that assist eligible New Jersey adults with intellectual and developmental disabilities, age 21 and older, to live as independently as possible.

What is the Purpose of this Guide?

This guide summarizes the information in DDD's Supports Program and Community Care Program Policies and Procedures Manuals **– the rules that govern program eligibility and process –** in a comprehensive, yet uncomplicated format for individuals and families.

This guide is based on information contained in DDD's Supports Program and Community Care Program Policies and Procedures Manuals. It is not intended to nor does it replace these policy manuals. The complete policy manuals are available on the DDD website:

www.nj.gov/humanservices/ddd/documents/supports-program-policy-manual.pdf

www.nj.gov/humanservices/ddd/documents/community-care-program-policy-manual.pdf

The Supports Program and Community Care Program policy manuals are the final and definitive source for all policies and procedures related to these two programs.

For questions, please contact:
DDD.FeeForService@dhs.nj.gov
800.832.9173

Or visit:
NJ Division of Developmental Disabilities
www.nj.gov/humanservices/ddd

The Division of Developmental Disabilities would like to express appreciation to the **Regional Family Support Planning Councils** *for their assistance in the development of this guide, and to the families who provided valuable input and feedback.*

A QUICK GUIDE FOR FAMILIES
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To be determined eligible for DDD services, an individual must:

- **Be a New Jersey resident**
- **Be Medicaid eligible**
- **Meet the functional criteria** of having a developmental disability, and must document that s/he has a chronic physical and/or intellectual impairment that
    - Manifested in the developmental years, before age 22;
    - Is lifelong; and
    - Substantially limits the individual in at least three of the following life activities: self-care; learning; mobility; communication; self-direction; economic self-sufficiency; and the ability to live independently.

To receive services, eligible individuals must enroll in one of DDD's two Medicaid waiver programs—the **Supports Program (SP)** or **Community Care Program (CCP)**. Waiver programs provide services that allow individuals to live in their own homes or in a community setting. There is a waiting list to be evaluated for Community Care Program eligibility, but individuals can access services through the Supports Program while on that waiting list.

Supports Program Eligibility Criteria	Community Care Program Eligibility Criteria
♦ At least 21 years old ♦ Determined eligible for DDD services ♦ Has and maintains Medicaid eligibility ♦ Is not currently enrolled in another Home and Community Based Services (HCBS) or Managed Long Term Services and Supports (MLTSS) program, or, if enrolled in another program, agrees to disenroll in order to enroll in the Supports Program ♦ SP services are available to individuals living in an unlicensed setting—their own home or apartment or the family home.	♦ At least 21 years old ♦ Determined eligible for DDD services ♦ Has and maintains Medicaid eligibility ♦ Meets *Intermediate Care Facilities for Individuals with Intellectual Disabilities* (ICF/IID) clinical level of care (*see page 10 for criteria*) ♦ Comes to the top of the CCP waiting list or is deemed an emergency ♦ Is not currently enrolled in another Home and Community Based Services (HCBS) or Managed Long Term Services and Supports (MLTSS) program, or, if enrolled in another program, agrees to disenroll in order to enroll in the Community Care Program ♦ CCP services are available to individuals living in an unlicensed setting or in a licensed setting, such as a group home or supervised apartment.

Medicaid Eligibility for DDD Services

To be "Medicaid eligible" means that an individual has applied for and been enrolled in Medicaid and continues to meet the income and financial resources criteria for Medicaid.

Every New Jersey resident who qualifies for and receives federal SSI (Supplemental Security Income) automatically receives New Jersey Medicaid. Therefore, it is highly recommended and strongly encouraged that individuals with intellectual and developmental disabilities immediately apply for SSI when they turn 18.

To apply for SSI, contact the local Social Security office or call the **Social Security Administration** toll free at **1.800.772.1213** (TTY 1.800.325.0778). For help, contact DDD's **Medicaid Eligibility Help Desk**: **DDD.MediEligHelpdesk@dhs.nj.gov.**

What if I'm not eligible for SSI?

If an individual's income and/or financial resources are above the limits for SSI eligibility, they can still apply for New Jersey Medicaid. (For example, the individual has money in a savings account, or receives a financial benefit due to a parent's death or because their parent has begun to collect social security benefits.) To apply for New Jersey Medicaid, contact the County Welfare Agency or Board of Social Services in the county where the individual resides.

Allowable Types of Medicaid for the Supports Program	Allowable Types of Medicaid for the Community Care Program
Supplemental Security Income (SSI) Medicaid	Supplemental Security Income (SSI) Medicaid
NJ Workability	NJ Workability
New Jersey Care	New Jersey Care
Supports Program Medicaid Only	Community Care Program Medicaid Only

Please see DDD's Medicaid Eligibility web page for more information:
www.nj.gov/humanservices/ddd/services/medicaideligibility.html

To be determined DDD eligible, an individual must complete the **DDD Application for Eligibility** and go through the **DDD Intake Process**.

The Application for Eligibility, which must be mailed to DDD, is available on the DDD website or by contacting the **DDD Community Services Office** that serves the county where the individual resides.

The application can be completed at age 18 or older. Generally, a good time to begin the application process is 6-12 months before the individual will turn 21 and exit the school system. You can review the **DDD Graduates Timeline** for more information.

An applicant who is 18 or older and has previously been determined eligible for developmental disability services through the NJ Children's System of Care (CSOC) can complete the DDD Short Application. To find out if you were previously determined eligible for developmental disability services through CSOC, contact PerformCare NJ at 877.652.7624.

Once the application and all supporting documents have been received, DDD will conduct a preliminary eligibility review, and a **DDD Intake Worker** will create a case file for the individual.

After the preliminary review, DDD will schedule a mutually agreeable time and location for completion of the **NJCAT (New Jersey Comprehensive Assessment Tool)**. A final review regarding the individual's eligibility for DDD services will be made when DDD receives the NJCAT results. Once a determination regarding the individual's eligibility for DDD services has been made, a letter will be mailed to the individual/family. It can take up to sixty days after the application and all required supporting documents have been received for a determination to be made.

> *The **DDD Intake Worker** will be the individual's point of contact at DDD throughout the Intake Process. If there are questions or concerns during the intake process, the individual or their family should contact the individual's DDD Intake Worker.*

The **NJCAT (New Jersey Comprehensive Assessment Tool**) is a tool that DDD uses to evaluate an individual's support needs in three main areas: **(1) Self-care, (2) Behavioral,** and **(3) Medical.** Completion of the NJCAT is required for any individual who wishes to access DDD services.

The NJCAT consists of two main components

Functional Criteria Assessment (FCA)

The FCA component evaluates whether an individual meets the functional criteria to be eligible for DDD services, by assessing the individual in the following areas:

- Self-care
- Learning
- Mobility
- Communication
- Self-direction
- Economic self-sufficiency
- Ability to live independently

Developmental Disabilities Resource Tool (DDRT)

The DDRT component evaluates an individual's support needs and relative need for services, ensuring that those with like needs receive a similar level of support.

There are no "right" or "wrong" answers on the NJCAT.

Answers should reflect an individual's support needs and conditions at the time of the assessment.

To complete the NJCAT, a trained DDD facilitator will conduct a face-to-face meeting with the individual and his or her guardian or family members. The facilitator will access the NJCAT online and, as prompted by the tool, will verbally ask each NJCAT question. The facilitator's role is not to answer the questions. The facilitator's role is to clarify the questions for those present and enter the answers that are agreed upon by the group.

When all questions have been answered, the DDD facilitator will submit the completed NJCAT electronically to the Rutgers University Developmental Disabilities Planning Institute (DDPI), where the assessment scores are tabulated and the tier is established.

A **sample NJCAT assessment** can be found on the **NJCAT** page of the DDD website.

Typically, the NJCAT results are valid for five years. However, if the most recent NJCAT was completed more than two years prior to enrollment into the Supports Program or Community Care Program, a reassessment may be conducted.

The NJCAT results establish an individual's **tier**, which determines the individual's **annual budget amount**. The tier also determines the **provider reimbursement rate** for that individual for many DDD services.

Within 2-4 weeks of completion of the NJCAT, eligible individuals will receive mailed notification of their tier. A copy of the completed NJCAT can be requested through the DDD Fee-for-Service Helpdesk at DDD.FeeForService@dhs.nj.gov (or, once enrolled in support coordination, can be requested from the individual's support coordinator).

If an individual experiences changes in his/her level of care, behavioral, or medical needs, an NJCAT reassessment may be needed. The process to request a reassessment is found in Section 3.6 of the Supports Program and Community Care Program policy manuals. NJCAT reassessments are conducted face-to-face with a DDD facilitator, as described above.

The **Supports Program** is a Medicaid waiver program that provides services for eligible adults with intellectual and developmental disabilities, age 21 and older, living with their families or in other unlicensed settings.

The Supports Program

- Enables New Jersey to better serve adults with intellectual and developmental disabilities, and to assist them to live in their communities.
- Provides opportunities for individuals with intellectual and developmental disabilities to make their own choices and direct their own services.
- Provides all enrollees with **Employment/Day Services** and **Individual/Family Support Services**, and individuals and their families are able to choose from a variety of services, based on the individual's assessed needs.
- Enables individuals who need both Private Duty Nursing (PDN) services and Supports Program services to enroll in Supports Program Plus Private Duty Nursing (SP+PDN).

Supports Program Eligibility
Section 5, Supports Program Policies and Procedures Manual

To enroll in and access services through the Supports Program, an individual first must be determined **DDD eligible** and **Medicaid eligible**. **All individuals who have been determined eligible for DDD services and who are Medicaid eligible can enroll in the Supports Program**. Because Medicaid does not allow enrollment in more than one waiver program at a time, eligible individuals already enrolled in another waiver program, such as Managed Long Term Services and Supports (MLTSS), would need to elect to dis-enroll from that program to enroll in the Supports Program.

Supports Program Enrollment
Sections 5.2 and 5.3, Supports Program Policies and Procedures Manual

Once an individual is determined DDD eligible, the next steps to enroll in the Supports Program in order to begin services are:

1. Individual/family chooses (*or is auto-assigned to*) a **Support Coordination Agency.**
2. Support Coordination Agency assigns a **Support Coordinator.**
3. Support Coordinator explains the Supports Program Participant Enrollment Agreement.
4. Individual signs the **Participant Enrollment Agreement**.

An individual on the CCP waiting list can enroll and receive services in the Supports Program while continuing to remain on the waiting list.

The **Community Care Program** is a Medicaid waiver program that provides services for eligible adults with intellectual and developmental disabilities, age 21 and older, living in licensed or unlicensed settings or with their families.

The Community Care Program

- Enables New Jersey to better serve adults with intellectual and developmental disabilities, and to assist them to live in their communities.

- Provides opportunities for individuals with intellectual and developmental disabilities to make their own choices and direct their own services.

- Provides all enrollees with **Employment/Day Services, Individual/ Family Support Services,** and **Individual Supports**; individuals and their families are able to choose from a variety of services, based on the individual's assessed needs.

- Enables individuals to receive services in a licensed residential setting, such as a group home or supervised apartment, or in their own home, family home or other unlicensed setting.

Community Care Program Eligibility
Section 5, Community Care Program Policies and Procedures Manual

To be eligible to enroll in and access services through the Community Care Program, an individual first must be determined **DDD eligible** and **Medicaid eligible**. An individual is eligible to apply for enrollment in the Community Care Program only when they are reached on the Community Care Program waiting list (*see CCP Waiting List on page 10*) or is deemed an emergency. In addition to meeting the requirements for DDD eligibility, the individual must be determined by DDD to meet the *Intermediate Care Facilities for Individuals with Intellectual Disabilities* (ICF/IID) clinical level of care (*see page 10 for criteria*). To enroll in the Community Care Program, an individual cannot be enrolled in another Medicaid waiver program, such as the Supports Program or Managed Long Term Services and Supports (MLTSS).

ICF/IID Level of Care (LOC)
Section 5.1.2, Community Care Program Policies and Procedures Manual

An *Intermediate Care Facilities for Individuals with Intellectual Disabilities* (ICF/IID) Level of Care means that, without the home and community based services provided through the Community Care Program, an individual would need to live in an institution. The following factors are included when DDD makes a determination regarding an individual's Level of Care:

- Review of the individual's NJCAT
- Review of additional documentation
- DDD clinical review

Community Care Program Waiting List
Section 5.1.3, Community Care Program Policies and Procedures Manual

DDD maintains a CCP waiting list. Individuals are eligible to apply for enrollment in the Community Care Program when they are reached on the waiting list or when their circumstance is deemed an emergency by DDD. When an individual is reached on the waiting list, DDD will mail a letter to the individual or their guardian and then contact the individual or guardian to discuss services and program eligibility. To enroll in the Community Care Program, an individual must be determined by DDD to meet the ICF/IID clinical Level of Care.

Community Care Program Enrollment
Sections 5.2 and 5.3, Community Care Program Policies and Procedures Manual

Once an individual is determined DDD eligible and has met all other criteria for CCP eligibility, the next steps to enroll in the Community Care Program in order to begin services are:

1. Individual/family chooses (*or is auto-assigned to*) a **Support Coordination Agency**.
2. Support Coordination Agency assigns a **Support Coordinator**.
3. Support Coordinator explains the Participant Enrollment Agreement.
4. Individual signs the **Participant Enrollment Agreement**.

As indicated in the **Participant Enrollment Agreement**, which the individual signs when enrolling in the Supports Program or Community Care Program, it is important to know what the individual needs to do (or not do!) to remain eligible for program services .

WHAT TO DO:

✓   **Submit all required information and documentation on time.**

✓   **Provide accurate and updated information.**

✓   **Participate in monthly, quarterly, and annual contacts/visits conducted by the Support Coordinator.**

✓   **Maintain Medicaid eligibility.**

✓   **Follow the rules explained in the Participant Enrollment Agreement.**

If one or more of the following situations occurs, the individual may not be able to access DDD services:

➔ The individual loses their Medicaid eligibility.
➔ The individual has moved out of New Jersey.
➔ The individual has enrolled in another Medicaid waiver program.
➔ The individual does not access program services (other than Support Coordination) for more than 90 days due to lack of need of services rather than lack of availability of services.

For a complete list of requirements for maintaining program eligibility, see Section 5.4 of the Supports Program and Community Care Program policy manuals.

Support Coordination (care management) services are provided by an independent, community-based Support Coordination Agency. The Support Coordination Agency helps the individual and his or her family connect with appropriate DDD services, as well as other needed medical, social, and educational services.

How to Choose a Support Coordination Agency

- Use the Provider Search Database at **https://irecord.dhs.state.nj.us/ProviderSearch**, to identify Support Coordination Agencies that serve the county where the individual resides. Go to the **Filter dropdown** and follow these steps:
    1. Select **Service** and check **Support Coordination**
    2. Select **County Served** and check the **County** where the individual resides
    3. Click on the magnifying glass icon to the right (when you hover your cursor on this icon, you will see the word Search)

- You can also use DDD's **Support Coordination Agencies List** to locate an agency.

- **Call and/or visit several potential Support Coordination Agencies**, and/or **ask for recommendations from individuals/families you know**, who already are receiving services, to make an informed choice about which agency is a good fit for the individual's needs.

- **Complete and submit the Support Coordination Agency Selection Form**. The **Support Coordination Agency Selection Form** is available on the Support Coordination page of the DDD website or can be requested by contacting the DDD Community Services Office that serves the individual's county of residence. *(It is a good idea to include both your first and second choice on the SCA Selection Form, as this will increase the possibility of being assigned to an agency of your choosing.)*

FOR HELP CHOOSING A SUPPORT COORDINATION AGENCY

The Boggs Center on Developmental Disabilities developed guide booklets
to assist individuals and their families in choosing a Support Coordination Agency:
**www.rwjms.rutgers.edu/boggscenter/products/
SelectingandEvaluatingSupportCoordinationAgency.html**

DDD maintains a **Support Coordination Agencies List**

DDD's Assignment of a Support Coordination Agency

- Within 2-4 weeks after the Support Coordination Agency Selection Form is received (or beginning in April of the exit year for students who have turned or are turning 21 and will be exiting the school system), DDD will assign a Support Coordination Agency based on the indicated preference.
- If no preference is indicated, or if the preferred agency does not serve the county where the individual lives or does not have openings, DDD will auto-assign a Support Coordination Agency.

Changing a Support Coordination Agency

- **The individual has the right and ability to change the Support Coordination Agency.**
- If an individual would like to change his/her Support Coordination Agency, they can choose a different Support Coordination Agency (*section 6.1.3, Supports Program/ Community Care Program Policies and Procedures Manual*).
- To change the Support Coordination Agency, a **Support Coordination Agency Change Form** must be submitted (*the form is available on the DDD website or by calling the DDD Community Services Office that serves the county where the individual lives*).
- The Support Coordination Agency Change Form can be submitted to DDD by email or mail. (Email and mail address are included on the form.)

I want to change my Support Coordination Agency but I don't want to start the process all over.

You don't have to start all over! When you change your Support Coordination Agency, all the information already gathered and developed —including contact and demographic information, planning documents such as the Person Centered Planning Tool (PCPT) and Individualized Service Plan (ISP), and monitoring tools— is transferred to your new Support Coordination Agency.

The Support Coordination Agency will assign a professional **Support Coordinator**, who will contact the individual/family to introduce themselves and begin the planning process.

THE SUPPORT COORDINATOR:

- Is the primary point of contact—or "go-to" person—for the individual/family
- Helps connect the individual with services and other resources in the community
- Is available 24/7 for emergent situations, and can schedule other interactions with the individual/family at their convenience

THE SUPPORT COORDINATOR WILL:

- **Foster a good relationship** with the individual and their family and develop an understanding of the individual's level of need.
- **Be knowledgeable** about services and other resources available in the communities they serve.
- **Understand the information** contained in the Supports Program and Community Care Program policy manuals, including services available through each program.
- **Understand the difference** between acting as a resource, which is part of the Support Coordinator's role, and speaking for the individual or family, which **is not** part of the Support Coordinator's role.

THE SUPPORT COORDINATOR'S ROLE IS DIVIDED INTO FOUR AREAS:

- **Individual Discovery** – Assisting the individual in identifying hopes, dreams, and goals through completion of the Person Centered Planning Tool (PCPT).
- **Plan Development** – Developing the Individualized Service Plan (ISP) with input from the individual and other service planning team members.
- **Coordination of Services** – Arranging for and coordinating DDD services, services not available through or funded by DDD, and other resources that meet the needs of the individual.
- **Monitoring Progress –** Making sure the individual is receiving quality services that are meeting their needs and helping them progress toward identified outcomes

CHANGING A SUPPORT COORDINATOR

If an individual wishes to change his/her **Support Coordinator**, they should talk with the agency's Support Coordination Supervisor. *(See page 13 for "Changing a Support Coordination Agency.")*

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➔ STEP 1: Service Planning Team Meets

The individual works with the service planning team to develop one integrated plan. Members of the planning team will vary depending upon the needs and wishes of the individual, and will include at a minimum:

- Individual
- Support Coordinator
- Individual's parent/family or legal guardian, as appropriate
- Any service provider and/or additional person(s) approved by the individual, whose participation is necessary to develop a complete and effective plan

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➔ STEP 2: Support Coordinator completes the Person-Centered Planning Tool

The **Person-Centered Planning Tool** (PCPT) assists the individual in identifying their hopes, dreams, and goals. The PCPT is written by the Support Coordinator in collaboration with the individual and their family, and other identified team members as needed. **The PCPT is completed before the Individualized Service Plan is developed** and must be used as part of the service planning process.

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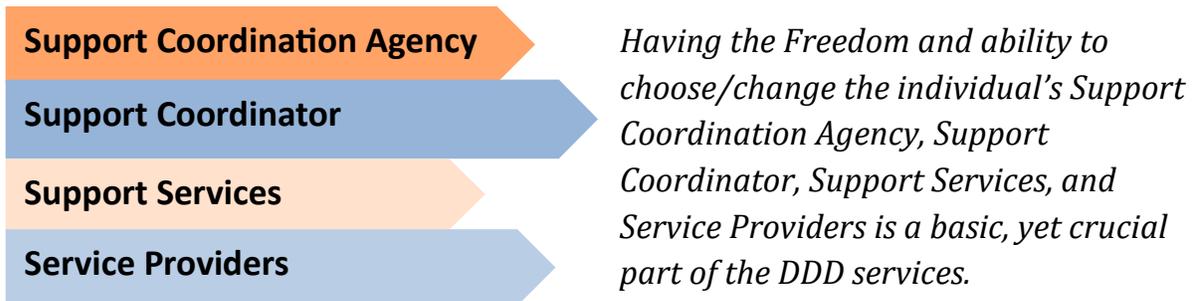### ➔ STEP 3: Support Coordinator Develops the Individualized Service Plan

The **Individualized Service Plan** (ISP) is the document that directs and **prior authorizes** all DDD services and service providers. This means the individualized budget will only pay for services that are prior authorized in an approved ISP. The Support Coordinator works with the individual and other planning team members to develop the ISP.

- The individual identifies their outcomes and, together with the Support Coordinator and planning team members, chooses appropriate services to reach those outcomes.
- The individual's services, service providers, and service-related outcomes are documented in the ISP.
- The ISP must be developed and approved within 30 days of program enrollment, and then renewed annually.
- The ISP can be changed if an individual's needs or goals change.
- Any changes in services or service providers must be documented and prior authorized through the ISP.

The Supports Program and Community Care Program give individuals and families the flexibility to choose and change any of the following:

Support Coordination Agency

Support Coordinator

Support Services

Service Providers

Having the Freedom and ability to choose/change the individual's Support Coordination Agency, Support Coordinator, Support Services, and Service Providers is a basic, yet crucial part of the DDD services.

All choices are made based on the individual's needs as identified in the Individualized Service Plan (ISP). The Individualized Service Plan (ISP) directs and prior authorizes all services and service providers, and any changes to services and/or service providers must be documented in the ISP. The Support Coordinator will work with the individual and their family to make sure that the individualized budget can accommodate the chosen services.

A list of available DDD services is included in this guide, on pages 20-21. The Support Coordinator will be familiar with professionals and agencies in their area that are eligible to provide DDD services. In addition, Medicaid enrolled providers are listed in the web-based **Provider Search Database** and are searchable by a number of criteria, such as counties served or service type.

It is important to know that individuals cannot receive services other than Support Coordination from their Support Coordination Agency, even if the agency is eligible to provide other services. This is a conflict of interest for the agency and is not allowed by DDD or Medicaid.

FOR HELP CHOOSING SERVICE PROVIDERS

The Boggs Center on Developmental Disabilities developed guide booklets to assist individuals and their families in choosing service providers:

www.rwjms.rutgers.edu/boggscenter/SelectingaServiceProvider.html

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For some services (*Community Based Supports, Individual Supports, Interpreter Services, Respite, Support Brokerage, and Transportation*), an individual and their family can choose to hire a Self-Directed Employee (SDE), sometimes called a "self-hire," as the provider of services. The SDE and the service provided by the SDE must be prior authorized through the Individualized Service Plan (ISP) before services begin.

An individual can choose to participate in one of two available SDE models, each of which is managed by a fiscal management services agency ("fiscal intermediary") that has been contracted by the state:

- Vendor Fiscal/Employer Agent—where the individual enrolls as the employer of record or identifies someone else to enroll as the employer of record.
- Agency with Choice—where the fiscal intermediary agency is the employer of record and the individual is a co-employer or managing employer.

Please visit the Self-Directed Services page of the DDD website for more information: **www.nj.gov/humanservices/ddd/programs/selfdirected**

Important things to know when hiring a Self-Directed Employee:

SELF-DIRECTED EMPLOYEE	FISCAL INTERMEDIARY	INDIVIDUAL/FAMILY
Completes hiring process and pre-employment screenings with appropriate fiscal intermediary	Ensures compliance with federal and state regulations and labor laws	Responsible for recruiting, hiring, training and monitoring the Self-Directed Employee, and determining the SDE's hourly wage
Completes applicable DDD-mandated trainings	Manages payment to the Self-Directed Employee	Ensures compliance with Individualized Service Plan (ISP) – if an individual/family negotiates work outside of what is authorized through ISP, individual/family is responsible for payment

STEP 1	**INDIVIDUAL/FAMILY COMPLETES DDD INTAKE APPLICATION** ➔ DDD makes initial determination of DDD eligibility.
STEP 2	**INDIVIDUAL/FAMILY COMPLETES NJCAT** *NJCAT results establish the individual's tier, and tier determines the individual's budget.* ➔ **DDD** makes final determination of DDD eligibility. ➔ **DDD** provides written notification of DDD eligibility. ➔ **DDD** provides written notification of tier assignment to DDD eligible individuals. ➔ Eligible individuals will be enrolled in the Supports Program unless they have been determined to meet the criteria for the Community Care Program (*see criteria on page 19*).
STEP 3	**INDIVIDUAL/FAMILY SUBMITS SUPPORT COORDINATION AGENCY SELECTION FORM** *If the individual is still receiving school-based services, the Support Coordination Agency Selection Form is completed in February/March of the school year in which the individual turns 21 and will exit school-based services. If services are needed at age 21 and prior to exiting school-based services, the individual/family should contact DDD Intake.* ➔ **DDD** assigns Support Coordination Agency based on individual/family preference or through auto-assignment. ➔ **Support Coordination Agency** identifies a Support Coordinator to work with the individual/family. ➔ **Support Coordinator** contacts individual/family to introduce him/herself and schedule first Support Coordination meeting.
STEP 4	**INDIVIDUAL/FAMILY MEETS WITH SUPPORT COORDINATOR** ➔ **Individual** signs Participant Enrollment Agreement for the waiver program they are enrolling in. ➔ **Support Coordinator** completes Person-Centered Planning Tool (PCPT); helps identify and coordinates participation of service planning team; helps individual/family identify and connect with appropriate services and service providers; and develops Individualized Service Plan (ISP).
ONGOING	**SUPPORT COORDINATOR MAINTAINS AT LEAST MONTHLY CONTACT WITH INDIVIDUAL/FAMILY** ➔ Together with individual/family, Support Coordinator reviews progress and makes changes to services and service providers as needed and/or when individual/family requests a change.

ASSISTIVE TECHNOLOGY: *An item, piece of equipment, or product system used to increase, maintain, or improve an individual's functional capabilities*

BEHAVIORAL SUPPORTS: *Counseling, behavioral interventions, and/or diagnostic evaluations/consultations to help an individual manage their behaviors and learn to interact with others*

CAREER PLANNING**: *Employment planning to help an individual get and keep a job*

COGNITIVE REHABILITATION (SP ONLY): *Therapeutic cognitive activities to help an individual with a neurological impairment learn new and different ways to function*

COMMUNITY BASED SUPPORTS (SP ONLY): *One-to-one direct support that promotes increased independence, productivity, enhanced family functioning, and inclusion in the community*

COMMUNITY INCLUSION SERVICES: *Direct support to assist a group of 2-6 individuals in educational, enrichment, or recreational activities*

COMMUNITY TRANSITION SERVICES (CCP ONLY): *Set-up expenses for an individual transitioning from an institutional setting to a less restrictive living arrangement where the individual will be responsible for living expenses*

DAY HABILITATION: *Education/training that assists an individual in gaining the skills needed to participate in the community (problem-solving skills, self-help skills, social skills, adaptive skills, daily living skills)*

ENVIRONMENTAL MODIFICATIONS: *Physical adaptations to the private residence of an individual/family to ensure the health, welfare, and safety of the individual or to enable the individual to function with greater independence in their residence*

FISCAL MANAGEMENT SERVICES: *Assistance with disbursement of funds for Self-Directed Employees and fiscal accounting (referred to as Fiscal Intermediary, or FI)*

GOODS AND SERVICES: *Services, equipment, or supplies not provided through other waiver program services, or other resources that address an identified need*

INDIVIDUAL SUPPORTS (CCP ONLY): *One-to-one direct support that promotes increased independence, productivity, enhanced family functioning, and inclusion in the community*

INTERPRETER SERVICES: *Face-to-face support to assist an individual to integrate more fully with community-based activities and employment*

NATURAL SUPPORTS TRAINING: *Training for caregivers who provide unpaid support, training, companionship, or supervision to an individual*

OCCUPATIONAL THERAPY: *Habilitative or rehabilitative, provided one-to-one or in a group (rehabilitative services are available only after primary insurance and Medicaid State Plan benefits are exhausted)*

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS): *Electronic device that gets help in an emergency*

PHYSICAL THERAPY: *Habilitative or rehabilitative, provided one-to-one or in a group (rehabilitative services are available only after primary insurance and Medicaid State Plan benefits are exhausted)*

PREVOCATIONAL TRAINING**:** *Learning and work experiences that help an individual learn about jobs that they may be interested in, and learn skills to become more employable*

RESPITE: *Short-term care/support of an individual due to the absence or need for relief of the usual caregiver(s)*

SPEECH, LANGUAGE, AND HEARING THERAPY: *Habilitative or rehabilitative, provided one-to-one or in a group (rehabilitative services are available only after primary insurance and Medicaid State Plan benefits are exhausted)*

SUPPORT COORDINATION (an administrative service that does not come out of the individual's budget): *Assists an individual to gain access to DDD program services, as well as needed medical, social, educational and other services*

SUPPORTED EMPLOYMENT – INDIVIDUAL**:** *Assists an individual to get and/or keep a job in the general workforce at or above minimum wage*

SUPPORTED EMPLOYMENT – SMALL GROUP**:** *Training activities in business, industry, and community settings for a group of 2-8 individuals*

SUPPORT BROKERAGE: *Available to individuals using Self-Directed Employees for some or all services, to assist the them in arranging for, directing, and managing these self-directed services (Intended to supplement, not duplicate, Support Coordination service)*

TRANSPORTATION: *Assists individual in gaining access to services, activities, and resources*

VEHICLE MODIFICATIONS: *Assessments, adaptations, or alterations to an automobile or van to accommodate an individual's needs*

**EMPLOYMENT SERVICES (Career Planning, Prevocational Training, Supported Employment) must initially be accessed through the NJ Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI). If employment services are not available through DVRS or CBVI, or if employment services through DVRS or CBVI have been exhausted, DDD funding will be made available.

Individuals enrolled in the Supports Program or Community Care Program can receive services to support them in their homes and communities, and can apply for a rental subsidy to assist them with housing costs.

Home and Community Based Services

Supports Program services are available to individuals who live:

- With their family; or
- In a home or apartment that is not licensed by the state.

Community Care Program services are available to individuals who live:

- With their family; or
- In a home or apartment that is not licensed by the state; or
- In a home or apartment that is licensed by the state and managed by a provider agency, such as a group home or supervised apartment.

Rental Subsidies through the Supportive Housing Connection

Rental subsidies through the Supportive Housing Connection (SHC) are available to individuals who live:

- In a home or apartment that is not owned by the individual or their family, not licensed by the state, and is within DDD's Published Rent Standards; or

- In a home or apartment that is licensed by the state and managed by a provider agency, such as a group home or supervised apartment.

Individuals who receive an SHC rental subsidy also must contribute a portion of their monthly income toward rent. (Monthly income includes social security benefit, employment wages, and any other income.)

Individuals interested in receiving an SHC rental subsidy can talk to their support coordinator and ask them to submit a Housing Subsidy Request to DDD on their behalf.

THE SUPPORTIVE HOUSING CONNECTION

The Supportive Housing Connection is a partnership between the NJ Department of Community Affairs and the NJ Department of Human Services (DHS) that administers rental subsidies to individuals served by DHS:

www.nj.gov/dca/divisions/dhcr/offices/shc.html

FLANDERS OFFICE	PATERSON OFFICE
Serving Morris, Sussex, Warren 1-B Laurel Drive, Flanders, NJ 07836 Phone: 973.927.2600	**Serving Bergen, Hudson, Passaic** 100 Hamilton Plaza, 7th Floor Paterson, NJ 07505 Phone: 973.977.4004
NEWARK OFFICE	PLAINFIELD OFFICE
Serving Essex 153 Halsey Street, 2nd Floor PO Box 47013 Newark, NJ 07101 Phone: 973.693.5080	**Serving Union, Somerset** 110 East 5th Street Plainfield, NJ 07060 Phone: 908.226.7800
FREEHOLD OFFICE	TRENTON OFFICE
Serving Ocean, Monmouth Juniper Plaza, Suite 1 - 11 3499 Route 9 North Freehold, NJ 07728 Phone: 732.863.4500	**Serving Hunterdon, Mercer, Middlesex** 11a Quakerbridge Plaza Mercerville, NJ 08619 (Mail: PO Box 705, Trenton, NJ 08625) Phone: 800.832.9173
MAYS LANDING OFFICE	VOORHEES OFFICE
Serving Atlantic, Cape May, Cumberland, Salem 5218 Atlantic Avenue, Suite 205 Mays Landing, NJ 08330 Phone: 609.476.5200	**Serving Burlington, Camden, Gloucester** 2 Echelon Plaza 221 Laurel Road, Suite 210 Voorhees, NJ 08043 Phone: 856.770.5900

QUESTIONS?

◆ Contact the Community Services Office that serves the county where the individual resides
◆ Contact the Fee-for-Service Helpdesk: **DDD.FeeForService@dhs.nj.gov**
◆ Call DDD Toll-Free at **1.800.832.9173**

APSE (Association for People Supporting Employment First):
National chapter: www.apse.org   New Jersey chapter: www.apse.org/chapter/new-jersey

Boggs Center on Developmental Disabilities: www.rwjms.rutgers.edu/boggscenter

Community Health Law Project (CHLP): http://chlp.org

Disability Rights New Jersey (DRNJ): www.drnj.org

Family Support Coalition of New Jersey: www.familysupportcoalition.org

Family Support Organizations (FSO): www.nj.gov/dcf/families/support/support

NJ Children's System of Care (CSOC): www.performcarenj.org

NJ Commission for the Blind and Visually Impaired (CBVI):
www.nj.gov/humanservices/cbvi

NJ Council on Developmental Disabilities (NJCDD): www.njcdd.org

NJ Division of the Deaf and Hard of Hearing (DDHH): www.nj.gov/humanservices/ddhh

NJ Division of Disability Services (DDS): www.nj.gov/humanservices/dds
DDS annually publishes the comprehensive NJ Disability Resources Guide

NJ Division of Vocational Rehabilitation Services (DVRS): www.careerconnections.nj.gov/
careerconnections/plan/foryou/disable/vocational_rehabilitation_services.shtml

NJ Statewide Independent Living Council: www.njsilc.org

Planning for Adult Life (PFAL) program: www.planningforadultlife.org

Regional Family Support Planning Councils (RFSPC):
www.njcdd.org/the-regional-family-support-planning-councils

Supportive Housing Association (SHA): www.shanj.org

Supportive Housing Connection (SHC): www.nj.gov/dca/divisions/dhcr/offices/shc.html

Notice of Nondiscrimination

The New Jersey Department of Human Services (DHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DHS provides the following services at no cost to individuals who receive or are applying to receive DHS services:

- Services to assist people with disabilities communicate effectively with us, such as the use of a qualified sign language interpreter and the availability of written information in alternative and accessible formats (large print, audio, etc.).

- Language services to assist people whose primary language is not English, such as the use of a qualified interpreter and the availability of written information in languages other than English.

If you need these services, please contact 1.800.832.9173.

If you believe DHS failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax or email with the NJ Department of Human Services, Office of Legal and Regulatory Affairs:

Civil Rights Coordinator	Email: DHS-CO.OLRA@dhs.nj.gov
Office of Legal and Regulatory Affairs	Fax: 609.633.9610
222 South Warren Street	Phone: 1.888.347.5345
PO Box 700	
Trenton, NJ 08625-0700	

You can also file a civil rights discrimination complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). An OCR complaint can be filed through the OCR Complaint Portal at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or in writing by mail, fax, or email:

U.S. Department of Health and Human Services	Email: OCRComplaint@hhs.gov
200 Independence Avenue, SW	Fax: 202.619.3818
Room 509F, HHH Building	Phone: 1.800.368.1019
Washington, DC 20201	TDD: 1.800.537.7697

The Civil Rights Discrimination Complaint Form Package is available here:
www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

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**New Jersey
Department of Human Services
Division of Developmental Disabilities**

In collaboration with
Regional Family Support Planning Councils