

Fee For Service

What You Need to Know; What You Need to Do

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- Medicaid based, 2 waiver (Supports & CCW) system to maximize federal reimbursement
- Fee-for-service model using defined discreet services and standardized statewide rates
- Promotion of full community participation through the use of models including support coordination, supportive housing, and employment first

- Comprehensive Medicaid waiver approved 10/2012 – DDD’s initiative within the waiver is the Supports Program
- 1/2013 – DDD becomes adult only when children move to DCF/CSOC – establishes new eligibility criteria including Medicaid eligibility
- Comprehensive Rate Study undertaken 1/2013-7/2014
- Final Rate Report and Rate Schedule released 7/2014
- CCW amendment submitted to align with Supports Program and meet new HCBS guidelines (still waiting for CMS approval)
- Supports Program policies and procedures drafted. Final rates for both waivers published (with a few pending) 5/2015
- July 2015 – Rollout beginning with new graduates
- 12-18 month transition period for phase in

- The new system is built on a Medicaid platform: individual, provider and service
- Two Waiver System
 - Community Care Waiver (CCW)
 - Supports Program (DDD Initiative in the Comprehensive Medicaid Waiver)
- Maximize federal reimbursement
- Serve more people
- Expanded services
- Individual must maintain Medicaid eligibility
- Disability services that are tied to the individual

Fee-for-Service (FFS) Model

The new FFS model requires greater attention to service definitions. Providers will be reimbursed for units of billable service as opposed to “slots” of a bundled service package

- Standardized rates for services
- Payment rendered after services are delivered
- Increased flexibility
- Increased choice
- Increased quality

What is a Fee for Service (FFS) System?

- A change in the way providers are reimbursed

OLD

Annual contracts between DDD and providers (payment <u>prior</u> to service)
“Slot”-based/“Program”-based
Multiple rates for similar services



NEW: FFS

Providers submit claims for payment <u>after</u> service
“Billable service unit” by individual
Standard rates for standardized services

How Will the New FFS System Work?

- New Jersey Comprehensive Assessment Tool (NJ CAT) to set tiers and identify service needs
- Enrollment onto one of two waivers (CCW/Supports Program)
- Support Coordination model
- Individualized Service Plan:
 - Person Centered Planning Tool (PCPT)
 - Prior authorization of services based on approved budget
 - Amended as needed through-out year; re-done annually
- Service Provision – Fee for Service
 - Providers will bill Medicaid directly
- Quality Monitoring
 - Provider qualifications, approval, disenrollment if needed
 - Provider, Service and individual outcome monitoring
 - Support Coordination quality monitoring

What Services Will be Available in the FFS System?

- In most cases, the same services individuals receive today will be available, however:
 - The way providers are reimbursed is changing; and
 - “Programs” will have to be unbundled and differentiated into discreet “services”
 - Services must meet definitions; assigned standardized rates
- Familiarity with the available services is key to understanding:
 - How your current services are potentially changing; and
 - What new service options may be available
 - Creating a plan and a budget that meets annual service needs

Services Available – Supports Program

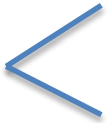
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<input type="checkbox"/> Behavioral Management (B)	<input type="checkbox"/> Financial Management Services – FI (SP)	<input type="checkbox"/> Respite (B)
<input type="checkbox"/> Career Planning (B)	<input type="checkbox"/> Goods and Services (SP)	<input type="checkbox"/> Speech, Language and Hearing Therapy (B)
<input type="checkbox"/> Case Management (CCW)	<input type="checkbox"/> Individual Supports (CCW)	<input type="checkbox"/> Support Coordination (B)
<input type="checkbox"/> Cognitive Rehabilitation (SP)	<input type="checkbox"/> Interpreter Services (SP)	<input type="checkbox"/> Supported Employment – Individual (B)
<input type="checkbox"/> Community Based Supports (SP)	<input type="checkbox"/> Natural Supports Training (SP)	<input type="checkbox"/> Supported Employment – Small Group (B)
<input type="checkbox"/> Community Inclusion Services (SP)	<input type="checkbox"/> Occupational Therapy (B)	<input type="checkbox"/> Supports Brokerage (SP)
<input type="checkbox"/> Community Transition Services (CCW)	<input type="checkbox"/> Personal Emergency Response System (B)	<input type="checkbox"/> Transportation (B)
<input type="checkbox"/> Day Habilitation (B)	<input type="checkbox"/> Physical Therapy (B)	<input type="checkbox"/> Vehicle Modifications (B)

SP = Supports Program
(24 total)

CCW = Community Care Waiver
(3 total)

B = Both
(16 total)

Individual Service Plans/Budgets

- Individual tier categories will drive – but not entirely dictate – individual budget amounts
 - 10 Tiers 
 - 5 Basic: A-E
 - 5 Aquity: Aa - Ea
- Overall budget allocations will be driven by the following four sub-components that will be part of the ISP:
 - Residential
 - Employment/Day
 - Supports
 - Supported Employment

- **Residential:** Component driven by tier allocation against rates for Individual Supports
 - Only for individuals enrolled on the CCW
 - Not applicable to individuals enrolled on the Supports Program
- **Employment/Day:** Component driven by tier allocation against rates for Day Habilitation
 - Applicable to all individuals on both waiver programs
- **Supports:** Every individual on both waiver programs will have a supports component in their budget:
 - Tier A: \$5,000/Annually
 - Tiers B & C: \$10,000/Annually
 - Tiers D & E: \$15,000/Annually
- **Supported Employment:** With the Division's commitment to Employment First, an individual's budget may be adjusted upward to accommodate an individual's desire to become gainfully employed

Example Individual Budgets (Supports Waiver)

Tier	Employment/Day	Individual/Family Supports	Supported Employment	Total Individual Budget
A	\$14,000.00	\$5,000.00	Available as needed	\$19,000.00
Aa	\$20,000.00	\$5,000.00	Available as needed	\$25,000.00
B	\$18,000.00	\$10,000.00	Available as needed	\$28,000.00
Ba	\$26,000.00	\$10,000.00	Available as needed	\$36,000.00
C	\$22,000.00	\$10,000.00	Available as needed	\$32,000.00
Ca	\$32,000.00	\$10,000.00	Available as needed	\$42,000.00
D	\$33,000.00	\$15,000.00	Available as needed	\$48,000.00
Da	\$47,000.00	\$15,000.00	Available as needed	\$62,000.00
E	\$43,000.00	\$15,000.00	Available as needed	\$58,000.00
Ea	\$63,000.00	\$15,000.00	Available as needed	\$78,000.00

Example Individual Budgets (CCW – Residential)

Tier	Total Individual Budget (Day/Family Support/SE)	Residential Individual Supports in Licensed Setting (Rate x 365)	Total
A	\$19,000	\$25,740	\$44,740
Aa	\$25,000	\$54,692	\$79,692
B	\$28,000	\$51,480	\$79,480
Ba	\$36,000	\$109,383	\$145,383
C	\$32,000	\$85,800	\$117,800
Ca	\$42,000	\$182,303	\$224,303
D	\$48,000	\$120,122	\$168,122
Da	\$62,000	\$255,226	\$317,226
E	\$58,000	\$154,442	\$212,442
Ea	\$78,000	\$328,150	\$406,150



How you can be prepared

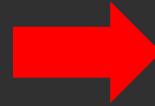
- You must obtain and MAINTAIN Medicaid
- Always keep assets under \$2,000
- Do not co-mingle accounts
- Respond to all letters from Social Security, DDD, and Medicaid immediately!
 - These three systems are interconnected. Changes in 1 can result in changes in all)



Enroll onto a Medicaid Waiver

- Most individuals living at home with family will be enrolled onto the Supports Waiver
- This waiver covers all DDD services EXCEPT residential services i.e. group home, supervised apartment level supports. It can help to support someone able to live independently in an apt. with minimal staff support needs
- DDD will enroll the individual onto the appropriate waiver
- If support needs or circumstances change, individuals can move from one waiver to another (strict criteria in place for this to happen)

- If you are currently receiving DDD services you will be contacted to complete an assessment on your loved one's level of supports. You may have done a similar one in the past but anyone who completed an assessment (DDRT) prior to 11/14 will be re-assessed
- Assessments measure level of support. This translates to the direct care staff and indirect staff support provided by a provider agency.
- The higher the support needs, the higher tier and the budget assigned to pay for those supports. (More staff cost more dollars)



- Answers on NJCAT are tabulated to establish the tier an individual falls on:
 - A, B, C, D, or E
- Special factors such as a significant medical or behavioral condition will result in an acuity rating
- Each tier equals a specified dollar amount in each service. An acuity rating adds more dollars to each tier

How do you use the budget?

- All individuals will choose a support coordination agency
- All individuals will identify services that support needs established in the NJCAT. Individuals and families will research and identify providers and services that meet those needs
- With the individual and their family, provider and the support coordinator, an individual support plan (ISP) is created which is then approved and becomes an authorization for service provision and Medicaid billing
- Services are for defined amounts of dollars and for defined amounts of time. No service can be provided without authorization!

- There are more than 50 support coordination agencies in NJ
- Families may choose one or be auto assigned
- Opportunity to find a case manager that compliments your family dynamic
- The Arc of Essex County hosts Meet the Support Coordination Agencies events
- Monthly monitoring-quarterly face to face visits

Get an e-mail address!

Approvals are time sensitive
DDD moving to more electronic communication
Receive important e-blast information

Free e-mail:

Yahoo.com

Gmail.com

Mail.com

Zoho Mail

Yandex.Mail

Checklist: What can Individuals/Families Do to Prepare?

- Ensure and maintain Medicaid eligibility
- Complete NJCAT
- Understand new services and draft service definitions
- Research support coordination
- Maintain regular contact with your service provider concerning correspondence from DDD
- Attend Arc sponsored info sessions to keep up on changes
- Follow Arc on Facebook, provide us with your e-mail address to receive e-blast information

Upcoming Information Sessions

The Arc of Essex County will host information sessions on how to complete the NJCAT assessment:

- June 22nd 11:30 a.m. Livingston
- June 22nd 4:00 p.m. Maplewood
- June 30th 6:00 p.m. Maplewood
- July 1st 8:00 a.m. Main Office-Livingston
- July 15th 4:00 p.m. Maplewood

To register for a session, please contact Erin Koropsak at 973-535-1181 ext. 1246

Recap – Changes at a Glance

Old

- One Waiver - CCW
- DDD Case Manager
- Individual Habilitation Plan (IHP)
- Eligibility for DDD services was not dependent on Medicaid
- DDD refers to providers for services
- All services were paid equally under a contract regardless of support needs of individuals
- Providers paid before service was given
- Provider paid regardless of attendance

New

- 2 Waivers - Supports and CCW
- Support Coordinator
- Individual Service Plan (ISP) and Authorization
- Eligibility for DDD services is dependent on Medicaid
- Consumer self-refers to providers for services
- All services will be paid dependent on the tier support level of each individual taking part in a service
- Providers bill Medicaid and are paid after a service is given
- Provider can not bill if individual does not attend

Division of Developmental Disabilities

<http://www.nj.gov/humanservices/ddd/home/>

The Arc of Essex County

973-535-1181

www.arcessex.org

Questions?

Thank You