



Services on Residential ISPs: Defined and Reference Tool

Key Terms-

- **ISP= Individualized Service Plan**; this document replaces the IHP and is a product of an annual meeting outlining the services with the IDT (Provider, Individual, Day, Family/Guardian). It is a service plan.
- **SDR= Service Detail Report**; this document provides the agency with prior authorization codes for billing.
 - Crucial - to be valid they must co-exist with an NJCAT & PCPT,* we must have all (4) of them available for an audit (in house and electronically).
- **NJCAT= NJ Comprehensive Assessment Tool**; is the mandatory needs-based assessment used by DDD as part of the process of determining an individual's eligibility to receive Division-funded services. We must have one on file and if a tier changes, must have the updated NJCAT which resulted in the change.
- **PCPT= Person Centered Planning Tool**; it is the ISP's assessment tool (similar to the IHP's ABS) and must be renewed annually. If one is not received, then it must be requested by management to Support Coordination.
- **Support Coordination Agencies**; "the professional responsible for developing and maintaining the Individualized Service Plan (ISP) with the participant, their family, and other team members; linking the individual to needed services; and monitoring the provision of services included in the Individualized Service Plan." p. 189. Whenever they are not completing their job responsibilities, the agency is ultimately responsible to ensure the follow up. If you are experiencing difficulties with them, please reach out to Directors for assistance.
- **CCP Manual- Community Care Program**; "a Division of Developmental Disabilities initiative included in the Comprehensive Medicaid Waiver (CMW) that funds community-based services and supports for adults (age 21 and older) with intellectual and developmental disabilities who have been assessed to meet the specified level of care (LOC) for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)" p.186. It replaced the CCW (Community Care Waiver).
- **Tier Assignment**; each individual we serve is assigned a Tier based on the NJCAT. That Tier assignment equates a dollar amount for service. When there is a change, Directors must be notified.
- **Required Documentation**; "Documentation of the delivery of all services must be maintained to substantiate claims. This documentation should include the date, start and end times, and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services and the individual's ISP." P. 194 (ISP Data)

<i>Service Classification</i>	<i>Description</i>
Individual Supports (Daily)	<ul style="list-style-type: none"> • This service is authorized for 7 units weekly. An entire year is typically seen on SDRs; 1 unit= 1 day. • Individual Supports Daily authorizes the daily rate for reimbursement of support in the residential setting. • This daily rate can be billed for if the individual was present for any portion of the service day (includes hospital admission/discharge dates and home days). Individuals will need to be marked as PRESENT in Therap unless out of the program for an entire 24 hour time span.

<p style="text-align: center;">Individual Supports (Hourly)</p>	<ul style="list-style-type: none"> • This is a service that needs a prior request sent to DDD from the Support Coordinator. • This a unique and rare additional service is commonly seen in addition to the daily rate (for example they cannot be home alone and cannot be at day program) • <i>According the CCP Manual:</i> “An Individual Support at the “hourly rate” can be utilized to provide that one-on one support to make sure the individual remains in the building.” pp. 125
<p style="text-align: center;">Community Inclusion</p>	<ul style="list-style-type: none"> • This service MUST be provided in groups of 2-6 outside of their home (in the community) • This service is utilized to enhance the inclusion in the community • Services must be coordinated through the Medicaid Compliance Department to ensure all individuals participating in the activity are approved for the community inclusion service. • Examples are as follows: small group outings, festivals, museums, cultural events, holiday celebrations, etc.
<p style="text-align: center;">Acuity Factor (Behavioral/Nursing Support)</p>	<ul style="list-style-type: none"> • This information must be based off of the NJCAT as reviewed by the support coordinator. • The acuity factor is NOT to be claimed/billed for separately when considering Individual supports, Day Habilitation, Community Based Supports and Respite.
<p style="text-align: center;">Behavioral Management</p>	<ul style="list-style-type: none"> • The additional units provided will be classified as Assessment/Plan Development and Behavioral Monitoring • These services can NOT be billed in conjunction with the acuity factor. • Always check with behaviorists prior to requesting this service to make sure the service is appropriate and to ensure the correct amount of units are requested. • If a plan comes through with acuity there should be no corresponding authorization for behavioral management.
<p style="text-align: center;">Transportation</p>	<ul style="list-style-type: none"> • Not a service typically authorized in conjunction with the Individual Supports Daily rate • Authorizations for transportation will commonly be seen when Day services are authorized.

Day Services include, but are not limited to: Day Habilitation Services, Prevocational Services, and Community Based Supports etc.