



The Office of Education on Self-Directed Services, Waiting List & Special Projects

Patricia Brennan, MSW

Director

Kimberly Jessamine

Statewide Waiting List Coordinator

b

DDD Mission Statement

The Division of Developmental Disabilities (DDD) assures the opportunity for individuals with developmental disabilities to:

- Receive quality services and supports;
- Participate meaningfully in their communities, and
- > Exercise their right to make choices.



2



Community Care Program (CCP) Waiting List



Community Care Program Waiting List

Enables people and families to notify the Division of potential need for CCP enrollment.

Allocates limited funding to people in NJ with similar needs and circumstances. Access to CCP services is limited to the Division's funding allocation each fiscal year.

Does not guarantee CCP enrollment. Eligibility and need for CCP enrollment determined when a person reaches the top of the waiting list.







CCP Waiting List Sources





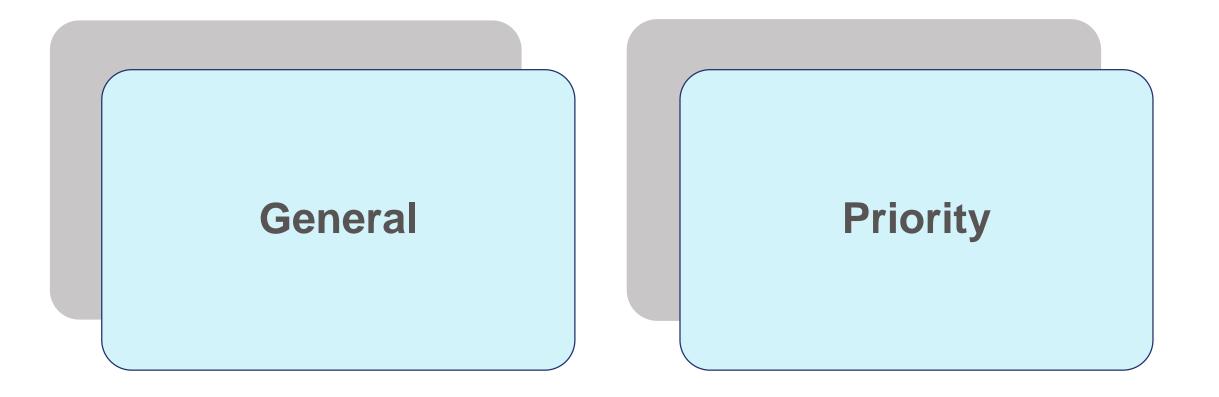


Division of

Disabilities

Developmental

Waiting List Category







General CCP Waiting List

General Waiting List

- This assignment is made when requested by the person/family/legal guardian or if the person does not meet the criteria for assignment to the Priority Waiting List.
- The person must be eligible for Division services to qualify.
- The General Waiting List helps the Division anticipate future needs.
- People on the General Waiting List do not have a rank number and do not receive annual letters.





Priority CCP Waiting List

Priority Waiting List

- May be requested by the person, family, guardian or supporter, at any time, for anyone over 18 who qualifies for Division services.
- Addition/approval is subject to specific eligibility criteria as outlined in N.J.A.C. 10:46C
- Addition to and subsequent selection for the Priority WL constitutes an opportunity to apply for CCP services, but does not guarantee eligibility for CCP.





Community Care Program Waiting List Application



Submitting the Request Form

- The <u>Community Care Program Waiting List Request Form</u> can be found here: <u>https://www.state.nj.us/humanservices/ddd/individuals/community/waitinglist/</u>
- Submit the required form, with copies of supporting documents to:
 - Support Coordinator can submit via iRecord
 - Can be submitted via Email: <u>DDD.CCPWaitListRequests@dhs.nj.gov</u>
 - Or by Mail:

NJ DDD Waiting List Coordinator NJDDD PO Box 726 Trenton, NJ 08625-0726







New Jersey Department of Human Services Division of Developmental Disabilities

Community Care Program (CCP) Waiting List Request

Used to request addition to the General or Priority Category of the Waiting List for CCP services.

Instructions and eligibility requirements listed at the end of this form should be carefully reviewed prior to completion and submission. Additional information can be found in <u>Division Circular #8 (N.J.A.C. 10:46C)</u>.

Identifying Information		
Individual's Name: Click to enter text.	Date of B	irth: Click to enter text.
DDD ID: Click to enter text.		
Support Coordination Agency Inform	ation (if applicable)	
SCA Name: Click to enter text.		
Support Coordinator Name:	Phone Number / E	mail Address:
Click to enter text.	Click to enter text.	
SC Supervisor Name:	Phone Number / E	mail Address:
Click to enter text.	Click to enter text.	
Waiting List Category Request (select	one)	
This CCP Waiting List Request is for w	hich category?	
General If General, skip to the Re	questor Information and Sign	nature sections at the end of form.
Priority If Priority, check one (1)	Waiting List Criteria box belo	w that best applies to the situation, obtain the
required documentation	and submit the documentati	on with the completed request form.
Priority CCP Waiting List Criteria (Sel	lect only one)	Required Documentation
Both of the birth or adoptive pare	ents are 55 years or older.	 Proof of parents' age.
Both of the birth or adoptive pare If both parents are alive, but only	ents are 55 years or older. one is the primary	Proof of parents' age. (For example: copy of driver's license
Both of the birth or adoptive pare	ents are 55 years or older. one is the primary	 Proof of parents' age.
 Both of the birth or adoptive pare If both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiver 	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living
 Both of the birth or adoptive pare If both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care void 	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came
 Both of the birth or adoptive pare If both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care vo longer care for the individual. 	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or oluntarily and can no	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came to be under the caregiver's care.
Both of the birth or adoptive pare If both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care vo longer care for the individual. A parent under age 55 has a chro	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or oluntarily and can no nic, long-term physical or	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came to be under the caregiver's care. Statement from a treating physician
 Both of the birth or adoptive parelif both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care volonger care for the individual. A parent under age 55 has a chrop sychiatric and/or behavioral head 	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or oluntarily and can no onic, long-term physical or alth condition(s), which	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came to be under the caregiver's care. Statement from a treating physician Written explanation of how the
Both of the birth or adoptive pare If both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care vo longer care for the individual. A parent under age 55 has a chro	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or oluntarily and can no onic, long-term physical or alth condition(s), which	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came to be under the caregiver's care. Statement from a treating physician
 Both of the birth or adoptive parelif both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care volonger care for the individual. A parent under age 55 has a chropsychiatric and/or behavioral heasignificantly limits their ability to 	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or oluntarily and can no mic, long-term physical or alth condition(s), which care for the individual.	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came to be under the caregiver's care. Statement from a treating physician Written explanation of how the condition significantly limits the parent's ability to provide care.
 Both of the birth or adoptive pare If both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care vo longer care for the individual. A parent under age 55 has a chro psychiatric and/or behavioral hea significantly limits their ability to 	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or oluntarily and can no onic, long-term physical or alth condition(s), which care for the individual. re is risk to the health or	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came to be under the caregiver's care. Statement from a treating physician Written explanation of how the condition significantly limits the parent's ability to provide care.
 Both of the birth or adoptive parelif both parents are alive, but only caregiver, the parent with sole cu The individual lives with a caregiv adoptive parent, provides care volonger care for the individual. A parent under age 55 has a chropsychiatric and/or behavioral hear significantly limits their ability to A parent is under age 55 and their 	ents are 55 years or older. y one is the primary ustody is age 55. yer, who is not the birth or oluntarily and can no enic, long-term physical or alth condition(s), which care for the individual. re is risk to the health or r another person living in behavior(s) , which	 Proof of parents' age. (For example: copy of driver's license or birth certificate.) Written description of the living situation and how the individual came to be under the caregiver's care. Statement from a treating physician Written explanation of how the condition significantly limits the parent's ability to provide care. A description of the behaviors that

months.

٠

A description of the physical care or

effectively managed in the home.

medical needs that cannot be

effectively managed by the parent(s), even with generic or specialized supports.	•	A description of services and supports used in the home in the past six months.
There is a single parent as the head of the household who requires a minimum of 40 hours of specialized or generic supports each month in order to keep a full time job.	•	A description of the current living situation, explaining the supports needed to allow a single parent to keep a full time job. A description of all services and supports used in the home in the past six months.
There is a single parent as the head of the household who is the primary caregiver to more than one person with a disability, and those persons have significant direct care needs (For example: feeding, bathing and/or toileting, etc.)	•	A description of the current living situation, explaining the care needs of the individuals with disabilities in the home.
The individual is residentially placed by the Local	Da	te of Placement: Click to enter text.
Educational Authority (LEA).	Na	me/Address of Residential Program:
Name of funding School District: Click to enter text.	I	ck to enter text.
The individual is residentially placed by the Department of	Da	te of Placement: Click to enter text.
Children & Families (DCF).	Na	me/Address of Residential Program:
Check one of the following:	I	ck to enter text.
Children's System of Care (CSOC) 🗖		
Child Protection & Permanency		

The following sections are required for General and Priority Requests:

Requestor Information	
Who is making this request? Choose an item.	
Name and address of the requestor:	Relationship to the individual:
Click to enter text.	Click to enter text.
	Requestor's phone number and email address:
	Click to enter text.

If guardianship has been court appointed, include a copy of the guardianship judgement with submission and ensure a copy of judgement is uploaded in iRecord. If more than one guardian is named, each guardian's signature is required.

Signature of Requestor(s)	
Signature:	Date:
Signature:	Date:

NJ Division of Developmental Disabilities | CCP Waiting List Request | April 2023

A parent is under age 55 and there is risk to the health and

safety of the individual, parent or another person living in

the home due to the individual's physical care needs (such

as lifting or bathing) or medical needs, which cannot be

generic or specialized supports.

Page 1 of 3





Category

 Category selection needs to indicate which waiting list the request is for.



New Jersey Department of Human Services Division of Developmental Disabilities

Community Care Program (CCP) Waiting List Request

Used to request addition to the General or Priority Category of the Waiting List for CCP services.

Instructions and eligibility requirements listed at the end of this form should be carefully reviewed prior to completion and submission. Additional information can be found in <u>Division Circular #8 (N.J.A.C. 10:46C)</u>.

Ide	ntifying Information		
	ividual's Name: Click to enter text.	Date of Bi	rth: Click to enter text.
	D ID: Click to enter text.		
	oport Coordination Agency Information (if	applicable)	
	Name: Click to enter text.		
	port Coordinator Name:	Phone Number / Er	nail Address:
	k to enter text.	Click to enter text.	
	Supervisor Name:	Phone Number / Er	nail Address:
Clic	k to enter text.	Click to enter text.	
	iting List Category Request (select one)		
This	s CCP Waiting List Request is for which cat	egory?	
	General If General, skip to the Requestor	Information and Sign	ature sections at the end of form.
	Priority If Priority, check one (1) Waiting	List Criteria box belov	w that best applies to the situation, obtain the
	required documentation and sub	mit the documentation	on with the completed request form.
Prin	arity CCP Waiting List Criteria (Select only	(one)	Required Documentation
	Both of the birth or adoptive parents are		Proof of parents' age.
_	If both parents are alive, but only one is t		(For example: copy of driver's license
	caregiver, the parent with sole custody is	age 55.	or birth certificate.)
	The individual lives with a caregiver, who	is not the birth or	 Written description of the living
	adoptive parent, provides care voluntaril	y and can no	situation and how the individual came
	longer care for the individual.		to be under the caregiver's care.
	A parent under age 55 has a chronic, long	g-term physical or	 Statement from a treating physician
	psychiatric and/or behavioral health cone	·	 Written explanation of how the
	significantly limits their ability to care for	the individual.	condition significantly limits the
			parent's ability to provide care.
	A parent is under age 55 and there is risk		 A description of the behaviors that
	safety of the individual, parent or anothe		create risk to health and safety.
	the home, due to the individual's behavio	• •	 A description of services and supports
	cannot be effectively managed by the pa generic or specialized supports.	rent(s), even with	used in the home in the past six months.
			 A description of the physical care or
	safety of the individual, parent or anothe the home due to the individual's physica		medical needs that cannot be
	as lifting or bathing) or medical needs, w		effectively managed in the home.
	g = = = = = = = = = = = = = = = = = = =		



12

Supporting **Documentation**

- If requesting Priority category, all required documentation is needed in order to process the request
- Please check only <u>one</u> box that best describes the need for the request



Division of Developmental Disabilities

Community Care Program (CCP) Waiting List Request

Used to request addition to the General or Priority Category of the Waiting List for CCP services.

Instructions and eligibility requirements listed at the end of this form should be carefully reviewed prior to completion and submission. Additional information can be found in Division Circular #8 (N.J.A.C. 10:46C).

DDD Supp SCA N Supp Click SC Su Click Waiti This (Click Prior E E E		mation (if applicable) Phone Nur Click to en Phone Nur Click to en Click to en Click to en Phone Nur Click to en Phone Nur Click to en Click to en Phone Nur Click to en Phone Nur Click to en Phone Nur Phone Nur Phone Nur Phone Nur Click to en Phone Nur Pho	mber / Ema ter text. mber / Ema ter text.	h: Click to enter text. ail Address: ail Address: ture sections at the end of form. that best applies to the situation, obtain the with the completed request form.
Supp SCA N Supp Click SC Su Click This (Click Prior	Doort Coordination Agency Inform Name: Click to enter text. Doort Coordinator Name: to enter text. Uppervisor Name: to enter text. ting List Category Request (select CCP Waiting List Request is for v General If General, skip to the R Priority If Priority, check one (1 required documentation rity CCP Waiting List Criteria (Select	Phone Nur Click to en Phone Nur Click to en Click to e	mber / Ema ter text. mber / Ema ter text.	ail Address: Ture sections at the end of form. that best applies to the situation, obtain the with the completed request form
SCA N Supp Click SC Su Click Click This (Click Priori Click	Name: Click to enter text. port Coordinator Name: to enter text. upervisor Name: to enter text. ting List Category Request (select CCP Waiting List Request is for v General If General, skip to the F Priority If Priority, check one (1 required documentation rity CCP Waiting List Criteria (Select)	Phone Nur Click to en Phone Nur Click to en Click to e	mber / Ema ter text. mber / Ema ter text.	ail Address: Ture sections at the end of form. that best applies to the situation, obtain the with the completed request form
Support Click SC Su Click Waiti This C D C Prior	oort Coordinator Name: to enter text. upervisor Name: to enter text. ting List Category Request (select CCP Waiting List Request is for v General If General, skip to the R Priority If Priority, check one (1 required documentation rity CCP Waiting List Criteria (Select)	Click to en Phone Nur Click to en Click to	ter text. mber / Ema ter text. and Signation box below to umentation	ail Address: Ture sections at the end of form. that best applies to the situation, obtain the with the completed request form
Click SC Su Click This (Prior	to enter text. upervisor Name: to enter text. ting List Category Request (select CCP Waiting List Request is for v General If General, skip to the R Priority If Priority, check one (1 required documentation rity CCP Waiting List Criteria (Select	Click to en Phone Nur Click to en Click to	ter text. mber / Ema ter text. and Signation box below to umentation	ail Address: Ture sections at the end of form. that best applies to the situation, obtain the with the completed request form
SC Su Click Waiti This (C f Prior	upervisor Name: to enter text. ting List Category Request (select CCP Waiting List Request is for v General If General, skip to the R Priority If Priority, check one (1 required documentation rity CCP Waiting List Criteria (Se	Phone Nur Click to en ct one) which category? Requestor Information I) Waiting List Criteria on and submit the docu elect only one)	mber / Ema ter text. and Signati box below t umentation	ture sections at the end of form. that best applies to the situation, obtain the with the completed request form
Click Waiti This (Click Prior	to enter text. ting List Category Request (select CCP Waiting List Request is for v General <i>If General, skip to the R</i> Priority <i>If Priority, check one</i> (1 <i>required documentatio</i> rity CCP Waiting List Criteria (Se	Click to en ct one) which category? Requestor Information (1) Waiting List Criteria on and submit the docu elect only one)	and Signation	ture sections at the end of form. that best applies to the situation, obtain the with the completed request form
Waiti This (C (Prior C (C (C (C (C (C (C (C (C (C (ting List Category Request (select CCP Waiting List Request is for v General If General, skip to the R Priority If Priority, check one (1 required documentatio rity CCP Waiting List Criteria (Se	ct one) which category? Requestor Information I) Waiting List Criteria on and submit the docu elect only one)	and Signati box below t umentation	that best applies to the situation, obtain the with the completed request form
This (CCP Waiting List Request is for v General If General, skip to the R Priority If Priority, check one (1 required documentatio	which category? Requestor Information I) Waiting List Criteria on and submit the docu elect only one)	box below t umentation	that best applies to the situation, obtain the with the completed request form
Priori	General If General, skip to the R Priority If Priority, check one (1 required documentatio	Requestor Information 1) Waiting List Criteria on and submit the docu elect only one)	box below t umentation	that best applies to the situation, obtain the with the completed request form
Priori	Priority <i>If Priority, check one (1</i> required documentatio	1) Waiting List Criteria on and submit the docu elect only one)	box below t umentation	that best applies to the situation, obtain the with the completed request form
Priori	Priority <i>If Priority, check one (1</i> required documentatio	1) Waiting List Criteria on and submit the docu elect only one)	box below t umentation	that best applies to the situation, obtain the with the completed request form
Priori	required documentatio	on and submit the docu elect only one)	umentation	with the completed request form
			F	equired Documentation
				Required Documentation
1	Both of the birth or adoptive pa	arents are 55 vears or		
				 Proof of parents' age.
	If both parents are alive, but on caregiver, the parent with sole (, , , ,		(For example: copy of driver's license or birth certificate.)
	• • •			
_	The individual lives with a careg			 Written description of the living situation and how the individual came
	adoptive parent, provides care longer care for the individual.	voluntarily and can n	°	to be under the caregiver's care.
_				
_	A parent under age 55 has a chr psychiatric and/or behavioral he			Statement from a treating physician
	significantly limits their ability to			 Written explanation of how the condition significantly limits the
1	significantly innes their ability t			parent's ability to provide care.
	A parent is under age 55 and th	are is risk to the heal	Ith or	A description of the behaviors that
_	safety of the individual, parent			 A description of the behaviors that create risk to health and safety.
	the home, due to the individual			 A description of services and support
	cannot be effectively managed			used in the home in the past six
1	generic or specialized supports.			months.
	A parent is under age 55 and th	ere is risk to the heal	Ith and	• A description of the physical care or
_	safety of the individual, parent			medical needs that cannot be
1	the home due to the individual'	's physical care need	s (such	effectively managed in the home.
2	as lifting or bathing) or medical	needs, which cannot	the	



Waiting List Letter

 Once addition to either category of the Waiting List is completed, a letter is sent via USPS and uploaded into iRecord with the category and an effective date which is determined by section 2.2 of N.J.A.C. 10:46C



State of Acto Jersey DEPARTMENT OF HUMAN SERVICES

SARAH ADELMAN Commissioner

TAHESHA L. WAY Lt. Governor

PHILIP D. MURPHY

Governor

Division of Developmental Disabilities P.O. Box 726 Trenton, NJ 08625-0726

JONATHAN S. SEIFRIED Assistant Commissioner

Click or tap here to enter text.

Click or tap here to enter text.

Dear Click or tap here to enter text.:

The Division of Developmental Disabilities (DDD) received your request to add Click or tap here to enter text. to the Community Care Program (CCP) Waiting List. Based on a review of the information submitted:

Click or tap here to enter text. was added to the Click or tap here to enter text. category of the CCP Waiting List Effective Date: Click or tap here to enter text.

You may appeal this determination in writing to:

Assistant Commissioner Jonathan Seifried Division of Developmental Disabilities PO Box 726 Trenton, NJ 08625-0726

A request for appeal must follow the requirements of N.J.A.C. 10:48-1.6, found in <u>Division Circular 37</u> on the Division of Developmental Disabilities website.

Please Note: To receive DDD-funded services, a person must be enrolled in Medicaid. To be eligible for the Community Care Program, a person must be determined to meet the Intermediate Care Facilities for Individuals with Intellectual Disability (ICF/ID) level of care, as outlined in Section 5.1.2 of the Community Care Program Policy Manual.

For more information, please visit Community Care Program Waiting List.

If you should have any questions or concerns, please email the Community Care Program Waiting List helpdesk <u>at; Ddd.Ccpwaitlistrequests@dhs.nj.gov</u>





Priority CCP Waiting List Notification

- The Division annually provides people on the Priority Waiting List with their numerical place on the waiting list.
- In June, letters are uploaded to iRecord and sent via USPS mail to the mailing address listed in iRecord.
- The number of people reached on the priority waiting list each year varies as budget appropriations for the year are subject to change.







Annual Rank Letters

- Delivered 3 ways:
 - USPS Mail: June

(to the mailing address listed in iRecord)

- Email: to person and guardian
- Uploaded into iRecord
- Only people on the Priority Waiting List will receive a ranking letter

Covernor	State of Dew Jersey DEPARTMENT OF HUMAN SERVICES Division of Developmental Disabilities	SARAH ADELMAN Commissioner
TAHESHA L. WAY Lt. Governor	P.O. Box 726 Trenton, NJ 08625-0726	JONATHAN S. SEIFEIED Amistant Commissioner
	DATE	
NAME ADDRESS ADDRESS		
F	Re: Community Care Waiver Waiting List	
Dear NAME:		
Community Car	of Human Services' Division of Developmental Disabilities (Dl e Waiver Waiting List (Waiting List) and is making an effort to iduals and their families regarding status. This letter pertain	provide an annual
Records indicate	e that you currently are number RANK on the Waiting List.	
	the Waiting List will vary from year to year, as the list change	s. As of the date
of this letter, the many new peop	ere are people in the Priority category. It is important the are added annually, many people also are removed for a ment, relocation, etc.).	to note that while variety of reasons
of this letter, the many new peop (including place Please note that addition, in orde care for Instituti	le are added annually, many people also are removed for a v	nded by DDD. In meet the level of
of this letter, the many new peop (including place Please note that addition, in order care for Instituti in Appendix B o For more	are added annually, many people also are removed for a venent, relocation, etc.). you must be eligible for Medicaid in order to receive services furer to enroll on the Community Care Waiver (CCW), you must onal Care Facilities for Persons with Intellectual Disabilities (Intellectual Disabilities)	variety of reasons nded by DDD. In meet the level of CF/ID) as defined
of this letter, the many new peop (including place Please note that addition, in order care for Instituti in Appendix B o For more	le are added annually, many people also are removed for a v ment, relocation, etc.). you must be eligible for Medicaid in order to receive services fu er to enroll on the Community Care Waiver (CCW), you must onal Care Facilities for Persons with Intellectual Disabilities (I of the Community Care Waiver. information about the CCW, please visit ou	variety of reasons nded by DDD. In meet the level of CF/ID) as defined
of this letter, the many new peop (including place Please note that addition, in orde care for Instituti in Appendix B of For more <u>http://www.state</u> Sincerely,	le are added annually, many people also are removed for a v ment, relocation, etc.). you must be eligible for Medicaid in order to receive services fu er to enroll on the Community Care Waiver (CCW), you must onal Care Facilities for Persons with Intellectual Disabilities (I of the Community Care Waiver. information about the CCW, please visit ou	variety of reasons nded by DDD. In meet the level of CF/ID) as defined







CCP Waiting List Requests Helpdesk

For general questions or to request a person's status on the CCP Waiting List contact: <u>DDD.CCPWaitListRequests@dhs.nj.gov</u>

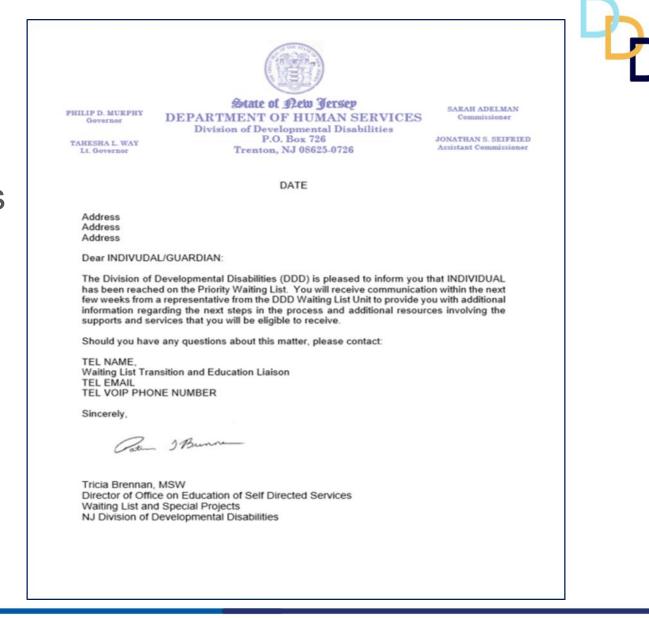




Reached on the Community Care Program Priority Waiting List

Reached Letter

- Mailed to the person/guardian's mailing address that is listed in iRecord
- Uploaded into iRecord



19

HUMAN SERVICES

Division of

Developmenta

You Have Been Reached on the Priority Waiting List



- You will be assigned to a DDD **Transition and Education Liaison** (TEL) who will contact you via the phone number listed in iRecord, to discuss the next steps in the eligibility determination process.
- Your Support Coordinator will also be informed that you have reached the top of the Priority Waiting List so the can work with the TEL through the determination process.







Virtual Welcome Session

- In collaboration with CLEP Community Living Education Project
- Support Coordinators are invited- we ask that they attend along with the person they are assigned to that has been reached.

You've been reached on the DDD Community Care Program Waiting List!



MEET YOUR HOSTS:

Attend a Waiting List Family Networking Session for valuable tools and resources!

PLEASE JOIN US for an upcoming Waiting List Family Networking Session with representatives from the NJ Division of Developmental Disabilities and Rutgers Community Living Education Project (CLEP)!

At this invitation-only session, you will learn about important planning tools to help you explore new ways of connecting with your community and get to meet your Transition & Education Liaison (TEL) 'in person.'

You will also hear from a diverse group of families with lived experience who will highlight person-centered planning, using a budget, self-direction, and much more!



You're Invited!

WEDNESDAY, OCTOBER 11

12:00PM - 1:45PM Register by scanning this QR code with your smartphone camera or visit https://go.rutgers.edu/CLEP10-11-23



THURSDAY, OCTOBER 26 12:00 - 1:45PM Register by scanning this QR code with your smartphone camera or visit https://go.rutgers.edu/CLEP10-26-23



TUESDAY, NOVEMBER 14 6:00PM - 7:45PM Register by scanning this QR code with your smartphone camera or visit https://go.rutgers.edu/CLEP11-14-23 Once you register, you will receive a unique link from Zoom to join the meeting at the scheduled time. You only need to register for one session!

We look forward to meeting you!







When a Person is Reached on the PWL

- Confirmation of Medicaid
 - if it is not active, we will assist the family with how to apply and complete a Troubleshooting form
- Eligibility Determination Process
 - NJCAT
 - We will review with the person and family for accuracy and request a new one if necessary
 - If eligibility is not met, the next step is the option to have a Level of Care Review which is just a more in-depth conversation
 - Appeal





Level of Care Review

- A Level of Care (LOC) review is a process which can be used to help determine a person's eligibility for enrollment in the Community Care Program (CCP).
- The assigned DDD TEL will schedule a meeting with the person, and anyone from their Circle of Support who the person would like involved (family members, SC, Day program, SDE, etc.), to have a more in-depth conversation about the support needs across various domains, including self-care, behavioral, and medical areas
- Once the report is completed along with all supporting documentation, it is sent off for review to the LOC Unit, who will then make a determination









Appeal Process

- If the Level of Care (LOC) Review is denied, the person will receive a letter in the mail indicating the denial and their right to appeal the decision in accordance with the provisions of Division Circular #37 "Appeals Procedure" (N.J.A.C. 10:48).
- An appeal is a virtual or in-person conversation between the person their family and the DDD team that makes the CCP eligibility determination.
- A decision about CCP eligibility will be made after the appeal meeting.



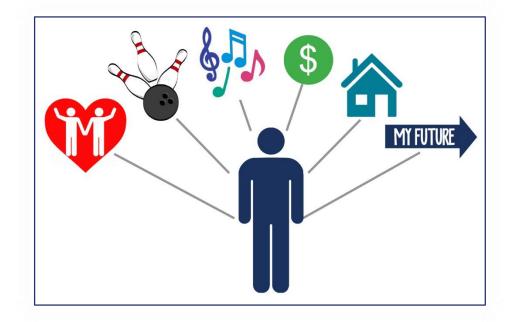






Ineligible for Community Care Program

- Team discusses potential supports
 - Personal Preference Program (PPP)
 - Housing Subsidy
 - Reorganize supports
 - Self-Directed Services options
 - Technology, community & natural supports
- Removal from the Priority Waiting List
- If your circumstances change, reach out to your Support Coordinator or our helpdesk at: ddd.ccpwaitlistrequest@dhs.nj.gov







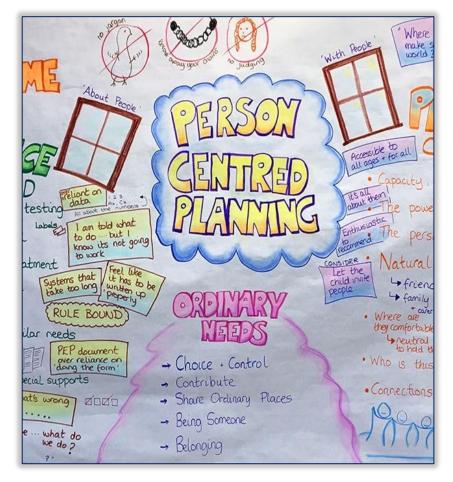




Division of

Developmenta

When Someone is Eligible For the CCP

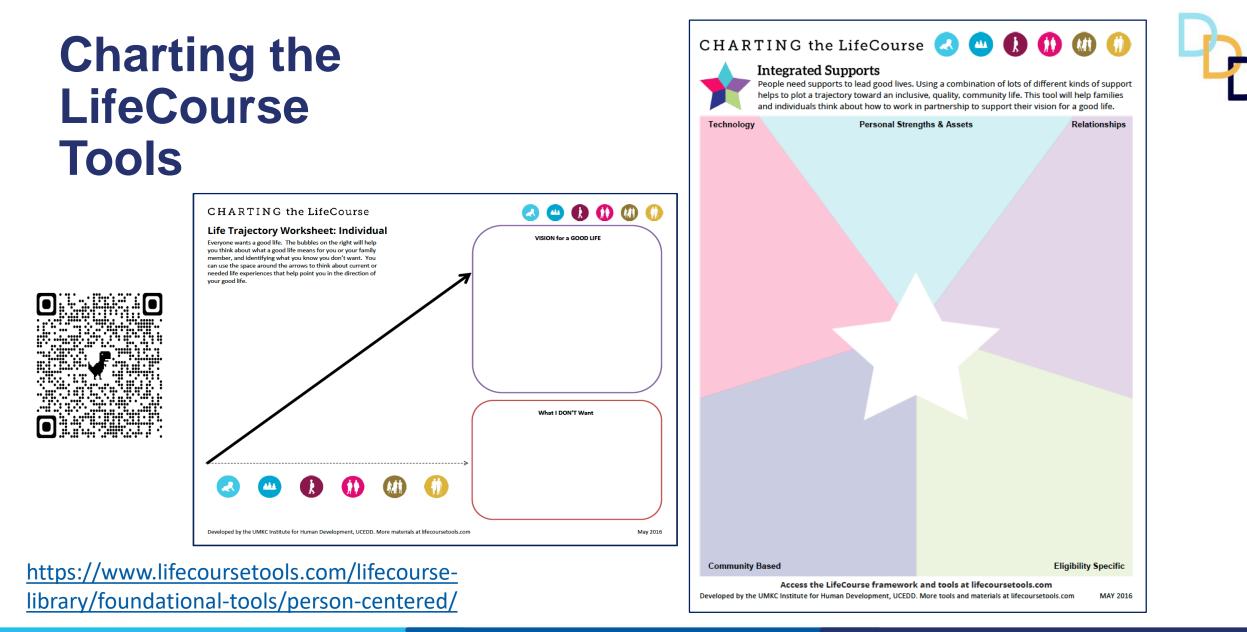


- Your Support Coordinator will work with you through the person-centered planning process to develop a new individualized support plan with your CCP budget.
 - You can choose to receive your services in your own home
 - Self-Direction
 - Provider-Managed
 - You can choose to receive your services in a group home or supervised apartment

HUMAN SERVICES

 Once the plan is approved, you will be on the CCP and removed from the Priority Waiting List.







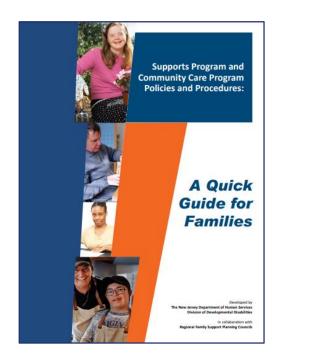
27 NEW JERSEY HUMAN SERVICES

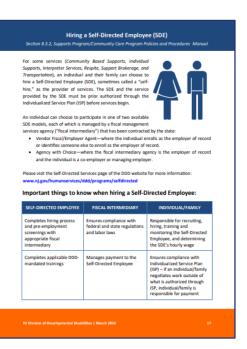




Division of Developmental

A Quick Guide For Families







28

HUMAN SERVICES

Supports Program and Community Care Program Policies and Procedures: <u>A Quick Guide For Families</u>



For Additional DDD Information-

- DDD Website: https://www.nj.gov/humanservices/ddd/
- Division Announcements

Email <u>DDD.Communications@dhs.nj.gov</u> and write "*Division Update Subscribe*" in the subject line

- DDD Community Services Offices listed by county of <u>www.state.nj.us/humanservices/ddd/staff/cso/index.html</u>
- DDD Intake Application

www.state.nj.us/humanservices/ddd/services/apply/index.html

Supports Program Policies & Procedures Manual

(SP Full Manual)

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

• Community Care Program Policies & Procedures Manual

(CCP Full Manual)

https://www.nj.gov/humanservices/ddd/assets/documents/community-care-program-policymanual.pdf

