

17.6 Day Habilitation

Procedure Codes	Units	Additional Descriptor	Budget Component
T2021HIUS	15 minutes*	Tier A	Employment/Day (DSP Service applies)
T2021HIU1	15 minutes*	Tier A/Acuity Differentiated	Employment/Day (DSP Service applies)
T2021HIUR	15 minutes*	Tier B	Employment/Day (DSP Service applies)
T2021HIU2	15 minutes*	Tier B/Acuity Differentiated	Employment/Day (DSP Service applies)
T2021HIUQ	15 minutes*	Tier C	Employment/Day (DSP Service applies)
T2021HIU3	15 minutes*	Tier C/Acuity Differentiated	Employment/Day (DSP Service applies)
T2021HIUP	15 minutes*	Tier D	Employment/Day (DSP Service applies)
T2021HIU4	15 minutes*	Tier D/Acuity Differentiated	Employment/Day (DSP Service applies)
T2021HIUN	15 minutes*	Tier E	Employment/Day (DSP Service applies)
T2021HIU5	15 minutes*	Tier E/Acuity Differentiated	Employment/Day (DSP Service applies)

Please refer to Appendix H for current rates.

*A 5% absentee rate is factored into the Day Habilitation rates to account for time that individuals may not attend program.

17.6.1. Description

Services that provide education and training to acquire the skills and experience needed to participate in the community, consistent with the participant's Service Plan. This may include activities to support participants with building problem-solving skills, self-help, social skills, adaptive skills, daily living skills, and leisure skills. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are provided during daytime hours and do not include employment-related training. Day Habilitation may be offered in a center-based or community-based setting.

17.6.2 Service Limits

Day Habilitation does not include services, activities or training which the participant may be entitled to under federal or state programs of public elementary or secondary education, State Plan services, or federally funded vocational rehabilitation. Day Habilitation is limited to 30 hours per week.

17.6.3 Provider Qualifications

All providers of Day Habilitation services must comply with the standards set forth in this manual, ensuring they are qualified to meet the service and support needs of individuals prior to acceptance, including those with an acuity differentiated factor and/or require assistance with medication administration during the time-of-service delivery. In addition, Day Habilitation providers shall complete State/Federal Criminal Background checks, Child Abuse Registry Information (CARI) checks, and Central Registry checks for all staff, drug tests as applicable under Stephen Komninos' Law, and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver's license and abstract (not to exceed 5 points) if driving is required.

17.6.3.1 Day Habilitation Certification

All Day Habilitation service providers shall only operate after receiving a valid Day Habilitation Certification and becoming an approved Medicaid/DDD provider for Day Habilitation services. Day Habilitation Certification is required for each specific site, is time limited, and is non-transferable.

17.6.3.1.1 Provisional Certification

Prior to submitting the Combined Application to become a Medicaid/DDD provider for Day Habilitation services, providers are required to obtain Provisional Day Habilitation Certification. This one-year certification verifies that the agency's Day Habilitation services have met the minimum requirements to provide Day Habilitation services at each location in which these services will be offered.

Prior to the expiration of the one-year provisional certification, a full audit of the provider's day habilitation services will be conducted in order to determine ongoing certification.

17.6.3.1.2 Ongoing Certification

Upon expiration of the Day Habilitation Certification, an audit of the provider's Day Habilitation services will be conducted in order to determine ongoing certification. Audits will be conducted for all sites operated by each provider. Providers will receive a day habilitation certification based on the lowest score obtained through the auditing process. Certifications will be issued as follows:

- **5 Year Certification** – All sites obtain compliance scores of 90% and above in both critical and significant standards
- **3 Year Certification** – One or more sites obtain compliance scores between 89% and 70% in critical and/or significant standards
- **Conditional Certification** – One or more sites receive compliance scores of 69% or below in critical and/or significant standards

17.6.4 Day Habilitation Activities Guidelines

The Division of Developmental Disabilities encourages best practices and engaging activities in day habilitation services (day programs) and offers the following guidance as a starting point for day habilitation service providers in planning and executing comprehensive activities in their programs.

17.6.4.1 General Guidelines

Day habilitation service providers should include activities that follow the following general guidelines:

- **Be Age-Appropriate;**
- **Offer Variety & Choice;**
- **Emphasize Community Experiences; and**
- **Focus on Small Groups and Individual Interactions and Experiences.**

17.6.4.1.1 Examples of Activities

*Please note that examples are not all inclusive of everything that can be funded through this service

Activities should be individualized based on likes, dislikes, areas of interests, desires, dreams, etc. as documented in the Person-Centered Planning Tool (PCPT). The following list is not exhaustive but is simply to generate ideas on the types of activities that can occur and assist with the development of positive programming.

17.6.4.1.1.1 Community Experiences

Some of the following community experiences can assist in developing personal interests:

- Shopping – budgeting, money management
- Restaurants – ordering from menus, personal choices, paying the bill
- Sports/fitness events and activities
- Library, Book clubs
- Health fairs
- Museums

- Cultural events
- Travel and community safety, use of public transportation
- Theater, community concerts
- Community festivals
- Holiday celebrations
- Parks, walking, picnics
- Community gardens

17.6.4.1.1.2 Activities

- Cooking, meal preparation, food safety
- Money management
- Health, fitness
- Laundry
- Personal hygiene
- Classes on skill development
 - Advocacy
 - Assertiveness
 - Communication
 - Choices, decision-making
 - Problem-solving
 - Boundaries
 - Healthy sexuality
 - Relationship building
- Developing personal interests
 - Cards and competitive/collaborative games
 - Painting, artwork, drawing, constructing models, needlecraft, jewelry design, sculpting, woodworking, scrapbooking, photography
 - Theater, filmmaking
 - Dancing, music, playing instruments, singing
 - Horticulture, gardening, terrariums
 - Athletics, sports, fitness
 - Reading, books, poetry
 - Computer and other devices/technology, social media experience
- Current events
- Telling time
- Cleaning

17.6.5 Day Habilitation Policies/Standards

In addition to the standards set forth in this manual, the service provider and staff must support and implement individual behavior plans, as applicable, and comply with relevant licensing and/or certification standards.

17.6.5.1 Need for Service and Process for Choice of Provider

The need for Day Habilitations services will typically be identified through the NJ Comprehensive Assessment Tool (NJ CAT) and the person-centered planning process documented in the Person-Centered Planning Tool (PCPT). Once this need is identified, an outcome related to the result(s) expected through the participation in Day Habilitation services – including outcomes that may be employment-related – will be included in the Individual Service Plan (ISP) and the Day Habilitation service provider will develop strategies to assist the individual in reaching the desired outcome(s). Individuals and families are encouraged to include the Day Habilitation provider in the planning process to assist in identifying and developing applicable outcomes.

It is recommended that the individual research potential service providers through phone calls, meetings, visits, etc. to select the service provider that will best meet their needs.

The Day Habilitation service provider can require/request referral information that will assist the provider in offering quality services. Once the Support Coordinator has informed the provider that the individual has selected them to provide Day Habilitation services, the provider has five (5) working days to contact the individual and/or Support Coordinator to express interest in delivering services.

The agency identified to provide this service along with details regarding the extent of the service hours, duration, frequency, etc. will be noted in the ISP providing prior authorization for the identified service provider to perform this service. A copy of the approved ISP and Service Detail Report will be provided to the identified service provider.

17.6.5.2 Minimum Staff Qualifications

The service provider shall meet the minimum staff qualifications and training set forth in this manual. Qualifications and training shall be documented either in the employment application, resume, reference check, or other personnel document(s).

17.6.5.2.1 All Staff

- Minimum 18 years of age; – AND –
- Complete State/Federal Criminal Background checks, Child Abuse Registry Information (CARI) checks, and Central Registry checks;
- Valid driver's license and abstract (not to exceed 5 points) if driving is required.

17.6.5.2.2 Agency Head or Equivalent

- Bachelor's Degree or high school diploma (or equivalent); – AND –
- 5 years' experience working with people with developmental disabilities, 2 of which shall have been supervisory in nature.

17.6.5.2.3 Program Management Staff/Supervisors

- High school diploma or equivalent; – AND –
- 1 year experience working with people with developmental disabilities.

17.6.5.2.4 Direct Service Staff

- High school diploma or equivalent.

17.6.5.2.5 Professional Services Staff (nurses, psychologists, therapists), if applicable

- Credentials for their profession required by Federal or State law.

17.6.5.3 Mandated Staff Training & Professional Development

The service provider shall comply with any relevant licensing and/or certification standards. Agency Trainers must have a minimum of 1 year experience in the field or 1 year experience in training. All staff providing Day Habilitation services shall successfully complete the training outlined in Appendix E: Quick Reference Guide to Mandated Staff Training.

17.6.5.4 Documentation and Reporting

Demonstration of completion of all mandated staff training must be documented through certificates of attendance/completion; sign-in sheets from the training entity, provider, or trainer; information maintained through the College of Direct Support, etc. and made available upon request of the Division. Supervisors shall conduct and document use of competency and performance appraisals in the content areas addressed through mandated training.

Documentation of the delivery of service must be maintained to substantiate claims. This documentation should include the date and number of units of the delivered service for each individual and must align with the prior authorization received for the provision of services.

Standardized documents are available in Appendix D. Providers using an electronic health record (EHR) or billing system that cannot duplicate these standardized documents will remain in compliance if all the information required on these documents is captured somewhere and can be shown/reviewed during an audit.

17.6.5.4.1 Day Habilitation – Individualized Goals

The provider of Day Habilitation services, in collaboration with the individual, must develop strategies to assist the individual in reaching the outcome(s) related to the Day Habilitation services that the service provider has been chosen to provide as indicated in the ISP. While the Centers for Medicare and Medicaid Services (CMS) guidance states that “day habilitation may not provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services),” Day Habilitation strategies can be designed to assist in progressing toward employment-related outcomes by providing education and training to acquire skills and experience that will potentially lead to the individual participating in the workforce (examples may include but are not limited to strategies to build social skills, address personal grooming concerns, increase attention to tasks, follow directions, etc.). These strategies must be completed within 15 business days of the date the individual begins to receive Day Habilitation services from the provider and must be documented on the Day Habilitation Individualized Goals Log. Strategies must be revised any time there is a modification to the ISP that changes the service specific outcome(s) and when the annual ISP is approved. These strategy revisions must be completed within 15 business days of the ISP modification or approval of the annual ISP.

17.6.5.4.2 Day Habilitation – Activities Log

The Day Habilitation provider will complete the Day Habilitation – Activities Log on each date services are delivered to indicate which strategies were addressed that day and provide a notation of activities done to address the strategy and what occurred that day as these activities were conducted.

17.6.5.4.3 Day Habilitation – Annual Update

On an annual basis, according to the individual’s ISP plan year, the Day Habilitation provider will provide a summary of that year’s services by completing the Annual Update. This annual documentation will assist in the development of the ISP for the upcoming year.

17.6.5.5 Service Settings

When day habilitation activities are being conducted in a center, the following standards must be met for the building (site):

- Day Habilitation services shall take place in a non-residential setting and separate from any home or facility in which any individual resides;
- The service provider shall comply with all local, municipal, county, and State codes;
- The Certificate of Continued Occupancy (CCO) or Certificate of Occupancy (CO) or other documentation issued by local authority shall be available on site and a copy shall be posted;
- The service provider shall be in compliance with the Americans with Disabilities Act (ADA) requirements;
- Municipal fire safety inspections shall be conducted consistent with local code and maintained on file;
- Exit signs shall be posted over all exits;
- The site shall have a fire alarm system appropriate to the population served;
- The site shall have sufficient ventilation in all areas;
- The site shall have adequate lighting;
- The facility shall be maintained in a clean, safe condition, to include internal and external structure;
 - Aisles, hallways, stairways, and main routes of egress shall be clear of obstruction and stored material;
 - Floors and stairs shall be free and clear of obstruction and slip resistant;
 - Equipment, including appliances, machinery, adaptive equipment, assistive devices, etc. shall be maintained in safe working order;
 - Adequate sanitary supplies shall be available including soap, paper towels, toilet tissue.
- The service provider shall ensure that health and sanitation provisions are made for food preparation and food storage;
 - The service shall maintain appropriate local or county Department of Health certificates, where appropriate.
- Prior to relocating a site used to provide Day Habilitation services, potential sites must be reviewed and approved by the Division. Requests for site review and approval shall be directed through the Division designee.

17.6.5.6 Medical/Behavioral

17.6.5.6.1 Individual Medical Restrictions/Special Instructions

Individuals receiving day habilitation services may have a variety of medical restrictions or special instructions related to their health and safety. Information about these restrictions or special instructions shall be included in the Individualized Service Plan, shared with identified service providers, and documented in the individual file.

Day Habilitation service providers shall:

- Maintain current documentation of medical restrictions or special instructions within the individual file and on the emergency card;
- Ensure that all personnel understand, follow, and are trained as needed in all medical restrictions or special instructions associated with the individuals receiving services;
- Comply with N.J.A.C. 10:42, Division Circular #20 “Mechanical Restraint & Safeguarding Equipment” when utilizing safeguarding equipment (e.g. braces, thoracic jackets, splints, etc.) necessary to achieve proper body position and balance; and
- Adhere to any special dietary and/or texture requirements (e.g. feeding techniques, consistency of foods, the use of prescribed feeding equipment, level of supervision needed when eating, etc.) as ordered by the physician and/or documented in the ISP.

17.6.5.6.2 Illness/Contagious Conditions

- If an individual arrives for day habilitation services in apparent ill health or becomes ill during day habilitation service hours, the service provider shall:
 - Require that the individual be removed from services for symptoms including but not limited to fever, vomiting, diarrhea, body rash, sore throat and swollen glands, severe coughing, eye discharge, or yellowish skin or eyes;
 - Notify the caregiver; and
 - Document actions in the individual record.
- If an individual is suspected of having a contagious condition, the individual shall be removed from services until a physician’s written approval/clearance is obtained as documented in the individual file. The service provider shall ensure exposed individuals and their primary caregiver or guardian are notified of related signs and symptoms.
- If an individual requires emergency treatment at a hospital or other facility during day habilitation service hours, day habilitation service staff shall remain with the individual until the caregiver or guardian arrives.

17.6.5.7 Emergencies

17.6.5.7.1 Emergency Plans

The provider shall develop written plans, policies, and procedures to be followed in the event of an emergency evacuation or shelter in place (for circumstances requiring that people remain in the building) and ensure that all staff are sufficiently trained on these plans, policies, and procedures. Emergency numbers shall be posted by each telephone. Emergency cards must be kept up to date and maintained in a central location, so they are available and portable in emergencies.

17.6.5.7.2 Emergency Procedures

At a minimum, procedures shall specify the following:

- Practices for notifying administration, personnel, individuals served, families, guardians, etc.;
- Locations of emergency equipment, alarm signals, evacuation routes;
- Description of evacuation procedure for all individuals receiving services – including mechanism to ensure everyone has been evacuated and is accounted for, meeting location(s), evacuation routes, method to determine reentry, method for reentry, etc.;
- Description of shelter in place procedure for all individuals receiving services – including mechanism to ensure everyone has been moved to a safe location and is accounted for, destinations within the building for various emergencies, routes to designated destinations, method to determine clearance to exit the building, method for exiting, etc.;
- Reporting procedures in accordance with Division Circular #14 “Reporting Unusual Incidents”

- Methods for responding to Life-Threatening Emergencies in accordance with Division Circular #20A “Life Threatening Emergencies.”

17.6.5.7.3 Evacuation Diagrams

An evacuation diagram specific to the facility/program location shall be posted conspicuously throughout the facility. At a minimum these diagrams must consist of the following:

- Evacuation route and/or nearest exit;
- Location of all exits;
- Location of alarm boxes (pull station); and
- Location of fire extinguishers.

17.6.5.7.4 Emergency Drills

Drills for a variety of emergencies (fire, natural disaster, etc.) shall be conducted regularly to ensure individuals receiving Day Habilitation services understand the emergency procedures. At a minimum, emergency drills shall meet the following criteria:

- Rotated between the variety of potential emergencies given the location and population served;
- Conducted monthly with individuals served present;
- Varied as to accessible exits; and
- Documented to include date, time of drill, length of time to evacuate, number of individuals participating, name(s) of participating staff, problems identified, corrective actions for problems, and signature of person in charge.

17.6.5.7.5 Emergency Cards

The Day Habilitation service provider shall maintain an Emergency Card for each individual. This card will consolidate relevant emergency, health, and medical information provided by the ISP into one, readily available and portable document in case of emergencies. The provider shall verify the information provided by the ISP and review and update the Emergency Card at least annually. The Emergency Card shall include, at a minimum, the following information:

- Individual’s Name;
- Individual’s Date of Birth;
- Individual’s DDD ID Number;
- Emergency Contact Information;
- Guardianship Information, if applicable;
- Diagnosis;
- Medications, if applicable;
- Individual Medical Restrictions/Special Instructions, if applicable;
- Medical Contact Information;
 - Primary Physician Information;
 - Preferred Hospital.
- Healthcare Contact Information; and
 - Managed Care Organization (MCO) Information;
 - Private Insurance, if applicable;
 - Administrative Services Organization (ASO), if applicable.
- Support Coordinator Contact Information.

17.6.5.7.6 Emergency Consent for Treatment Form

The provider shall discuss the individual’s wishes related to emergency treatment and obtain a signed general statement of consent for emergent care that includes but is not limited to the following:

- Medical or surgical treatment;
- Hospital admission;
- Examination and diagnostic procedures;
- Anesthetics;
- Transfusions; and

- Operations deemed necessary by competent medical clinicians to save or preserve the life of the named individual in the event of an emergency.

17.6.5.7.7 First Aid Kit

Each day habilitation site shall maintain a first aid kit which minimally includes the following items:

- Antiseptic;
- Rolled gauze bandages;
- Sterile gauze bandages;
- Adhesive paper or ribbon tape;
- Scissors;
- Adhesive bandages (Band-Aids); and
- Standard type or digital thermometer.

17.6.5.8 Medication

The service provider shall comply with the Division-approved Medication Module

17.6.5.8.1 Medication Policies & Procedures

Day Habilitation service providers must develop written policies and procedures specific to the following:

- Prescription, over the counter (OTC) and “as needed” (PRN) medications;
- Storage, administration and recording of medications; and
- Definition and reporting of errors, emergency medication for life threatening conditions and staff training requirements.

17.6.5.8.2 Storage

On-Site

- All prescription medication shall be stored in the original container issued by the pharmacy and shall be properly labeled.
- All OTC medication shall be stored in the original container in which they were purchased and the labels kept intact.
- The service provider shall supervise the use and storage of prescription medication and ensure a storage area of adequate size for both prescription and non-prescription medications is provided and locked.
- The medication storage area shall be inaccessible to all persons, except those designated by the service provider
 - Designated staff shall have a key to permit access to all medications, at all times and to permit accountability checks and emergency access to medication; and
 - Specific controls regarding the use of the key to stored medication shall be established by the service provider.
- Each individual’s prescribed medication shall be separated and compartmentalized within the storage area (i.e. Tupperware, Zip-loc bags, etc.).
- If refrigeration is required, medication must be stored in a locked box in the refrigerator or in a separate locked refrigerator.
- Oral medications must be separated from other medications.
- OTC medications must be stored separately from prescription medications in a locked storage area.

Off-Site

- Medications must be stored in a locked box/container.
- Each individual’s prescribed medication shall be separated and compartmentalized within the locked container; the container must be with staff at all times; locking medications in the glove-compartment is not permitted.
- Special storage arrangements shall be made for medication requiring temperature control.
- Designated staff shall have a key to permit access to all medications at all times and to permit accountability checks and emergency access to medication.
- The service provider must ensure that all medication to be administered off-site is placed in a sealed container labeled with the following:
 - The individual’s name; and

- The name of the medication.

17.6.5.8.3 Prescription Medication

A copy of the prescription shall be on record stating:

- The individual's full name;
- The date of the prescription;
- The name of the medication;
- The dosage; and
- The frequency.

17.6.5.8.3.1 Documentation

- Written documentation shall be filed in the individual record indicating that the prescribed medication is reviewed at least annually by the prescribing physician, i.e. prescriptions current within one year.
- A Medication Administration Record (MAR) shall be maintained for each individual receiving prescription medication
 - The service provider shall transcribe information from the pharmacy label onto the Medication Administration Record (MAR);
 - If the exact administration time the medication is to be administered is not prescribed by the physician, determination of the time shall be coordinated with the caregiver and then recorded on the MAR i.e. at mealtimes;
 - The staff person who prepares the medication must administer the medication and document it on the Medication Administration Record (MAR) immediately or upon return to the facility; and
 - Any change in medication dosage by the physician shall be immediately noted on the current MAR by staff, consistent with the provider's procedure.
- Verbal orders from a physician shall be confirmed in writing within 24 hours or by the first business day following receipt of the verbal order and the prescription shall be revised at the earliest opportunity; and
- All medications received by the adult day service shall be recorded at the time of receipt including the date received and the amount received i.e. 30 pills, 1- 5 oz tube, etc.

17.6.5.8.3.2 Supplies

- An adequate supply of medication must be available at all times; as a general guideline, refill the medication when a 5-day supply remains.
- For individuals who are supported through services which are not associated with a facility, the dosage of medication for the day must be provided in a properly labeled pharmacy container
 - The dosage;
 - The frequency;
 - The time of administration; and
 - The method of administration.

17.6.5.8.3.3 Emergency Administration of Prescription Medication

Service providers shall ensure the safety of individuals who have a history of severe life-threatening conditions requiring the administration of prescription medication in emergency situations. Examples include, but are not limited to:

- Severe allergic reaction (called anaphylaxis) which requires the use of epinephrine via an "epi-pen" injection.
- Cardiac conditions requiring the administration of nitroglycerin tablets.

Staff shall follow life-threatening emergency procedures and the orders/protocol established by the physician.

17.6.5.8.4 PRN (as needed) Prescription Medication

PRN prescription medication must be authorized by a physician. The authorization must clearly state the following:

- The individual's full name;
- The date of the prescription;
- The name of the medication;
- The dosage;

- The interval between doses;
- Maximum amount to be given during a 24-hour period;
- A stop-date, when appropriate; and,
- Under what conditions the PRN medication shall be administered.

17.6.5.8.4.1 Administration of PRN

- Determine the time the previous PRN medication(s) was given (through caregiver);
- Must be approved by the supervisory staff or designee, before administering;
- Must be administered by the staff person who prepares the medication;
- Followed by checking in with the individual 1-2 hours after administration to observe effect of PRN; and
- Convey time PRN was given by the day habilitation provider to the caregiver.

17.6.5.8.4.2 Documentation

- Administration of the medication, including time of administration, must be documented by the staff person who prepared it on the Medication Administration Record (MAR) immediately or upon return to the facility;
- Results of checking on individual 1-2 hours after administration to observe if the PRN is working.

17.6.5.8.5 PRN Over the Counter (OTC) Medication

17.6.5.8.5.1 Administration of PRN – OTC

- Can only be done when an OTC form signed by the physician is on file and includes the following:
 - Conditions under which the OTC is to be given;
 - The type of medication;
 - The dosage;
 - The frequency;
 - Maximum amount to be given during a 24-hour period; and
 - Under what conditions to administer additional OTC.
- Determine the time the previous OTC medication was given (through caregiver);
- Must be administered by the staff person who prepares the medication; and
- Convey the time the OTC was given by the day habilitation provider to the caregiver.

17.6.5.8.5.2 Documentation

- Administration of the OTC medications must be documented by the staff person who prepared it on a Medication Administration Record (MAR) separate from the one utilized for prescription medication

17.6.5.8.6 Self-Medication

Individuals receiving medication shall take their own medication to the extent that it is possible, as noted in iRecord and communicated through the Support Coordinator, and in accordance with the day habilitation service provider's procedures

17.6.5.8.6.1 Documentation

The following information shall be maintained in the individual's record:

- The name of the medication;
- The type of medication(s);
- The dosage;
- The frequency;
- The date prescribed; and
- The location of the medication.

17.6.5.8.5.2 Storage

- Medication shall be kept in an area that provides for the safety of others, if necessary.
- Each individual who administers their own medication shall receive training and monitoring by the service provider regarding the safekeeping of medications for the protection of others, as necessary.

17.6.5.9 Transportation

The Day Habilitation rate includes pick up and drop off transportation for individuals residing within the Day Habilitation provider's defined catchment area within reason of the day habilitation services operational hours. Catchment area and reasonable pick up and drop off hours are submitted during the provider application and/or day habilitation certification process. In situations where the Day Habilitation provider is providing pick up and drop off transportation, the provider will claim for Day Habilitation services beginning when the individual has arrived at the location in which Day Habilitation is started (the time providing pick up and drop off services is not included in the billing process). Day habilitation providers are only able to bill for transportation for miles driven beyond the established catchment area.

The Day Habilitation provider can choose to claim for transportation provided to and from Day Habilitation activities that are planned in the community in one of the following two ways:

- Transportation to and from the community activity is provided and funded through Transportation services as long as the Day Habilitation provider is also Medicaid/DDD approved to provide Transportation services and Transportation services are prior authorized per the ISP – OR –
- Day Habilitation is being provided on the vehicle while traveling to and from the community activity, so the service is documented and claimed as Day Habilitation as long as the services have been prior authorized per the ISP.

At no time may individuals receiving services be left alone in a vehicle. An individual is not considered to be alone when staff is just outside the vehicle assisting individuals as they are getting on and/or off the vehicle.

17.6.5.9.1 Vehicles

All vehicles utilized by the Day Habilitation provider to transport individuals receiving services shall:

- Comply with all applicable safety and licensing regulations of the State of New Jersey Motor Vehicle Commission regulations;
- Be maintained in safe operating condition;
- Contain seating that does not exceed maximum capacity as determined by the number of available seatbelts and wheelchair securing devices;
- Be wheelchair accessible by design and equipped with lifts and wheelchair-securing devices which are maintained in safe operating condition when transporting individuals using wheelchairs;
- Be equipped with the following:
 - 10:BC dry chemical fire extinguisher;
 - First Aid kit;
 - At least 3 portable red reflector warning devices;
 - Snow tires, all weather use tires, or chains when weather conditions dictate.

17.6.5.9.1.1 Maintenance

The day habilitation provider shall develop a preventative maintenance system and conduct monthly, at a minimum, review of the condition of vehicles.

17.6.5.9.2 Policies & Procedures

The day habilitation provider shall develop transportation policies and procedures that include but are not limited to the following:

- Emergency/accident procedures that include notification per agency and insurance company processes;
- Pick up/drop off processes – catchment area, times, waiting period, supervision needed for drop off and process when someone is not home to provide necessary supervision;
- Suspension
 - Reasons for suspension – must be explained and signed off by individual;
 - Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.;
 - Return to transportation; and
 - Appeal process.
- Cancellations
 - Due to the day habilitation provider – weather, program closures, etc.

- Due to the individual – illness, decision not to go to day habilitation that day, etc.

17.6.5.10 Service Provider Policies & Procedures Manual

Day Habilitation service providers shall develop, maintain, and implement a manual of written policies and procedures to ensure that the service delivery system complies with the standards governing day habilitation services. These policies and procedures shall be designed in accordance with the Supports Program and Community Care Program (CCP) Policy & Procedures Manuals and applicable Division Circulars. At a minimum, the following areas must be addressed within the service provider’s policies & procedures manual:

- Incident Reporting;
- Investigations in compliance with DC#15 “Complaint Investigations in Community Programs;”
- Complaint/grievance resolution procedures for individuals receiving services, which shall have a minimum of 2 levels of appeal, the last of which shall, at a minimum, involve the agency head;
- Emergency plans;
- Life-threatening emergencies in compliance with #20A;
- Health/Medical;
- Medication administration (including procedures for self-medication);
- Transportation;
- Personnel; and
- Admission, Suspension, Discharge.

17.6.5.11 Day Habilitation Service Admission

The Support Coordinator will assist the individual in researching Day Habilitation service providers and indicate the provider of choice in the ISP. Each Day Habilitation service provider is responsible for establishing an admission process and developing criteria for acceptance into their Day Habilitation services.

17.6.5.11.1 Provider Admission Policies and Procedures

The Day Habilitation service provider shall develop, maintain, and implement admission policies and procedures. These policies and procedures shall be made readily available to prospective participants and their Support Coordinators and, at a minimum, include the following:

- Pre-admission process – in-person meeting, tour of services, documentation, physical exam, etc.;
- Criteria for acceptance – diagnosis/disability type, tier, etc.;
- Appeal process;
- Admission process – determining start date, submission of referral packet;
- Waiting list; and
- Program rules and expectations, rights and responsibilities.

17.6.5.11.2 Prior Authorization for Day Habilitation Services

The Support Coordinator will identify the need for Day Habilitation services through review of the NJ Comprehensive Assessment Tool (NJ CAT) and the person-centered planning process facilitated by the Person-Centered Planning Tool (PCPT). Once this need is identified, an outcome(s) related to the results expected through participation in Day Habilitation services will be included in the Individualized Service Plan (ISP). The Support Coordinator will assist the individual in identifying potential Day Habilitation providers based on knowledge of the individual’s needs; criteria provided by the individual; the individual’s research conducted with service providers through phone calls, face-to-face meetings, tours, etc.; and the provider’s written admission policies and procedures. Upon confirmation of a Day Habilitation service provider, the Support Coordinator will indicate the chosen provider in the ISP along with units, frequency, and duration of the Day Habilitation service and submit the completed ISP to the Support Coordination Supervisor for approval. A prior authorization for services will be generated and sent to the chosen Day Habilitation service provider when the ISP has been approved. The Day Habilitation provider cannot receive reimbursement for services rendered until this prior authorization has been generated. The Support Coordinator will also send the approved ISP to providers indicated in the ISP within 3 business days of approval.

17.6.5.12 Day Habilitation Suspension/Discharge

17.6.5.12.1 Suspension

The Day Habilitation service provider shall develop, maintain, and implement suspension policies and procedures. These policies and procedures shall be explained to individuals to ensure they understand them and shall, at a minimum, include the following:

- Reasons for suspension – must be explained and signed off by individual;
- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.;
- Return to services;
- Appeal process.

17.6.5.12.2 Discharge

The Day Habilitation service provider shall develop, maintain, and implement discharge policies and procedures. These policies and procedures shall be explained to individuals to ensure they understand them and shall, at a minimum, include the following:

- Reasons for discharge – must be explained and signed off by individual;
- Process for making determination – determining that reasons are met, warning process, determining length of suspension, notification to individual, caregiver, SC, DDD, etc.;
- Appeal process.