

New Jersey

STATE REPORT 2016

Service Components

The service components for individuals with intellectual and developmental disabilities living in the state of NJ include:

Five (5) state operated Intermediate Care Facilities (ICF/IID) known as developmental centers. These residential/habilitation centers offer and deliver the most comprehensive continuous (24/7) care and treatment and are subject to certification by CMS (Centers for Medicare and Medicaid). Funding is provided through state and federal dollars and the individuals' contribution to care. With the closure of the North Jersey and the Woodbridge Developmental Centers in July 2014 and January 2015, there are no public ICF's in the northern part of the state. At this time, there are approximately 1, 500 individuals residing in NJ Developmental Centers. It is generally held knowledge that the census will continue to decline with the state's policies to thwart admission and the average age of the resident at about 55 years old.

The state also operates a Moderate Security Unit (MSU) - a locked treatment facility located on the grounds of the New Lisbon Developmental Center. As provided by N.J.A.C.10:42B and agency summary: This facility is used as an alternative to detention in a correctional facility or as a residential requirement of probation for men with developmental disabilities 18 years of age or older who have been convicted of a crime or have engaged in criminal behavior. Its programs specialize in sex offender and arson-related treatment.

The Office of the State Auditor report on the audit of New Lisbon Developmental Center observed the MSU census has declined from 29 individuals in July 2012 to 12 individuals in July 2015. Sentences for five of these individuals will be completed between October 2015 and August 2017. The MSU is funded solely by

the state and does not qualify for federal cost sharing. Salaries for employees assigned to the MSU when 29 individual resided at the unit totaled \$2.6 million, or \$88,000 per resident, compared to \$1.8 million or \$155,000 per resident, when 12 individuals resided at the unit. Since the population has decreased, the cost per resident has increased because of the coverage needed for these individuals.

Only one private ICF/IID - Spectrum for Living - operates in the northeastern part of the state. According to CMS, this facility would qualify as a large ICF since it provides congregate care and treatment to approximately 60 individuals.

Spectrum for Living also operates other types of residential and day programs under the HCBS/Community Care Waiver - where federal cost sharing does not include room and board as it does for the ICF/IID facilities.

Many other states utilize privately operated Intermediate Care Facilities. With just one private ICF, New Jersey is an outlier in terms of service delivery.

New Legislation

Thankfully, the NJ legislature enacted bills (A1098 and S671) and joint resolutions signed by Governor Christie which requires the Department of Human Services (and DMVA) to conduct or contract for follow-up studies of former residents transitioning to community from their facilities. Because there were some tragic outcomes from the closures of the developmental centers, the data that come from the follow up studies will hopefully better guide NJ to ensure that it will be responsive to the needs of its most vulnerable citizens. However, contrary to the very reasoning behind the enactment of this legislation, Governor Christie is providing for (in the 2016-2017 budget) removal of more individuals from their decades-long developmental center homes before the data can be collected and analyzed.

Other legislative bills that were passed and signed into law included:

A2936/S1957 Requires complaint for guardianship of person receiving services from Division of Developmental Disabilities to include one of the documents identified in bill. (11/9/2015 - Approved P.L.2015, c.132.)

A3951/S2596 Exempts certain vehicles owned or leased by certain health care facilities and other facilities licensed by Department of Human Services or Department of Health from "Angelie's Law" (3/23/2015 Approved P.L.2015, C.31.)

A4420/S3056 Requires certain notifications for termination of services to persons with developmental disabilities and providers. (1/19/2016 P.L.2015, c.304.)

A4587/S3049 Requires facilities providing services to persons with developmental disabilities and schools to adopt policies permitting administration of medical marijuana to qualifying patients. (11/9/2015 P.L. 2015, c.158.)

A4270/S2668 Establishes "MVP Emergency Alert System" for missing persons with mental, intellectual, or developmental disabilities. (1/11/2016 Approved P.L. 2015, C184.)

A3956/S2770 Authorizes establishment of Achieving a Better Life Experience accounts for persons with certain disabilities. (1/11/2016 Approved P.L. 2015, c.185)

A4381/S3117 Prohibits the Division of Developmental Disabilities from transferring individuals living in out-of-state facilities back to NJ unless certain exceptions apply. (1/11/16 - Approved P.L. 2015, c.192.) (see below)

Return Home NJ Program

Another program sponsored by DDD was Return Home NJ (RHNJ) in which the state - after initially placing individuals in their out-of-state facilities - forced the return to in-state HCBS placements.

With overwhelming support by legislators and with no opposition by community provider agencies and their advocacy organizations, the families of the targeted RHNJ individuals successfully mounted the campaign - "Leave us alone we're

already home" - to permit their loved ones to remain in their out-of-state residences: Bills S3117 and A4381 and Joint Resolutions signed by Governor Christie prohibits the Division of Developmental Disabilities from compelling transfers from out-of-state to in-state facilities unless certain exceptions apply. (1/11/16 - Approved P.L. 2015, c.192.)

VOR demonstrated support for the "RHNJ" families.

Funding

For Home and Community Based Services, individuals will access services through the Supports Program or the Community Care Waiver (CCW) - both Medicaid waiver programs. According to the Division of Developmental Disabilities, Waiver program enrollment is based on individual's assessed needs and eligibility criteria. All providers and individuals must be Medicaid eligible in order to access Division-funded services: Most recently, the Division of Developmental Disabilities is shifting from a contractual method of payment to a fee-for-service platform. This has caused concern to the provider agencies as to financial solvency and has prompted the creation of a sort of financial aid in the interim/transition. Also, the provider agencies and their advocacy organizations have testified to the state Senate and Assembly Budget Committees at the recent 2016-2017 legislative public hearings regarding the issue that staff have not been appropriated a raise for 8 years. One of the major negative impacts felt in group homes is the turnover of staff due to low wages.

Purchase of Care is the vehicle by which an individual is provided out-of-state services. Typically there is no federal cost sharing for Purchase of Care services. The most recent development regarding Purchase of Care was the "Return Home NJ" (RHNJ) initiative with the goal of providing services only in-state to those who had been receiving services in other states.

New Jersey's Fiscal Year 2015 Data Report showing residential census by setting and county provides the following information:

Type of Residential Setting:	Number of Individuals:
Community Care Residence	724
DCA Licensed Home	43
Developmental Center	1,606
Group Home	5,786
Other	436
Out of State	362
Own Home	13,318
Skilled Nursing Facility	863
State Psychiatric Hospital	33
Supervised Apartment	1,498
Supportive Housing	702
TOTAL	25,371

Data Report FY 2015: Appendix

1. On July 1, 2014 there were 304 individuals living at the operating Developmental Centers who were in agreement for a move to the community.
 - a. Of the 304, 222 had a behavioral level of three of four. This behavioral level can be correlated with the need for behavioral supports.
 - b. Of the 304, 109 had a medical level of two, four or six medical which correlates to requiring some level of assistance with ambulation.
2. There have been no admissions to any developmental centers during the reporting period.
3. Admissions to developmental centers are governed by the Settlement Agreement contained in DRNJ II and III. This calls for a Pre-Admission Review to be completed by an Independent Admissions Review Officer who is not to be an employee of the New Jersey Department of Human Services.
4. Determination of placement of an eligible individual on a Division-maintained waiting list, including (a) criteria for determining waiting list priority level and priority-level ranking, and (b) protocol for identifying who will receive services, are outlined in [N.J.A.C. 10:46](#).
5. The Division does not maintain any county-based waiting list. The Division maintains a waiting list for Community Care Waiver eligibility determination. An individual who, based on ranking, reaches the top of the Community Care Waiver eligibility determination waiting list and is enrolled on the Community Care Waiver can access any required waiver service.
6. The historical trend indicates approximately 1,200 eligible individuals transition out of receiving services from a school district each year (“age out”). Of those eligible individuals, approximately 50% (600) proceed to receiving services through the Division.
7. Federal guidelines require that any person with a suspected developmental disability or related condition undergo a Pre-Admission Screening and Resident Review (PASRR) Level II before being admitted to a nursing facility. Individuals with a developmental disability are only admitted to a nursing facility if they are diagnosed with the below and cannot benefit from specialized services offered by the Division:
 - a. Terminal Illness with six months or less life expectancy
 - b. Dementia
 - c. Severe physical illness (Ex. Dependent on ventilator, etc...)