

1. What it means to self-direct personal care services:

Self-directing emphasizes independence and empowerment by expanding your degree of choice and control over your long term services and supports. It allows you and your authorized program representative to serve as the employer and take responsibility for directly hiring, training, supervising, and firing your paid workers. You and your authorized program representative become the experts on your own care and are able to determine the services and supports that best meet your personal care needs. The Personal Preference Program (PPP) offers you greater control, flexibility, and freedom. You can choose who provides your care, what type of care you want and need, when you want care to be provided and where the care will be provided. Workers become accountable to you/authorized program representative.

In self-directed programs, you negotiate wage rates within the program rules, purchase other goods and services to increase safety and independence in the home or reduce your need for paid services. You may also choose to take 10% of the monthly budget as cash for justifiable purchases of goods and services not readily available through other means.

All PPP participants will receive guidance and support from a Financial Consultant from Public Partnerships, Limited (PPL), the fiscal intermediary for self-direction in NJ FamilyCare. These supports include, but are not limited to processing worker applications, timesheets and payroll, reporting wages for your workers, reporting and paying business taxes, providing counseling support, and how best to manage your monthly budget.

2. What it means to be the “Employer of Record” in the PPP:

Under the PPP, you will have some new responsibilities and a great deal more choice and freedom in terms of the services you receive. You will be the employer of record for the PCA services. This means that you will make decisions, manage and supervise your employees like a small business.

As with any small business, there are some costs involved such as bookkeeping, taxes, payroll as well as workers’ compensation, check processing fees and overhead. Once these costs are paid, the balance is applied to the services needed to remain in your home and community.

3. Who is an Authorized Program Representative and the explanation of this role:

If you wish to have support managing the responsibilities of directing and supervising your own personal care needs, you may have an authorized program representative (APR) assist you.

If it is determined you are unable to manage the responsibilities of directing and supervising your own personal care needs, you will be required to have an APR to act on your behalf.

An APR may be your legal guardian, a family member, or any other individual identified who willingly accepts responsibility for decision-making on your behalf. An APR must demonstrate a personal commitment to you and be willing to follow your wishes and respect your preferences, while using sound judgment. The APR receives no monetary compensation for this service and may not serve as your worker. If you desire to have an APR but cannot identify a person to serve in that capacity, the Financial Consultant will assist you in identifying an appropriate individual to serve as an APR.

Here are list of requirements when selecting your Authorized Program Representative:

- ✓ An APR can be anyone over 18 years of age.
- ✓ An APR must reside in New Jersey.
- ✓ An APR supports you as needed to fulfill the responsibilities as a PPP member and employer, so the APR must be present in your life and readily available to provide you necessary support.
- ✓ An APR will support you to process paperwork, hire and supervise your workers, oversee services from providers, sign timesheets and invoices and follow-up with a Public Partnership Customer Service Agent or your Financial Consultant if any issues come up.
- ✓ An APR must also be present for all scheduled visits and calls with your Financial Consultant.
- ✓ An APR must meet with the Financial Consultant to ensure they understand their role and responsibilities.
- ✓ An APR must comply with all payroll rules and requirements.
- ✓ An APR will also complete a Designation of Representative Form agreeing to act in this role.

4. What a Risk Assessment Profile is:

To best protect and serve individuals in the PPP, all participants are required to complete a Risk Assessment Profile during their initial home visit with their Financial Consultant. The profile determines your level of risk in case of an emergency, such as a worker calling out or a natural disaster situation. The Risk Assessment Profile will include three possible levels of risk, “High,” “Moderate,” or “Minimal.” This profile is required to be completed before you can create your cash management plan.

The Risk Assessment Profile will determine what type of back-up system, if any, will be required to participate in the PPP. If the profile indicates that you have “Minimal” or “Moderate” level of risk, a back-up plan is optional. In these cases, the Financial Consultant will discuss possible risks with you and/or your authorized program representative and suggest a viable back-up plan to be included in the cash management plan. The decision to include a back-up plan is entirely up to you. However, if the profile indicates you have a “High” level of risk, you are required to include a back-up plan. The Financial Consultant will work with you, and/or your authorized program representative, to help identify an appropriate back-up plan.

5. What is included in a Back-up Plan:

- ✓ A back-up worker, someone who is able to work when a regular worker calls out or is unable to work; or,
- ✓ An accredited home care agency that you contract with privately to fill-in when your worker is unable to work.
- ✓ Your Financial Consultant will continue to monitor for potential risk throughout your participation in the PPP and you are required to complete a new Risk Assessment Profile each year. If the potential for risk changes to “High,” you will be required to revise your cash management plan to include a back-up plan.

6. What is a background check and are they required in the PPP?

If you would like to assure your worker can be compensated with Medicaid funds you may wish to verify their ability to be hired by requesting a background check. While requesting a background check is recommended, it is not required. You can request a variety of background checks on potential and current workers. Your Financial Consultant will provide you with information on the various

background checks that are available and costs associated with this effort. You can choose to use your monthly budget for a one-time \$30 background check to be completed on a worker.

Of note, individuals who have certain criminal convictions cannot be paid with Medicaid funds. The following offenses disqualify a worker from participating as an employee in the PPP:

- ✓ Violent crimes such as murder and assault
- ✓ Theft such as fraud, identity theft
- ✓ Exploitation
- ✓ Sex crimes such as rape and sexual assault
- ✓ Certain drug offenses

7. What “Duplication of Services” means:

Participation in the PPP is an option to receive your NJ FamilyCare personal care services. NJ FamilyCare recipients may not receive traditional PCA home care agency services and PPP at the same time.

Once the PPP begins, traditional PCA agency services will need to end. Your health plan will notify your current home care agency to discontinue services to assure there is not a duplication of services.

If the home care agency continues to send a home health aide to your home once you begin the PPP, you must turn the aide away and contact your health plan to assure these services do not continue. If you accept the services of the home care agency while also utilizing the PPP this is a duplication of services.

Another example of duplication of services is if you continue to pay your PPP worker during periods of hospitalization. The hospital is responsible for providing the care normally provided by your PPP worker. If you pay your worker while you are hospitalized these funds must be taken back from the worker. This also applies to nursing home and rehabilitation center stays.

It is important to understand that continued inappropriate utilization of the PPP may lead to your disenrollment from the self-directed option as well as result in reporting to the Medicaid Fraud and Abuse Unit for further investigation.

8. Definition and examples of Medicaid Fraud:

Medicaid fraud is the providing of false information to claim medical reimbursements beyond the scope of payment for actual health care services rendered. Fraud is committed when a person or business deceives facts or

information to get something they would not be otherwise entitled to. Fraud can range from a solo act to broad-based operation by an institution or a group.

Here are some examples of Medicaid Fraud:

- ✓ Knowingly and/or purposefully filling out a timesheet incorrectly for hours or services that were not performed during the reported times on the submitted timesheet.
- ✓ Knowingly and/or purposefully allowing the PPP to bill Medicaid for services that were not performed.
- ✓ Knowingly and/or purposefully using the monthly PPP budget for any other purpose than what has been approved in the case management plan (CMP).
- ✓ Knowingly and/or purposefully allowing your worker to document services or hours that were not performed.
- ✓ Knowingly and/or purposefully billing for goods and services that were not provided.
- ✓ Knowingly and/or purposefully paying one person for services actually provided by someone else. This is tax fraud.
- ✓ Knowingly and/or purposefully making a “side deal” with a worker to split their pay check with you. This is tax fraud as well.
- ✓ Knowingly and/or purposefully withholding information from authorities during an investigation.
- ✓ Knowingly and/or purposefully purchasing an approved item on your cash management plan (CMP), getting reimbursed from the fiscal intermediary, also known as PPL, for the approved item, and then returning the approved item to receive cash or use it for something else that has not been approved.

9. Definition and examples of Medicaid Abuse:

Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to Medicaid and other programs, or in reimbursement for services that are not medically necessary or fail to meet professional recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the Medicaid program.

Here are some examples of Medicaid Abuse:

- ✓ Making errors when filling out the PPP timesheet and not immediately reporting the error to your Financial Consultant or health plan.

- ✓ Documenting the hours spent in the participant's home inaccurately and not immediately contacting someone to remedy the situation.
- ✓ Not being timely when handing in client related paperwork to your Financial Consultant and health plan creating inaccurate billing for your PPP services.

10. What "recoupment" means and why it occurs:

Recoupment or "recouping wages" occurs when a PPP worker is paid for services when you are not eligible to receive them and/or when paid outside of program rules.

Here are some examples of paying a worker for services when you are not eligible:

- ✓ While you are in a hospital, nursing home or rehabilitation center
- ✓ While you are disenrolled from the PPP
- ✓ While you are ineligible for NJFC Plan A services
- ✓ While you are out of the country for any length of time
- ✓ While you are out of New Jersey for 31 days or more

Here are some examples of paying a worker outside of program rules:

- ✓ Paying a worker without a mandated Authorized Program Representative's signature
- ✓ Paying a worker who gives funds to pay another worker
- ✓ Paying a worker who is not hired through the PPP
- ✓ Allowing a worker to avoid paying taxes
- ✓ Allowing a worker to avoid reporting wages to Social Security
- ✓ Allowing a worker to approve their own timesheet
- ✓ Allowing a worker to receive payment when services are not provided
- ✓ Allowing a worker to provide respite services. Respite may not be self-directed
- ✓ Receiving respite services through your health plan and paying a PPP worker
- ✓ Allowing a worker to provide hospice services. Hospice may not be self-directed

11. How to disenroll from the PPP and receive PCA agency directed services:

If at any time you wish to disenroll from the PPP and receive your personal care services through a PCA agency contact your health plan to assist you.