Working with a Support Coordinator

Angela Di Costanzo and Steven Duran Co-Owners of Supportive Choices

Transition into DDD Fee for Service

- New Grads Class of 2018
- What you need to do ...
- What you need to know ...

What is a Support Coordinator and how do I get one?

- · Private case manager whom you choose
- Help find services, author the NJ Individualized Service Plan (NJISP) and Person Centered Planning Tool (PCPT) which tells about an individual and approves the services that will be provided through the plan.
- Support Coordination Agency Selection Form
- http://njsupportingcommunitylives.org/wpcontent/uploads/2015/01/SCA selection form-September-2016- WORD-FILLABLE.docx
- Scan back to e-mail address on form or mail to address on form but keep a copy

Some Things to Consider in Choosing a Support Coordination Agency

- Do they serve your county?
- Do they have capacity?
- Do they approve their own plan?
- Can they provide references?
- What do other families and providers have to say about the agency?

Assignment and First Meeting

- Once the agency selection form is sent to DDD, individual assignments are sent to the family and Support Coordination Agency. The Agency has a 10 day window to reach out to the family and a 30 day window to create an initial plan.
- The SC will look to set up a meeting quickly as this is a very short turn around time. The initial plan may be only about exploring services and does not have to be exact.

First Meeting

- Relax and enjoy the process. You are creating a new support team.
- Have some ideas of services that would enhance your life.
- · Have demographic information prepared including:
- insurance information: copy of Medicaid card, copy of HMO card from Medicaid, private insurance information.
- 2. Doctor information-address, phone number
- Medications: dosage, frequency
- 4. Preferred hospital and pharmacy
- 5. Emergency contact information
- 6. Copy of guardianship papers if applicable

•

Plan Creation

- The SC takes all this information gathered and creates a plan draft. The individual and their team review the plan and if in agreement they must sign it to move forward with plan approval.
- The plan is approved by a SC Supervisor. They
 must ensure that all quality assurance measures
 and Medicaid required components of the plan
 are present before approval so it may take several
 revisions to ensure compliance.

Plans

- Any time a change in services is needed a revision plan is created with the team by the SC.
- These revisions also require signatures and go through an approval compliance process.
- A new plan is required annually.

The individual's role in this process

- As you can see a lot of timing is essential in this process
- Services and plans can move quickly as long as the individual and their team respond to calls, emails etc.
- Get an e-mail address if at all possible.
- Stay on top of any requests or correspondences from Medicaid or Social Security.
- Follow through and Follow Up

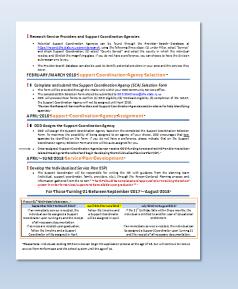
The SC role in this process

- Monthly phone calls
- · Quarterly visits
- Annual visit in the home
- Help families identify Providers in their community based on the person's individual support needs.
- Help families identify and connect to services available within their community.
- Identify Generic resources.

2018 Graduates Aging Out of the School System Pg. 1



2018 Graduates Aging Out Pg. 2



Resources and Helpful Links

- DDD
- Boggs Center
- http://njsupportingcommunitylives.org/
- http://www.nj.gov/humanservices/ddd/home/
- http://www.nj.gov/humanservices/ddd/documents/
 2017 graduates aging out of school system.pdf
- http://planningforadultlife.org/