

The New Jersey Department of Human Services Division of Developmental Disabilities

WALKING THROUGH THE DIVISION OF DEVELOPMENTAL DISABILITIES APPLICATION

James Schiralli
Director, Intake & Intensive Case
Management

Nkechi Ugoji, MSW, LSW
Senior Coordinator, Training,
Policy, & Transition



DDD Overview

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- Division of the NJ Department of Human Services (DHS)

- Mission:

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
- exercise their rights to make choices



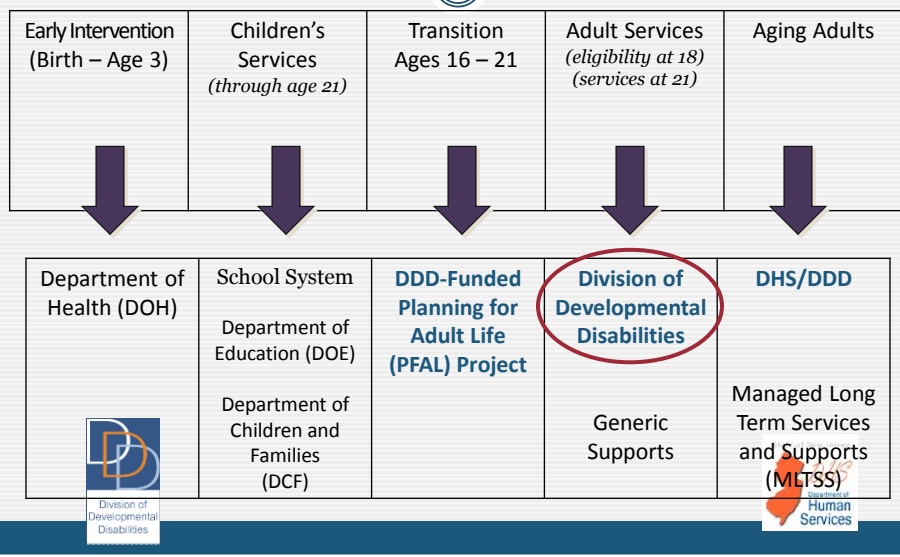
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Preparing to Enter Adulthood (including the DDD System)



4

Vision for Support Across the Life Course





Entering DDD Services

○ 6

- **Medicaid Eligibility**
 - ✦ Apply for SSI (Supplemental Security Income) at age 18
 - SSI Approval = Automatic Medicaid Eligibility
 - ✦ If SSI-ineligible, apply for New Jersey Medicaid
- **DDD Intake Application process**
 - ✦ Age 18 or older (DDD services not accessed until age 21)
 - ✦ Download DDD Intake Application from DDD website and/or contact Intake Unit of Community Services Office serving individual's county of residence
- **DDD Eligibility**
 - ✦ Documented lifelong disability that manifests prior to age 22
 - ✦ Functional criteria: substantially limited in 3 out of 7 areas



NJ Comprehensive Assessment Tool

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- NJ CAT Assessment
 - Mandatory assessment tool that evaluates support needs in three main areas: (1) self-care, (2) behavioral, (3) medical
 - Completed online or over the phone
 - Establishes an individual's **tier**
 - ✦ Tier determines the individualized budget
 - ✦ Tier determines reimbursement rate for some services
 - Re-assessment done every five years, more often if needed



Division of
Developmental
Disabilities



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DDD Application Process



Division of
Developmental
Disabilities



Community Service Office

FLANDERS: (973) 927-2600
PATERSON: (973) 977-4004
NEWARK: (973) 693-5080
PLAINFIELD: (908) 226-7800
FREEHOLD: (732) 863-4500
TRENTON: (609) 292-1922
MAYS LANDING: (609) 476-5200
VOORHEES: (856) 770-5900

WWW.NJ.GOV/HUMANSERVICES/DDD/STAFF/CSO



Division of
Developmental
Disabilities



Intake Process

- Family
 - Submit Application
- Intake Case Manger
 - Contact Family
 - ✦ Discuss Application
 - ✦ Service Needs
 - Review Application
 - ✦ Review Documentation
 - ✦ Review Included Evaluations/Assessments
 - NJCAT
 - ✦ Assessment Tool Distribution
 - Email Link/Phone call
 - Determination
 - ✦ Eligible for DDD
 - ✦ Additional Follow-up Needed
 - ✦ Ineligible for DDD



Division of
Developmental
Disabilities



Review of DDD Application



Application Breakdown

Community Service Office Contact Information



STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF DEVELOPMENTAL DISABILITIES
 PO BOX 728
 TRENTON, NJ 08646-0728
 Visit us on the web at:
 www.state.nj.us/humanservices/dad

Joseph V. Vale
 Commissioner
 Dawn Aggs
 Deputy Commissioner
 Elizabeth M. Shea
 Assistant Commissioner
 TEL: 609-633-2200

Please mail the completed Intake Application Package to the Community Services Office serving the county in which the applicant resides. Address the envelope to the "Division of Developmental Disabilities, Intake Unit".

Flinders Office
 Counties Served: Morris - Sussex - Warren
 1-B Laurel Drive
 Flinders, NJ 07834
 Phone: (973) 927-3600

Pateros Office
 Counties Served: Bergen - Hudson - Passaic
 180 Hamilton Plaza, 7th Floor
 Paterson, NJ 07653
 Phone: (973) 977-4004

Newark Office
 County Served: Essex
 133 Halsey St., 2nd Fl.
 P.O. Box 47013
 Newark, NJ 07101
 Phone: (973) 693-5080

Plainfield Office
 Counties Served: Union - Somerset
 110 East 5th Street
 Plainfield, New Jersey 07060
 Phone: (908) 236-7800

Freehold Office
 Counties Served: Ocean - Monmouth
 Juniper Plaza, Suite 1-11
 3499 Route 9 North
 Freehold, NJ 07728
 Phone: (732) 863-4300

Trenton Office
 Counties Served: Hamilton - Mercer - Middlesex
 120 South Stockton Street, Trenton, NJ 08611
 Phone: (609) 262-1622
 Mailing Address: P.O. Box 706, Trenton, NJ 08624-0706

Mary Landing Office
 Counties Served: Atlantic - Cape May - Cumberland - Salem
 2718 Atlantic Avenue
 Suite 205
 Mary Landing, NJ 08130
 Phone: (609) 476-5200

Voorhees Office
 Counties Served: Burlington - Camden - Gloucester
 2 Eberlein Plaza
 271 Laurel Rd., Suite 210
 Voorhees, NJ 08043
 Phone: (856) 778-5900

In order to prevent any delay in processing your application, please insure that the Intake package is **post** addressed to PO BOX 728 Trenton, NJ.



Application Breakdown



ORRIS CHRISTIE
GOVERNOR
KEN GUADAGNINO
LT. GOVERNOR

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES
PO BOX 724
TRENTON, NJ 08642-0724
First on the web at
www.state.nj.us/humanservices/ddd

Heather Vitek
Commissioner
Debra Aggar
Deputy Commissioner
Elizabeth M. Stein
Assistant Commissioner
TEL: (609) 631-2300

Eligibility Documentation Checklist

Please complete the following forms as directed

Please Note: Individuals must be 18 years old to go through a functional evaluation for services. Individuals who meet functional criteria must also be 21 years old and Medicaid eligible before they can begin receiving services from the Division of Developmental Disabilities (DDD).

- A. DDD Eligibility Forms:**
- Application for Eligibility. The person completing the application must sign this form.
 - RCD Code Form. This form must be completed by a Medical Professional.
 - Health Information and Feasibility and Accountability Act (HIFA) Information.
 - i. Notice of Privacy Practices and Acknowledgment Form. Please read the Department of Human Services Notice of Privacy Practices and sign and return the Acknowledgment Form.
 - ii. Authorization for Disclosure of Health Information to Family and Involved Persons. Given DDD permission to talk with people the Applicant chooses about his or her health information. Complete, sign and return.
 - iii. Authorization for the Release of Health Information. Given DDD permission to send copies of Applicant's health records to people or organizations chosen by the Applicant. Complete, sign and return. Consent Form. For use with the documents in Section B.

"You must include as many of the available documents below that relate to your developmental disability. The more documentation you are able to provide, the easier it will be to process your application."

- B. Documentation of Developmental Disability**
- | | |
|---|---|
| Medical Documentation of Disability | Learning Evaluations/Social Summaries |
| Physician's Statement | Psychiatric Evaluation |
| Most Recent Psychological Evaluation, (+ IQ Scores) | Neurological Evaluation |
| All Available Psychological Reports | Hospital Records/Discharge Summary |
| Most Recent Child Study Tests or School Reports | Physical Therapy Evaluation/Occupational Therapy Evaluation/Speech Therapy Evaluation |
- C. Legal Documentation of Age, US Citizenship, NJ Residency**
- Photocopy of Birth Certificate
 - Photocopy of Social Security Card or Proof of US Citizenship or Green Card
 - Photocopy of age of the following: 1) Voter Registration form 2) Pay Stub 3) W2 form 4) Real Estate Tax Bill or 5) Permanent Change of Station Orders to New Jersey (If individual's legal guardian is in the U.S. Military Service)
- D. Other Necessary Documents:**
- | | |
|--|--|
| Photocopy of Guardianship Order (if applicable) | SSI annual award letter |
| Photocopy of Medicaid Card | Letter certifying Medicaid eligibility |
| Division of Vocational Rehabilitation Service (DVRS) Records/Evaluations (F3 form) | |
- E. NJ CAT Assessment:** Will be administered by the Developmental Disabilities Planning Institute (DDPI) at a later date.



Eligibility Documentation Checklist

Application Breakdown

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Include As Many of The Available Documents That Relate to Your Developmental Disability

Application Breakdown

Application for Eligibility



STATE OF NEW JERSEY
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF DEVELOPMENTAL DISABILITIES
 100 NORTH 2ND STREET
 TRENTON, NJ 08646-5728

Jennifer Vance
 Commissioner
 Dawn Aggar
 Deputy Commissioner

Application for Eligibility

Please Note: Individuals must be 18 years old to go through a functional evaluation for services. Individuals who meet functional criteria must also be 21 years old and Medicaid eligible before they can begin receiving services from the Division of Developmental Disabilities (DDD).

In accordance with the Revised Statute, State of New Jersey, Section 30-4.25.2, application is being made to the Commissioner of the Department of Human Services for a determination of eligibility for services provided through DDD for:

Name: _____
 First Middle Last

Date of Birth: _____

By signing this application, I am declaring that:
 1. This Application and all forms submitted along with it are completed as accurately as possible, and
 2. I understand that I have the opportunity to appeal a determination of eligibility in accordance with N.J.A.C. 10-48-1.0).

This application is being made under R.S. 30-4.25.2 by virtue of the relationship to the Applicant indicated above:

____ Self
 ____ Legal Guardian of the person _____ Court of Competent Jurisdiction

Signature or Mark: _____ Date: _____

Signature of Witness (if mark): _____

Printed Name of Witness (if mark): _____

Title of Agency or Court representative: _____

Do Not Write Below This Line - for DDD use only

Functional Criteria Met _____ Functional Criteria not met _____

Eligible for Medicaid: Yes _____ No _____ Closed due to insufficient information _____

DDD Representative Signature _____ Title/Description _____ Date _____
 Application for Eligibility 03/14/2013



Application Breakdown

ICD-10 Coding Sheet

NJ DEPT OF HUMAN SERVICES - DIVISION OF DEVELOPMENTAL DISABILITIES

This form MUST be completed by a Medical Professional (DC medical staff, private doctor, nurse, psychiatrist, psychologist, etc.)

| SCIENTIFIC INFORMATION please print legibly | | | |
|---|------------|------------------------|--------------------------------|
| Individual's Name: | | Birthdate: | |
| DDD ID #: _____ Last 4 Digits of Social Security# | | Earliest Age of Onset: | |
| PRIMARY ICD-9 CODES | ICD-9 CODE | ICD-10 DIAGNOSTIC CODE | ICD-10 CODE |
| Autism Spectrum Disorder | 299.00 | F84.0 | Autism Spectrum Disorder |
| Asperger's Syndrome | 299.01 | F84.1 | Asperger's Syndrome |
| Disruptive/Conduct Disorder | 312.00 | F90.0 | Disruptive/Conduct Disorder |
| Major Depressive Disorder | 296.20 | F32.0 | Major Depressive Disorder |
| Manic Depressive Disorder | 296.21 | F31.0 | Manic Depressive Disorder |
| Alcohol Abuse | 303.00 | F41.0 | Alcohol Abuse |
| Alcohol Dependence | 303.01 | F41.1 | Alcohol Dependence |
| Substance Abuse | 304.00 | F42.0 | Substance Abuse |
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Application Breakdown

Your Information. Your Rights. Our Responsibilities.



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
P O Box 700
Trenton, NJ 08625
609-777-2026

NOTICE OF PRIVACY PRACTICES
Effective Date: September 23, 2013

Your Information. Your Rights. Our Responsibilities.

This notice applies to individuals, or legal guardians or parents of minor children receiving services from the Department of Human Services and describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

Although your health record is the physical property of the Department of Human Services, the information in your health record belongs to you. You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services

Application Breakdown

Additional Documentation

New Jersey Department of Human Services
Division of Developmental Disabilities
**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT**

This form must be signed upon receipt of the Notice of Privacy Practices and returned to the New Jersey Division of Developmental Disabilities. If the Applicant is under 18, a Parent or the Legal Guardian must sign. If Applicant is 18 or older, Applicant or the Legal Guardian must sign.

I, _____ (print or type name),

hereby acknowledge that I have received the Notice of Privacy Practices

on _____

I am the (please check one):

Applicant Parent (if applicant is under 18) Legal Guardian

Applicant, parent or legal guardian signature or mark* _____ Date _____

If signed by someone other than Applicant:

Applicant Name (please print) _____

If mark is provided:

Witness signature _____

Witness Name (please print) _____

Disabilities



Frequently Asked Questions



Frequently Asked Question

Should I complete the DDD application even though I am still waiting to hear if I am Medicaid eligible?



Frequently Asked Question



If I am coming from another state what records are acceptable to be submitted with the DDD application?




Frequently Asked Question




If I applied for DDD when my child was 17 or younger do I have to apply again? If so, what does the process look like?






ADDITIONAL QUESTIONS?



Division of
Developmental
Disabilities



State of New Jersey
DHS
Department of
Human
Services