

Personal Preference Program

An Overview of the Personal Preference Program

Bergen County Special Services

CAPE Resource Center

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Division of Medical Assistance and Health Services

Rebecca Thomas, Self-direction

Overview

This presentation's goals are to:

- Provide a better understanding of the Personal Preference Program (PPP);
- Walk through the PPP enrollment process; and
- Provide resources for further questions related to the PPP.

Let's Meet Sarah

Sarah, 34 years old, lives by herself in a small ranch home. She works part-time at the neighborhood library and enjoys dining out with friends.

Sarah has Multiple Sclerosis and uses a wheelchair due to severe weakness in her limbs. Sarah is independent in many ways; however, she requires assistance with getting ready for the day both during the work week and the weekend. Sarah's sister and brother help when they can, but they have young families and aren't always available.

Sarah is seeking reliable supports to assist her with getting ready each day. She learned that as a member of NJ FamilyCare, she is eligible for personal care assistance (PCA) services. She contacts her health plan for more information.

Personal Care Assistance Assessment

- New Jersey offers **Personal Care Assistance (PCA)** services for NJ FamilyCare members like Sarah who need help with activities of daily living (ADLs), such as bathing, dressing, meal preparation, and light housekeeping. These services can help support independence at home and in the community.
- The member's NJ FamilyCare health plan will use the state PCA assessment tool to determine the number of hours of PCA that a member may receive based on their ADL needs. If the member disagrees, they have the right to appeal and/or file a Medicaid fair hearing.
- The member's NJ FamilyCare health plan can provide these services through a PCA agency. The agency sends a qualified person to the member's home on a specific schedule.
- New Jersey has another way for NJ FamilyCare members to get these services that does not involve an agency. This is called the **Personal Preference Program (PPP)**.

What is the Personal Preference Program (PPP)?

- The Personal Preference Program (PPP) offers members more choice, flexibility, control and the opportunity to manage their personal care services.
- Self-directed Personal Care Assistance may not be the choice for all members, but it is an available option.
- With PPP, Sarah can choose a relative or friend to help with her ADL needs and pay them for these services within her approved budget.

The difference between agency-provided PCA and PPP

Agency PCA

Good for NJ FamilyCare members who do not have the desire or ability to manage their own care

The member's health plan uses an agency from their network of providers

The agency hires, trains, supervises, schedules and dismisses their caregivers, if needed

The agency is responsible for timesheets and payment. A member's health plan is responsible for payment to the agency.

The agency conducts supervisory visits to ensure program compliance

The agency is responsible for providing a backup plan

The agency is responsible for how the services are provided

Self-Directed PPP

Good for NJ FamilyCare members who want to choose how to manage their care and exercise greater control over their lives

The member can hire people they know and trust

The member has supervisory control over their "employee" and how to handle tasks

The member (or their designated representative) is responsible for approving timesheets and payment for services authorized in their CMP for the fiscal agent to pay. The member's budget pays for the administrative cost of the services and the member authorizes the fiscal agent to pay the workers for the services provided under the approved budget.

The fiscal agent will conduct an initial visit for enrollment and make quarterly visits as well as visits at the member or caregiver's request

The fiscal agent will help the member develop a backup plan

The member decides how their caregiver will provide the services

Options Counseling for PPP

- Authorized hours are determined by the completion of a PCA Assessment by the Managed Care Organization (MCO) for Members enrolled in Managed Care.
- Members who choose traditional PCA Services will receive the authorized hours from an accredited PCA agency.
- Members who choose to self-direct through the Personal Preference Program (PPP) receive a monthly budget, based on the authorized PCA hours. **The PCA hours are calculated into a dollar amount that is used to pay for services.**
- In this model, Members are not restricted to purchase the same amount of hours for which they have been authorized.

Sarah makes her choice

The PCA assessment has determined that Sarah is eligible for 25 hours. Her health plan provides Options Counseling to determine if self-direction is a good option for her.

The Options Counseling Check List:

- The Budget Calculation process;
- What it means to be the Employer Record (EOR);
- The role of the Authorized Representative (AR) if needed;
and,
- The completion of forms for enrollment processing.

The Budget Calculation Process

Step 1: Multiply the authorized hours by the PCA reimbursement rate: **25 Hours X \$15.00 = \$375.00**

Step 2: There are more than 4 weeks in each month, so we use the bookkeeping figure to account for the 29th, 30th, 31st day in a month (4.33): **\$375 X 4.33 = \$1,623.75**

Step 3: The Member receives 87.5% of the monthly budget to purchase services and other participant's fees. 12.5% is reduced from the monthly budget to pay for costs associated with being the Employer of Record **\$1,623.75 X .875 = \$1,420.78 = Monthly Cash Grant Amount**

\$1,420.78

- This figure represents the “cashed out benefit” that becomes Sarah’s budget to purchase services through the Personal Preference Program.
- Sarah must pay her workers at least minimum wage (\$12.00) by law, but cannot exceed \$25 per hour. ***NJ minimum wage increases by \$1 every subsequent January 1 until it reaches \$15 in 2024.*
- Sarah recognizes that the higher the rate she pays per hour, the fewer hours she will be able to purchase.

What is means to be the Employer Record (EOR)

Under PPP, Sarah will have some new responsibilities and a great deal more choice and freedom in terms of the services she receives. Sarah or her authorized representative will be the employer of record for her PCA services.

This means that she will make decisions and manage and supervise her 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 and overhead**.

These costs are deducted from her cashed out budget including payroll taxes, workers' compensation and check processing fees.

The balance of her budget will be applied to the services she needs to remain in her home and community.

The role of the Authorized Representative (AR)

Sarah may choose to appoint an Authorized Representative (AR) to help her manage her PPP services. The health plan and Sarah discuss the role of the AR. Sometimes an AR is needed if the participant cannot manage tasks on her own.

- An AR can be anyone over 18 years of age that the participant knows and trusts like a family member or friend; however, **the AR cannot also work for the participant and cannot be paid to act as an AR.**
- An AR supports the participant as needed to fulfill the participant's responsibilities as a PPP participant and employer, so the AR must be present in the participant's life and readily available to provide the participant's necessary support.
- An AR will support the participant to process paperwork, hire and supervise the participant's workers, oversee services from providers, sign timesheets and invoices and follow-up with a Public Partnership Customer Service Agent or the participant's Financial Consultant if any issues come up.
- An AR must also be present for all scheduled visits and calls with the participant's Financial Consultant.
- An AR must meet with the Financial Consultant during enrollment to ensure they understand their role and responsibilities.
- **An AR will also complete a Designation of Representative Form agreeing to act in this role.**

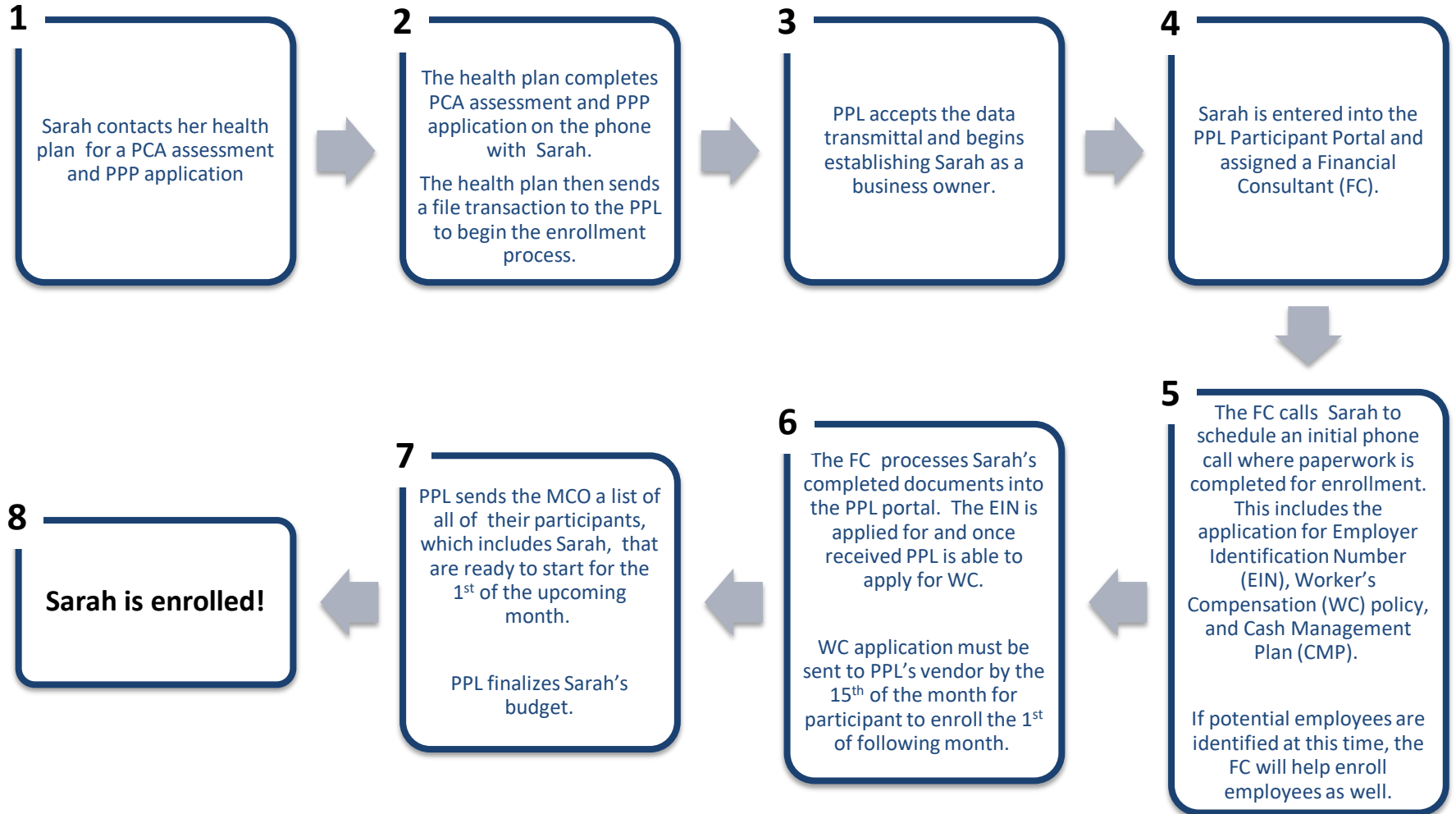
The PPP Enrollment Process

After completing Options Counseling with the health plan, Sarah has decided to participate in the Personal Preference Program, and really likes the fact that she will be able to direct her own “program” and act as the Employer of Record.

She has also determined that she will not require the assistance of an Authorized Representative, but is happy to know that the option is available if the need arises.

Sarah completes the enrollment paperwork and her health plan facilitates the next steps of the enrollment process.

Sarah's PPP Enrollment Process*



*This flow reflects the current enrollment process during the COVID-19 Public Health Emergency.

Resources

PPL Customer Service Contact Information:

- Phone: 1-844-880-8702 (English)
- Phone: 1-844-880-8703 (Spanish)
- Fax: 1-844-627-6834
- Email: CS-NJPPP@pcgus.com
- PPL Program Website: <http://www.publicpartnerships.com/programs/newjersey/dds/>

Managed Care PPP Contact Information:

- Aetna 1-855-232-3596
- Amerigroup 1-855-661-1996
- Horizon NJ Health 1-855-465-4777
- United Health Care 1-800-645-9409
- Well Care 1-855-642-6185

PPP State Program Office:

- PPP State Program Office Helpline Number: **(609) 631-2481**
- DMAHS PPP Website: <https://www.state.nj.us/humanservices/dmahs/clients/njppp.html>

Electronic Visit Verification (EVV)

Electronic Visit Verification (EVV) is a requirement of a federal law called the 21st Century CURES Act. All states, including New Jersey, must have EVV systems for direct care workers who provide Medicaid funded personal care and home health care services, including both agency and self-directed workers.

Personal care services must use EVV by January 1, 2021 and home health care services must use EVV by January 1, 2023. EVV systems use an electronic device such as a smartphone or tablet, or a landline telephone to record specific information about a service visit and verify that the visit occurred. Some members may be eligible for a free device to be placed in the home in limited circumstances where cell signal and landline connections are not available.

Electronic Visit Verification (EVV)

Below is the information that must be collected at each visit:

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends.

How Does EVV Impact the PPP?

Self-Directed Services Through Personal Preference Program (PPP)

- To ensure a smooth transition to EVV with adequate support for members and caregivers, DMAHS is implementing an EVV pilot for self-direction as follows:
 - Members of Amerigroup and their caregivers participating in the Personal Preference Program will be fully trained and supported with EVV by the fiscal intermediary, Public Partnerships, Ltd. (PPL).
 - *For members self-directing through PPL, only Amerigroup members will implement EVV during the pilot period.*

EVV Online Resources

- **NJ Division of Medical Assistance and Health Services (DMAHS) EVV webpage:**

<https://www.state.nj.us/humanservices/dmahs/info/evv.html>

- **New Jersey FamilyCare Electronic Visit Verification (EVV) Fact Sheet**

https://www.state.nj.us/humanservices/dmahs/info/NJ_EVV-Fact-Sheet.pdf

- **Electronic Visit Verification FAQs**

https://www.state.nj.us/humanservices/dmahs/info/EVV_FAQ.pdf

- **PPL PPP EVV FAQ**

https://www.publicpartnerships.com/media/p5sh3i3p/nj_evv_faq.pdf