SUPPORT COORDINATION AGENCY EVALUATION GUIDEBOOK COMPANION APPENDIX GUIDE

Support Coordination Agency Evaluation Guidebook Companion Appendix Guide featuring the Evaluation Report and other applicable documents used in the evaluation process.

April 2026

NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Table of Contents

This guide was created as a companion to the SCA Evaluation Guidebook for ease of reviewing appendixes.

NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Support Coordination Agency Conflict Free Care Management Attestation Form

Identifying Information	
Support Coordination Agency Name Enter text.	**Name of Support Coordination Agency Head** Enter text.
SC Supervisor Names (Use the 'Enter' key to list all) Enter text.	**SC Names** (Use the 'Enter' key to list all) Enter text.

Support Coordination Agencies (SCAs) are responsible for adhering to the Division's Conflict Free Care Management requirements as outlined in sections 17.18.5.7 and 17.18.4 of the DDD policy manuals. According to the Centers for Medicare and Medicaid Services (CMS), conflict-free care management has the following characteristics:

- There is a separation of care management from direct services provision.
- There is a separation of eligibility determination from direct services provision.
- Anyone who is conducting independent evaluations, assessments and the plan of care cannot be related by blood or by marriage to the individual or any of their paid caregivers.
- Support Coordination Supervisors cannot be related by blood or marriage to anyone whose plan they will supervise or sign off on.

Further, Support Coordinators cannot be:

- Financially responsible for the beneficiary;
- Employed by any entity that is a provider of a person's personal care services or any other direct services under the Community Care Program or Supports Program;
- Empowered to make financial or health decisions on the beneficiary behalf; and
- Hold a financial interest/relationship in any entity that is paid to provide care for the beneficiary.

Referrals to subsidiary or affiliated companies of SCAs are not allowed. SCAs cannot make direct service referrals to any service provider which is owned or shared by a parent/subsidiary/affiliated company in which the SCA has any financial interest. The full Conflict Fee Policy for Support Coordination Services is available on the Division's website.

Supervisory Relationships. CHOOSE ONE:

☐ There are no familial relationships between Support Coordination Supervisor staff and Support Coordinator staff within the Support Coordination Agency.

☐ Although there are familial relationships among Support Coordination Agency staff, Support Coordination Supervisors are not related by blood or marriage to anyone whose plan they will supervise or sign off on. ***If checked,*** *describe the back-up plan, should coverage issues arise, on how the SCA will maintain conflict free status*:

Enter text.

Relationships with Individuals and/or Paid Caregivers. CHOOSE ONE:

☐ Support Coordination Supervisors and Support Coordinators are not related by blood or marriage to any individuals or their paid caregivers, assigned to the Support Coordination Agency.

☐ Although there are familial relationships with agency staff and individuals assigned to the agency, Support Coordination Supervisors and Support Coordinators are not related by blood or marriage to an individual, or their paid caregivers, assigned to them. ***If checked****, describe the back-up plan, should coverage issues arise, on how the SCA will maintain conflict free status*:

Enter text.

Separation of care management from direct services provision. CHOOSE ONE:

☐ The Support Coordination Agency does not employ any entity that is a provider of an individual's personal care services or any other direct services under the Community Care Program or Supports Program.

☐ Although the agency employs an entity that is a provider of an individual's personal care services and/or other direct services under the Community Care Program or Supports Program, there is separation of care management from direct services provision. ***If checked****, describe how the agency ensures individuals are offered choice of service providers, how trends in referrals are tracked internally, and what actions are taken to ensure the agency maintains compliance with Conflict Free requirements.*

Enter text.

It is the sole responsibility of the agency to ensure compliance with the Division's Conflict Free Care Management requirements. Trends in referrals by Support Coordinators are monitored by the Division and violations of Conflict-Free Policy requirements may result in sanctions up to, and including, disenrollment.

The SCA Agency Head's signature attests that the information provided above is accurate and the agency adheres to the above requirements.

SCA Agency Head Signature _____ **Date:** _____

NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Support Coordination Agency iRecord Attestation Form

Identifying Information	
Support Coordination Agency Name Enter text.	**Name of Support Coordination Agency Head** Enter text.
SC Supervisor Names (Use the 'Enter' key to list all) Enter text.	**SC Names** (Use the 'Enter' key to list all) Enter text.

iRecord User Usage Attestation

This attestation is required as part of the Support Coordination Agency Evaluation.

There are several documents, which outline the requirements and limitations related to iRecord access and use. Your attention is particularly drawn to the requirements related to the use of user names and passwords, but all items must be true and the attestation signed.

<u>iRecord Terms and Agreement</u>

The Terms and Agreement for iRecord can be found as a link when logging into iRecord. The items below are pulled directed from the Terms and Agreement Division materials.

PROHIBITED ACTIVITIES

You may not access or use the Site for any purpose other than that for which we make the Site available. The Site may not be used in connection with any commercial endeavors except those that are specifically endorsed or approved by us.

As a user of the Site, you agree not to:

1. Make any unauthorized use of the Site, including collecting usernames and/or email addresses of users by electronic or other means for the purpose of sending unsolicited email, or creating user accounts by automated means or under false pretenses.
2. Circumvent, disable, or otherwise interfere with security-related features of the Site, including features that prevent or restrict the use or copying of any Content or enforce limitations on the use of the Site and/or the Content contained therein.
3. Engage in unauthorized framing of or linking to the Site.
4. Trick, defraud, or mislead us and/or other users, especially in any attempt to learn sensitive account information such as user passwords.

5. Make improper use of our support services or submit false reports of abuse or misconduct.
6. Interfere with, disrupt, or create an undue burden on the Site or the networks or services connected to the Site.
7. Attempt to impersonate another user or person or use the username of another user.
8. Sell or otherwise transfer your account and/or its credentials.
9. Use any information obtained from the Site in order to harass, abuse, or harm another person.
10. Use any information obtained from the Site in a manner that is inconsistent with direct business needs.
11. Decipher, decompile, disassemble, or reverse engineer any of the software comprising or in any way making up a part of the Site.
12. Attempt to bypass any measures of the Site designed to prevent or restrict access to the Site, or any portion of the Site.
13. Harass, annoy, intimidate, or threaten any of our employees or agents engaged in providing any portion of the Site to you.
14. Delete the copyright or other proprietary rights notice from any Content, including watermarks on reports and documents that may be downloaded from the Site.
15. Copy or adapt the Site's software, including but not limited to Flash, PHP, HTML, JavaScript, or other code.
16. Upload or transmit (or attempt to upload or to transmit) viruses, Trojan horses, or other material, including excessive use of capital letters and spamming (continuous posting of repetitive text), that interferes with any party's uninterrupted use of the Site or modifies, impairs, disrupts, alters, or interferes with the use, features, functions, operation, or maintenance of the Site.
17. Upload or transmit (or attempt to upload or to transmit) any material that acts as a passive or active information collection or transmission mechanism, including without limitation, clear graphics interchange formats, 1x1 pixels, web bugs, cookies, or other similar devices (sometimes referred to as “spyware” or "passive collection mechanisms”).
18. Except as may be the result of standard search engine or Internet browser usage, use, launch, develop, or distribute any automated system, including without limitation, any spider, robot, cheat utility, scraper, or offline reader that accesses the Site, or using or launching any unauthorized script or other software.
19. Disparage, tarnish, or otherwise harm, in our opinion, us and/or the Site.
20. Use the Site in a manner inconsistent with any applicable laws or regulations.
21. Forge headers or otherwise manipulate identifiers or watermarks in order to disguise the origin, status, or authenticity of any Content.

<u>The Disclosure on Confidentiality and Protected Health Information</u>

The Disclosure on Confidentiality and Protected Health Information is signed by all users when iRecord access is granted by the Division.

This document indicates the following:

The Agency and its employees are bound by N.J.S.A. 30: 4-24.3 Confidentiality of Client Records, P.L. 104-191 Health Insurance Portability and Accountability Act, N.J.A.C 10:41 Records Confidentiality and Access to Client, Division, and Provider Records, and any other applicable state or federal law or regulation. To ensure the protection of these records the Agency will be responsible for immediately notifying the Division in the event that the employee is terminated, leaves the Agency, or for any reason no longer serves in the capacity where accessing this information is a part of their job duties, so that the Division can remove that employee as a user of all DDD applications. The Agency and its employee further recognizes that unauthorized access to any DDD site requiring authentication is strictly forbidden. The Agency and its employee agree to use DDD applications only for authorized purposes with the understanding that confidentiality of client information and Protected Health Information is of the utmost importance. The Agency and its employee agree not to use a code, access a file or retrieve any stored information other than where explicitly authorized. The Agency and its employee understand that all information stored in, transmitted or received through this site is explicitly for the purpose of providing quality services and care to clients and it is to be used to that end. The Agency and its employee further understand that representatives of the Department are authorized to monitor the use of the site to ensure that it is being used in a manner consistent with the Department's policies and interests.

The SCA Agency Head's signature attests that all staff in the Support Coordination Agency adhere to the above requirements.

SCA Agency Head Signature _____ **Date:** _____

NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Support Coordination Agency Orientation Plan

DDD Policy Manual Requirements

The Division's policy manuals in Appendix E, indicate that within 90 days of hire, the SCA provides an orientation for all Support Coordination Supervisors and Support Coordinators. The SCA may develop orientation materials, utilize College of Direct Support (CDS) lessons, or implement a combination of both. All required topics listed in Appendix E must be included.

Instructions

1. As part of the requirements for a Support Coordination Agency selected for Division evaluation, the Support Coordination Orientation Plan Form must be submitted via the SCU Quality Review Portal.
2. For each of the required orientation topics, the Agency Head indicates the agency's orientation plan by using textboxes/checkboxes to identify the specific names of agency developed orientations and/or the CDS lessons used. All CDS lessons listed below are not required for orientation, but the full list is provided for ease of form completion.
3. The Agency Head, or designee, is responsible to maintain documentation as proof of completed orientations. The titles of the trainings used as part of the provider orientation will be reviewed against personnel files submitted for evaluation.

   Note: For agency-developed orientation, a certificate of completion **or** other documentation clearly noting the lesson name, date, and signatures of the person providing and the person receiving the orientation is acceptable.

Identifying Information	
Name of Support Coordination Agency Head:	Enter text.
Name of Support Coordination Agency (SCA):	Enter text.

Required Orientation Component	**Name of Orientation Requirement in Agency-Developed Orientation**
Overview of the Agency	Enter text.
Mission, Philosophy, Goals, Services and Practices	Enter text.
Personnel Policies	Enter text.
Documentation & Record Keeping	Enter text.

Required Orientation Component	**Name of CDS Lesson(s) used to satisfy the orientation requirement, OR Name of Agency-Developed Orientation *(Check all that apply)***
Safety	☐ What is Risk ☐ Balancing Risk with Individual Safety and Choice ☐ Personal Safety

	☐ Individual Safety plans ☐ Safety in the Kitchen ☐ Safety in the Bathroom ☐ Safety in the Common Area ☐ Safety in the Bedroom ☐ Safely Enjoying Outdoor Spaces at Home ☐ Fire Prevention ☐ Fire Emergency Response ☐ Fire Emergency Plans and Evacuation ☐ Individualized Fire Safety Plans and Skills ☐ Community Safety ☐ Vehicle Safety ☐ Community Transportation ☐ Role of the DSP: Accident Prevention, Risk Assessment and Risk Management ☐ Following Accident & Injury Policies and Procedures ☐ Reporting Incidents and Accidents ☐ Other – CDS Lesson ***(Please specify)*** Enter text. ☐ Other – Agency Developed ***(Please specify)*** Enter text.
Cultural Competence	☐ What is Cultural Competence? ☐ Other – CDS Lesson ***(Please specify)*** Enter text. ☐ Other – Agency Developed ***(Please specify)*** Enter text.
Individual Rights	☐ Overview of Individual Rights ☐ Restrictions of Individual Rights ☐ Your Role in Supporting Expression of Rights and Facilitating Choice Making ☐ Other – CDS Lesson ***(Please specify)*** Enter text. ☐ Other – Agency Developed ***(Please specify)*** Enter text.
Working with Families	☐ Working with Families and Support Networks: Family Networks ☐ Working with Families and Support Networks: Problem Solving with Support Networks ☐ Working with Families and Support Networks: Understanding Support Networks ☐ Other – CDS Lesson ***(Please specify)*** Enter text.

	☐ Other – Agency Developed ***(Please specify)*** Enter text.
Staff hired ***after*** August 2023 are expected to complete the following within 90 days of hire:	
Supporting Healthy Lives	☐ Care of Common Health Conditions ☐ Health Across the Lifespan ☐ Individual Health Needs ☐ Living Healthy Lives ☐ Signs and Symptoms of Illness ☐ Working with Health Care Professionals ☐ Other – CDS Lesson ***(Please specify)*** Enter text. ☐ Other – Agency Developed ***(Please specify)*** Enter text.
Individualized Service Plan Process and Documentation	☐ NJISP Related: Individualized Services Plan Process and Documentation ☐ Other – CDS Lesson ***(Please specify)*** Enter text. ☐ Other – Agency Developed ***(Please specify)*** Enter text.
Individual Support Plans, Progress and Personal Goals	☐ Professional Documentation Practice (lesson 8) ☐ Other – CDS Lesson ***(Please specify)*** Enter text. ☐ Other – Agency Developed ***(Please specify)*** Enter text.
Staff hired ***prior*** to August 2023 are expected to have completed the following within 90 days of hire:	
Training in Health & Safety	***(Select one)*** CDS Lesson ☐ Agency-Developed Orientation ☐ Name of lesson/training: Enter text.
Understanding Service Plans & Individualizing Services	***(Select one)*** CDS Lesson ☐ Agency-Developed Orientation ☐ Name of lesson/training: Enter text.

NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Support Coordination Agency Census Plan Form

Identifying Information		
Support Coordination Agency Name: Enter text.	**Date of Form Completion:** Enter text.	
Name of SCA Agency Head: Enter text.	**Current Census:** Enter census here.	**SCA qualified since:** Enter qualification date.

Please complete this form if the Support Coordination Agency has a census of less than 60. Upload this form and all supporting documentation to the SCU Quality Review Portal.

Division Manual Requirements Re: SCA Census

17.18.5.8 Caseloads and Capacity

Effective April 1, 2025, any Support Coordination Agency operating for 12 months or longer must serve a minimum of 60 individuals and serve at least one county. Support Coordination Agencies serving less than 60 individuals after one year of operation may not continue operations. The Division of Developmental Disabilities is not responsible for referring individuals to a Support Coordination Agency to meet this or any other metric.

Support Coordination Agency Census Plan

- ☐ It has not been 12 months since the Support Coordination Agency began service provision.
- ☐ The Support Coordination Agency does not have a plan for achieving a census of 60.
- ☐ The Support Coordination Agency has a plan for achieving a census of 60, as described in the Agency's:
  <Select at least one and ensure upload to the SCU Quality Review Portal >
  - ☐ Policy and Procedures, which speak to admission practices, and include language related to census planning.
  - ☐ Quality Improvement Plans or Quality Improvement Meeting Minutes, which address census as a quality indicator and address, plans for achieving a census of 60 or more.
  - ☐ Business/Marketing/Enrollment plan that addresses census goals and timeline.
  - ☐ Separate document indicating a plan for achieving census of 60 or more.

☐ Emails/documents/letters that indicate plans for merger with other SCAs to achieve census requirements.

As described in the documentation identified above, please summarize the Support Coordination Agency plan for achieving a census of 60 here: Enter text.

SCA Agency Head Signature _____ **Date:** _____

New Jersey Department of Human Services
Division of Developmental Disabilities
Support Coordination Agency Evaluation Report

SCA Name: Click here to enter text.	**Qualification Date:** Click to enter a date.	**Division Quality Assurance Specialist:** Click here to enter text.
Agency Head/Executive Director Name: Click here to enter text.	**Agency Status:** Choose an item.	**Time Period Reviewed for Evaluation:** Click here to enter text.
Agency Head/Executive Director Email: Click here to enter text.	**Capacity Status:** Choose an item.	**Report Date:** Click to enter a date.

SUMMARY OF EVALUATION RESULTS

Indicator	Support Coordination Agency Evaluation Outcome	Action Required
Documentation: Support Coordinator Monitoring Tool	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – SCA must upload all missing MTs and/or replace all MTs uploaded in error by Enter Due Date.. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Documentation: Face-to-Face Visit and Quarterly Requirement	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required

		☐ 100% of individuals served must receive a required face-to-face quarterly visit that is well documented on the MT by Enter Due Date.. ☐ SCA must upload a report or an Excel Spreadsheet listing the date and location of the last face-to-face visit for all individuals served to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Documentation: Individualized Service Plan Status	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required ☐ 100% of service plans currently overdue or out of compliance must be approved within 10 days. ☐ SCA must submit a Retroactive Change Request (RCR) for any plan containing a service gap by Enter Due Date.. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Documentation: Individualized Service Plans and Person-Centered Planning Tools	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Claims Review & Fiscal Sustainability	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required ☐ SCA must upload the completed Claims Recoupment Form to the SCU Quality Review Portal by Enter Due Date.. ☐ SCA must upload an action plan that addresses all claiming issues identified during the evaluation which also outlines the agency's internal controls process and includes results of the agency's internal review by Enter Due Date.. ☐ SCA must upload the completed DDD Fiscal Sustainability Template to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required – Click or tap here to enter text.

		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Verification of a Waiver Service Other Than Support Coordination	Choose an item.	☐ No formal action required ☐ Benchmark achieved. ☐ Action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
24-Hour Availability & Responsiveness	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – SCA must upload an action plan that addresses all identified concerns related to 24-hour availability to the SCU Quality Review Portal by Enter Due Date. ☐ Immediate action was directed at the time of review and completed by SCA prior to the distribution of this report to resolve concerns related to 24-hour availability. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Conflict Free Care Management	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required ☐ SCA must submit a revised Letter of Intent/Conflict Free Policy to the Provider Performance and Monitoring Unit by Enter Due Date.. ☐ The SCA Conflict Free Care Management Attestation form was not submitted. SCA must upload the completed Attestation form to the SCU Quality Review Portal by Enter Due Date.. ☐ The SCA Conflict Free Care Management Attestation form was submitted but did not include all staff and/or did not meet signature requirements. SCA must upload the completed Attestation form to the SCU Quality Review Portal by Enter Due Date.. ☐ The SCA Conflict Free Care Management Attestation form did not include a back-up plan and/or compliance procedures if the need for one was indicated. SCA must upload the completed Attestation form to the SCU Quality Review Portal by Enter Due Date..

		☐ SCA must upload an action plan that addresses all identified concerns related to Conflict Free Care Management to the SCU Quality Review Portal by Enter Due Date.. ☐ Immediate action was directed at the time of review and completed by SCA prior to the distribution of this report to resolve concerns related Conflict Free Care Management. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
iRecord Attestation	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required ☐ The iRecord Attestation form was not submitted. SCA must upload completed iRecord Attestation form to the SCU Quality Review Portal by Enter Due Date.. ☐ The iRecord Attestation form was submitted but did not include all staff and/or did not meet signature requirements. SCA must upload completed iRecord Attestation form to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Staff Qualifications: Background Check	Choose an item.	☐ No formal action required ☐ Benchmark achieved for all staff. ☐ Action required ☐ SCA must upload copies of the FARA clearance letters for all staff who were found to be out of compliance with 2 year fingerprint archives to the SCU Quality Review Portal by Enter Due Date.. ☐ Staff who were identified as having a name change must be re-fingerprinted. SCA must upload documentation of a fingerprint check under the new name to the SCU Quality Review Portal by Enter Due Date.. ☐ SCA must provide verification of completed CARI checks for all staff identified as out of compliance to the assigned Division QAS as soon as

		results are available. The completion of CARI checks is often a lengthy process. SC Agency Heads should monitor the CARI electronic system by logging into their account at https://www.njportal.com/dcf/cari. If the SC Agency Head needs assistance, please contact the DHS Employment Controls and Compliance Unit (ECCU) at 609-292-0207. ☐ SCA must upload an action plan that addresses all identified concerns related to mandatory exclusionary database checks for all staff and board members (if applicable) by Enter Due Date.. This action plan must align with the agency's Policies and Procedures Manual. ☐ SCA must upload an action plan that addresses and prevents non-compliance in the area of Background Check moving forward to the SCU Quality Review Portal by Enter Due Date.. This action plan must align with the agency's Policies and Procedures Manual. ☐ Immediate action was directed at the time of review and completed by SCA prior to the distribution of this report: ☐ SCA was instructed to upload the Criminal History Record Information (CHRI) clearance letter for all staff identified as being out of compliance. SCA was advised that staff were not able to work until evidence of CHRI clearance was submitted to the Division. ☐ SCA was advised that staff who appear on the DHSNJ Central Registry list were prohibited from working with individuals with developmental disabilities effective immediately. ☐ SCA was instructed to upload proof of the application for CARI checks for all staff identified as being out of compliance and was advised to provide verification of completed CARI checks to the assigned Division QAS as soon as results are available. ☐ SCA was advised that staff who appear on the NJDCF – CARI registry list were prohibited from working as a Support Coordinator or Support Coordinator Supervisor effective immediately. ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Staff Qualifications: Education & Experience	Choose an item.	☐ No formal action required ☐ Benchmark achieved for all staff. ☐ Action required – SCA must upload an action plan that addresses and prevents non-compliance in the area of Staff Education and Experience

		moving forward to the SCU Quality Review Portal by Enter Due Date.. This action plan must align with the agency's Policies and Procedures Manual. ☐ Immediate action was directed at the time of review and completed by SCA prior to the distribution of this report: ☐ SCA was advised that staff who do not meet the educational requirements as defined in the Waiver Manuals (17.18.4) were unable to work as a Support Coordinator or Support Coordination Supervisor effective immediately. ☐ SCA was instructed to upload a completed Staff Experience Attestation Form for all staff whose resume did not describe the experience requirements as defined in the Waiver Manuals (17.18.4). ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Staff Qualifications: Staff Training Prior to Working with Individuals	Choose an item.	☐ No formal action required ☐ Benchmark achieved for all staff. Action required ☐ Remediation of all missing mandatory staff trainings must be completed and submitted for Division review within 10 business days following the distribution of the final Evaluation Report. If the missing trainings are not remediated by the deadline, the Division will require a work stoppage for all impacted staff pending compliance and advise the agency of claiming implications. ☐ SCA must upload an action plan that addresses and prevents non-compliance in the area of Staff Training moving forward to the SCU Quality Review Portal by Enter Due Date.. This action plan must align with the agency's Policies and Procedures Manual. ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Staff Qualifications: Staff Training Within 90 Days of Date of Hire	Choose an item.	☐ No formal action required ☐ Benchmark achieved for all staff. Action required

		☐ Remediation of all missing mandatory staff trainings must be completed and submitted for Division review within 10 business days following the distribution of the final Evaluation Report. If the missing trainings are not remediated by the deadline, the Division will require a work stoppage for all impacted staff pending compliance and advise the agency of claiming implications. ☐ SCA must upload an action plan that addresses and prevents non-compliance in the area of Staff Training moving forward to the SCU Quality Review Portal by Enter Due Date.. This action plan must align with the agency's Policies and Procedures Manual. ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Staff Qualifications: Professional Development Training Hours for Previous Calendar Year	Choose an item.	☐ No formal action required ☐ Benchmark achieved for all staff. ☐ No current staff hired during previous calendar year or before. ☐ Action required – Documentation of all required professional development hours were not accounted for. Although the SCA cannot go back to complete professional development trainings, the SCA must upload an action plan that outlines what procedures will be put in place to ensure requirements are met moving forward to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Quality Management Plan	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required ☐ SCA must upload a revised Quality Management Plan to the SCU Quality Review Portal by Enter Due Date.. ☐ SCA must upload a revised Customer Satisfaction Measurement Plan and/or survey documentation to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required: Click to enter text.

		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Census Plan	Choose an item.	☐ No formal action required ☐ Benchmark achieved ☐ SCA's current census is 60 or greater ☐ Action required – SCA must upload a revised Census Plan to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Satisfaction Calls Completed by the Division	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – SCA must upload an action plan that addresses all identified concerns related to the satisfaction calls completed by the Division to the SCU Quality Review Portal by Enter Due Date. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Care Management Performance and Follow Up	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – SCA must upload an action plan that addresses all identified concerns related to Care Management Performance and Follow Up to the SCU Quality Review Portal by Enter Due Date. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Policies and Procedures Manual	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Indicator not reviewed. The agency's Policies and Procedures Manual was reviewed or is currently under review by the Division's Provider Performance and Monitoring Unit. ☐ Action required – SCA must upload a revised Policies and Procedures Manual to the SCU Quality Review Portal by Enter Due Date..

		☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
OVERALL EVALUATION		**☐ No formal actions required – Benchmark achieved for all indicators** **☐ Action(s) required – See above for specifics** **☐ Corrective Action Plan (CAP) required for one or more indicators – See above and CAP document issued by the Division for specifics**

Support Coordination Agencies are strongly encouraged to attend Division and internal SCA trainings to improve practice and quality improvement, as well as develop internal audit and review practices.

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I. SUPPORT COORDINATOR MONITORING TOOL (MT) REVIEW

Section I and II of this report provide results from a documentation review for monthly monitoring that occurred during the following review period: Click here to enter text.. This review included the following items:

A. Presence/absence of MTs; including whether the correct version of the form was used
B. Timeliness of MT uploads
C. Whether quarterly and monthly monitoring deliverables were met
D. Whether delivery of monitoring matches what is documented on MT (i.e. uploading as a face-to-face visit when it was a telephone call)
E. Whether necessary follow up on issues documented in MTs occurred
F. Whether necessary follow up on On-Call Reports/Incident Report (IR) Notes occurred, if applicable
G. Whether Home and Community Based Services (HCBS) guidelines are adhered to

Sample of Monitoring Tools Reviewed

Number of individual records reviewed
Number of Monitoring Tools compiled in the sample

A. Presence or Absence of MTs

Monitoring Tools present; Correct version of the form used
Monitoring Tools present; Correct version of the form not used
Monitoring Tools missing
Monitoring Tools uploaded for the wrong individual
Monitoring Tools uploaded again from a previous month
Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented
Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

Total = # in Compliance = **Compliance rate =** %

B. Date of Contact:

Fell within the review month
Fell after the review month
Monitoring Tools missing
Monitoring Tools uploaded for the wrong individual
Monitoring Tools uploaded again from a previous month
Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented
Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

Total = # in Compliance = **Compliance rate =** %

C. Date of MT Upload

By the end of the same month of contact
By the end of the following month
Greater than one month following the date of contact
Monitoring Tools missing
Monitoring Tools uploaded for the wrong individual
Monitoring Tools uploaded again from a previous month
Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented
Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

Total = # in Compliance = **Compliance rate =** %

D. MT Completed By

Assigned Support Coordinator
A different Support Coordinator; With an explanation why they were covering
A different Support Coordinator; No explanation why they were covering
SC Supervisor; With an explanation why they were covering
SC Supervisor; No explanation why they were covering
Unknown
Monitoring Tools missing
Monitoring Tools uploaded for the wrong individual
Monitoring Tools uploaded again from a previous month
Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented
Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

Total = # in Compliance = **Compliance rate =** %

E. Contact Type Icon Usage – The Contact Type Icon in iRecord was compared to the information documented within the MT:

Telephone Icon which was confirmed in the narrative
Telephone Icon but per narrative a Face to Face or Home Visit occurred
Face to Face or Home Icon which was confirmed in the narrative
Face to Face or Home Icon but per narrative a telephone contact occurred
Monitoring Tools missing
Monitoring Tools uploaded for the wrong individual
Monitoring Tools uploaded again from a previous month
Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented
Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

Total = # in Compliance = **Compliance rate =** %

F. Monitoring Tool Icon Usage – The Monitoring Tool Icon in iRecord was compared to the tool that was uploaded:

Monitoring Tool Icon matched the tool that was uploaded
Monitoring Tool Icon did not match the tool that was uploaded
Monitoring Tools missing
Monitoring Tools uploaded for the wrong individual
Monitoring Tools uploaded again from a previous month
Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented
Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

Total = # in Compliance = **Compliance rate =** %

G. Content in MT demonstrates documented follow-up to the individual's service/support/resource request

Yes, there was follow-up documentation to noted requests
No, there was no follow-up documentation to noted requests
Not applicable, there were no requests requiring follow-up
Monitoring Tools missing
Monitoring Tools uploaded for the wrong individual
Monitoring Tools uploaded again from a previous month
Unknown – Content was minimal or insufficient; showed little change from previous month
Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented
Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

Total = # in Compliance = **Compliance rate =** %

H. Documentation reflects SC's follow up to issues from On-Call/Incident Report (IR), if applicable.

Yes, there was follow-up to On-Call/IR Notes
No, there was no follow-up to On-Call/IR Notes
Not applicable, there were no On-Call/IR Notes requiring follow up

Total = # in Compliance = **Compliance rate =** %

Total Possible MT Score **8 points (per indicator) x (# of MTs reviewed) =**	**Sum of total in compliance =** **Overall Compliance Rate = %**

II. FACE-TO-FACE (F2F) VISIT AND QUARTERLY REQUIREMENTS REVIEW

A. F2F Visit Requirement - Documentation within MTs were reviewed for evidence of at least one F2F visit in review period

The number of individuals who received a required F2F visit
The number of individuals who did not receive a required F2F visit
Unable to determine – Content was unclear
F2F attempted but did not occur (i.e. hospitalization, incarceration, refusal, etc.)

Total = # in Compliance = **Compliance rate =** %

B. Quarterly MT Requirement – At least one Quarterly MT Tool was used within the review period

Yes; at least one Quarterly MT Tool was used within the review period
No; no Quarterly MT Tools were used within the review period

Total = # in Compliance = Compliance rate = %

C. HCBS Guidelines – Noted HCBS restrictions are documented in the ISP, if applicable.

Yes, noted HCBS restrictions are documented in the ISP
No, documentation reflects SC's efforts to resolve
No, documentation does not reflect SC's efforts to resolve
Not applicable, No HCBS restrictions noted
Unable to determine, no Quarterly MT Tool were used within the review period

Total = # in Compliance = Compliance rate = %

Total Possible F2F and Quarterly Requirement Score **3 point (per indicator) x (# of individual records reviewed) =**	**Sum of total in compliance =** **Overall Compliance Rate = %**

MT Areas That Require Improvement		
☐ PRESENCE OF MTs	☐ ICON USAGE IN IRECORD	☐ MT CONTENT/FOLLOW-UP TO REQUESTS
☐ DATE OF CONTACT	☐ FACE-TO-FACE VISIT REQUIREMENT	☐ FOLLOW UP TO ON-CALL AND IR NOTES
☐ DATE OF UPLOAD	☐ QUARTERLY MT REQUIREMENT	☐ HCBS GUIDELINES
☐ MT COMPLETED BY	☐ NO MTs AVAILABLE FOR REVIEW	

☐ ALL INDICATORS MEET THE MINIMUM EXPECTED BENCHMARK OF 90% OR BETTER

Review Summary and Required Actions
Click here to enter text.

III. INDIVIDUALIZED SERVICE PLAN (ISP) STATUS REVIEW

Section III provides data and results from an ISP status review of all the Individuals assigned to the agency at the time of review**.**

Date Data was Collected: Click or tap to enter a date.

Indicator	Findings	Notes
Number of Individuals Assigned to Agency at time of review		Comments: Click here to enter text.
Number of Approved Plans Required for Compliance		Comments: Click here to enter text.
Plans in Approved Status		Comments: Click here to enter text.
Plans Pending Approval (Within 30 day timeframe)		Comments: Click here to enter text.
Plans that are Delinquent/Out of Compliance: Anniversary ISPs past due, initial ISPs not approved within 30 days of enrollment, individual reassignment plans not approved within 30 days of assignment, and/or NJCAT Reassessment, Retirement, and Waiver Transition plans not approved within 30 days of plan creation		Comments: Click here to enter text.
Overall Compliance with Plan Status: Number of plans in Approved Status at the time of review vs. the number of approved plans required for compliance	/	**Overall Compliance Rate:** %
Other ISP Indicators Reviewed **Time Period for Review:** Click here to enter text.		
Number of Retroactive Change Requests due to SCA error		Comments: Click here to enter text.
Late Plans due to NJCAT Reassessments		Comments: Click here to enter text.
Plans Submitted After Previous Plan Expired		Comments: Click here to enter text.

IV. INDIVIDUALIZED SERVICE PLAN (ISP) QUALITY REVIEW

The Support Coordination Team conducted a sample ISP Quality review of the agency's service plans to verify that all required elements and quality metrics as outlined in the ISP Plan Reviews: Guidance for SCA document are present. Compliance for seventeen (17) Indicators were used to evaluate the most current plan year for the individuals included in the sample. Each indicator is worth 3 possible points, totaling a possible 51 points per ISP. To meet quality requirements in this area, the agency must achieve a minimum overall compliance rate of 90% or better. Section IV provides the data and results from this review. Plan specific details including the DDD ID, plan version, and plan feedback are available within the attached ISP/PCPT Addendum. **The agency is advised to review the ISP/PCPT Addendum and promptly address any plan(s) with a score of 1, ensuring that the ISP is amended/revised to meet minimum requirements.**

Number of ISPs Reviewed: Click here to enter text.

Outcomes	**Employment**	**Services**	**Self-Care**
%	%	%	%
Allergies	**Dietary**	**Health Hazards**	**Medications**
%	%	%	%
Support Settings	**Mobility/Adaptive Equipment**	**Behavior/Sensory Needs**	**Behavior Plan**
%	%	%	%
Emergency Backup Plan	**Person-Centeredness**	**Writing Quality**	**Budget Accuracy**
%	%	%	%

Plan Development & Submission	**Total Possible ISP Quality Score**	**Achieved ISP Quality Score**
%	**51 points (per ISP) x (# of ISPs reviewed) =**	**Sum of all Totals =** **Overall Compliance Rate = %**

Review Summary and Required Actions
Click here to enter text.

V. PERSON CENTERED PLANNING TOOL (PCPT) QUALITY REVIEW

The Support Coordination Team conducted a sample PCPT Quality review of the agency's service plans to verify that all required elements and quality metrics as outlined in the ISP Plan Reviews: Guidance for SCA document were present. Compliance for eight (8) Indicators were used to evaluate the most current plan year for the individuals included in the sample. Each indicator is worth 3 possible points; totaling a possible 24 points per PCPT. To meet quality requirements in this area, the agency must achieve a minimum overall compliance rate of 90% or better. Section V provides the data and results from this review. Plan specific details including the DDD ID, plan version, and plan feedback are available within the attached ISP/PCPT Addendum. **The agency is advised to review the ISP/PCPT Addendum and promptly address any plan(s) with a score of 1, ensuring that the PCPT is amended/revised to meet minimum requirements.**

Number of PCPTs Reviewed: Click here to enter text.

Relationships	**Strengths & Qualities**	**Important To**	**Hopes & Dreams**
%	%	%	%
Supporter Qualities	**Community Integration**	**Communication Styles**	**Annual Review of Changes**
%	%	%	%
Total Possible PCPT Quality Score **24 points (per PCPT) x (# of PCPTs reviewed) =**		**Achieved PCPT Score** **Sum of all Totals =** **Overall Compliance Rate = %**	

Review Summary and Required Actions
Click here to enter text.

VI. CLAIMS REVIEW & FISCAL SUSTAINABILITY

Claims Review: The Division's Support Coordination Team tracks and runs monthly non-compliance with deliverables reports which captures data related to missing monitoring tools (MTs) for greater than 60 days, overdue Individualized Service Plans (ISPs), and overdue legacy plans for initial individual assignments. A claims review was conducted to ensure the Support Coordination Agency is following proper claiming practices as outlined in Section 12.3 and Section 17.18 of DDD's policy manuals. The scope of this claims review is limited to the months where a monthly deliverable was delayed or not met and not an exhaustive list of all claiming information for the agency. Section VI provides the data and summary of findings from this review. The Support Coordination Agency is responsible for notifying Gainwell Technologies of any claims submitted without adherence to standards outlined in the manual and coordinating the repayment of funds at the discretion of the funding source.

Indicator: Claims Review **Time Period of Review:** Click here to enter text.		**Out of Compliance**	**Findings**
Missing monitoring tools for greater than 60 days	Number of claims submitted on months with missing monitoring tools		**DDD IDs:** Click here to enter text.
	Number of claims submitted prior to the upload of late monthly contact		**DDD IDs:** Click here to enter text.
Overdue Individualized Service Plans	Number of claims submitted on overdue Individualized Service Plans		**DDD IDs:** Click here to enter text.
Overdue legacy plans for initial individual assignments (greater than 60 days following soft enrollment)	Number of claims submitted on overdue legacy plans for initial individual assignments		**DDD IDs:** Click here to enter text.
Review Summary and Required Actions			
Click here to enter text.			

Fiscal Sustainability: Providers must remain in compliance with the terms and conditions of program participation which is a condition for sustainable and high-quality service delivery. All providers remain subject to audit regardless of expenditure totals. All providers that claim $350,000 or more in annual combined reimbursement must submit the DDD Fiscal Sustainability Template annually (by 120 calendar days after the close of the State Fiscal Year OR 120 days after the provider fiscal year has ended) to DDD.WaiverFinancialReports@dhs.nj.gov.

Indicator: Fiscal Sustainability	
The SCA claimed $350,000 or more in the previous calendar year and is required to submit the Fiscal Sustainability Template.	☒ Choose an item.
The SCA submitted the required Fiscal Sustainability Template to the Division within 120 calendar days of the close of the fiscal year.	☒ Choose an item.
If applicable, the SCA's Fiscal Sustainability Template was fully completed and/or the SCA responded to the DDD Fiscal Unit with clarification which met Division requirements.	☒ Choose an item.
Review Summary and Required Actions	
Click here to enter text.	

VII. VERIFICATION OF A WAIVER SERVICE OTHER THAN SUPPORT COORDINATION

As per section 5.4 of DDD's policy manuals, and as outlined in the Participant Enrollment Agreement (PEA), remaining on the waiver is contingent on accessing a minimum of two waiver services (Support Coordination being one). Individuals may be disenrolled from the waiver if a second service other than Support Coordination is not accessed for greater than 90 days. The Support Coordination Team conducted a review of the agency's current roster to determine if this waiver requirement was met. Section VII provides the data and summary of findings from this review.

Date Data was Collected: Click or tap to enter a date.

Indicator	Findings	Notes
Number of ISPs greater than 90 days without a second service		DDD IDs: Click here to enter text.
Over the past 90 days, number of ISPs that reflect SCA conversations related to service exploration, identified barriers, follow-up attempts, and/or pending service additions?		Comments: Click here to enter text.
Overall Compliance: Number of ISPs greater than 90 days without a second service vs. the number of ISPs that reflect SCA conversations and related follow up.	/	**Overall Compliance Rate:** %
Required Actions and Recommendations to SCA		
SCs should ensure that individuals and families are aware of the Medicaid requirement for an ongoing waiver service. All conversations related to available services and service identification must be documented in iRecord.		

VIII. 24-HOUR AVAILABILITY AND RESPONSIVENESS

As per section 17.18.5.10 of DDD's policy manuals, Support Coordination Agencies must ensure that Support Coordination services are available at all times. The evaluation of 24 Hour Availability and Responsiveness is to determine the agency's process and ability to respond to emergent issues, concerns, and availability while meeting Division Requirements and ensuring the health and safety of the individuals served.

Division staff made a total of four (4) calls to the agency at various dates and times during this review period. Section VIII provides the data and summary of findings from this review.

Scoring Criteria and Results	
Compliance for four (4) indicators were used to evaluate each call. Each indicator is worth 3 possible points. **Total Points** = out of 48 **Total Score** = % **Evaluation Results** = Choose an item.	Points are assigned as follows: 3 = Requirements met 2 = Requirements partially met 1 = Requirements not met 0 = Unsuccessful contact; phone number was disconnected or incorrect

24-Hour Availability and Responsiveness Evaluation Results				
Indicator	**Call #1**	**Call #2**	**Call #3**	**Call #4**
	Date: **Time:**	**Date:** **Time:**	**Date:** **Time:**	**Date:** **Time:**
Live response to phone call	Choose an item.	Choose an item.	Choose an item.	Choose an item.
SCA's response included direction to appropriate resources and services	Choose an item.	Choose an item.	Choose an item.	Choose an item.
SCA's response demonstrated an effective emergency response plan	Choose an item.	Choose an item.	Choose an item.	Choose an item.
SCA's response included a plan to hold a meeting the next day to develop a contingency	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Total Score for Each Call	**Click or tap here to enter text.**	**Click or tap here to enter text.**	**Click or tap here to enter text.**	**Click or tap here to enter text.**

Review Summary and Required Actions
Click here to enter text.

IX. CONFLICT FREE CARE MANAGEMENT

Support Coordination Agencies (SCAs) are responsible for adhering to the Division's Conflict Free Care Management requirements as outlined in section 17.18 of DDD's policy manuals, According to the Centers for Medicare and Medicaid Services (CMS), conflict-free care management has the following characteristics: there is a separation of care management from direct services provision; there is a separation of eligibility determination from direct services provision; and anyone who is conducting independent evaluations, assessments and the plan of care cannot be related by blood or by marriage to the individual or any of their paid caregivers. In addition, Support Coordination Supervisors cannot be related by blood or marriage to anyone whose plan they will supervise or sign off on.

Referrals to subsidiary or affiliated companies of SCAs are not allowed. SCAs cannot make direct service referrals to any service provider which is owned or shared by a parent/subsidiary/affiliated company in which the SCA has any financial interest. The evaluation of Conflict Free Care Management includes a review of the Support Coordination Agency's letter of intent, completed SCA Conflict Free Care Management Attestation Form, trends in provider referrals, and geographic area to determine if Division requirements are being met. Section IX provides the summary of findings from this review.

SCA Chosen Service Delivery Option	
☐	**Option One** – Intent to provide Support Coordination Services Only
☐	**Option Two** – Intent to provide Support Coordination and other services, but in distinct geographic areas
☐	**Option Three** – Request for Exception to provide both Support Coordination and other Division-funded services in the same geographic region

Summary of Review Findings	
Is the SCA in violation of the Division's Conflict Free Care Management requirements? Click here to enter text. If yes, how many service recipients were impacted as a result? Click here to enter text.	**Evaluation Results:** Choose an item. **Attestation Form Results:** Choose an item.

Indicator	Findings	Review Summary

Letter of Intent/Conflict Free Policy	Choose an item.	Comments: Click here to enter text.
Attestation Form	Choose an item.	Comments: Click here to enter text.
Supervisory Relationships	Choose an item.	Comments: Click here to enter text.
Relationships with Individuals and/or Paid Caregivers	Choose an item.	Comments: Click here to enter text.
Separation of Care Management from Direct Services Provision	Choose an item.	Comments: Click here to enter text.
Trends in Provider Referrals	Choose an item.	Comments: Click here to enter text.
Geographic Area & Counties Served	Choose an item.	Comments: Click here to enter text.
Required Actions and Recommendations to SCA		
Click here to enter text.		

X. IRECORD ATTESTATION

Prior to being granted access by the Division, all iRecord Users must sign a Disclosure on Confidentiality and Protected Health Information. Additionally, with each iRecord login, the Terms of Use can be found as a link. This indicator is included to serve as a reminder that all staff within an agency must maintain their iRecord login information securely. Passwords or login information should not be shared under any circumstance.

The iRecord Attestation Form was created as a mechanism for the Agency Head to confirm that uniform practices have been established and attest that the Agency adheres to the requirements and responsibilities of iRecord usage.

Evaluation Results
☐ **Requirements met** ☐ The iRecord Attestation form was submitted, included all staff, and met signature requirements. ☐ **Requirements partially met** (Check all that apply) ☐ The iRecord Attestation form was submitted but did not include all staff. ☐ The iRecord Attestation form was submitted, included all staff, but did not meet signature requirements. ☐ **Requirements not met** ☐ The iRecord Attestation form was not submitted.
Review Summary and Required Actions
Click here to enter text.

XI. STAFF QUALIFICATIONS: BACKGROUND CHECK REVIEW

All providers of Support Coordination must comply with the staff qualifications standards set forth in DDD's policy manuals. Division staff completed a review of all current Support Coordination Supervisor and Support Coordination staff to verify compliance in the following areas:

- Evidence of completed fingerprint check at the time of hire (Federal & State)
- Evidence of completed fingerprint archive (every two years)
- Documentation of Central Registry check at the time of hire and ongoing.
- Documentation of Child Abuse Record Information (CARI) background check
- Evidence of completed mandatory exclusionary database checks (at time of hire and monthly thereafter) for staff and board members, as applicable

Support Coordination Agencies are required to maintain a copy of all records in the employee's personnel file that should be available for Division review at any time. **Compliance with Staff Qualification indicators is expected to be 100%.** **Detailed findings are available on the Staff Qualifications Addendum.**

Summary of Staff Qualifications: Background Check Findings

Indicator	Total Number of Staff Reviewed	Total Number of Staff in Compliance	Total Number of Staff who met requirements after date of hire/late	% of Staff in Compliance (including those who met requirements after date of hire/late)
Completed fingerprint check at the time of hire (Federal & State)	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Completed fingerprint archive (every two years)	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Central Registry Check Status	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Child Abuse Record Information (CARI) background check	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Completed Exclusionary Database Checks (at time of hire and monthly thereafter) for staff and board members for the past 3 months	**Number of staff reviewed:** Click to enter text. **Number of board members reviewed:** Click to enter text.			

State of NJ Debarment List	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Federal Exclusions Database	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
N.J. Treasurer's Exclusion Database	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
N.J. Division of Consumer Affairs Licensure Database	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
N.J. Department of Health Licensure Database	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Review Summary and Required Actions				
Click to enter text.				

XII. STAFF QUALIFICATIONS: EDUCATION & EXPERIENCE REVIEW

All providers of Support Coordination must comply with the staff qualifications standards set forth in DDD's policy manuals. Division staff completed a review of all current Support Coordination Supervisor and Support Coordination staff to verify compliance in the following areas:

- Bachelor's Degree or higher in any field (Please note that degrees and/or transcripts issued by a college or university outside of the United States must be evaluated by a reputable evaluation service) - and-
- 1 year of experience working with individuals with intellectual and/or developmental disabilities (I/DD):
    - The experience must be the equivalent of a year of full-time documented experience working with individuals with I/DD;
    - This experience can include paid employment, volunteer experience, and/or being a family caregiver of an individual with an I/DD;
    - If a job applicant has experience with a different population but some percentage includes individuals with intellectual and/or developmental disabilities, the SCA may determine that this experience meets the requirement of one year full-time experience working with individuals with intellectual and/or developmental disabilities.

Support Coordination Agencies are required to maintain a copy of all records in the employee's personnel file which should be available for Division review at any time. **Compliance with Staff Qualification indicators is expected to be 100%.** **Detailed findings are available on the Staff Qualifications Addendum.**

Summary of Staff Qualifications: Education & Experience Review Findings

Indicator	Total Number of Staff Reviewed	Total Number of Staff in Compliance	Total Number of Staff who met requirements after date of hire/late	% of Staff in Compliance (including those who met requirements after date of hire/late)
Evidence of a Bachelor's Degree of higher in any field	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Evidence of required experience	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Review Summary and Required Actions
Click to enter text.

XIII. STAFF QUALIFICATIONS: STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

All providers of Support Coordination must comply with the staff qualifications standards set forth in DDD's policy manuals. Division staff completed a review of all submitted documentation to verify compliance in the following areas:

- Evidence that current staff have completed the trainings required prior to working with individuals.
- Evidence that current staff, hired more than 90 days ago, have completed the trainings required within 90 days of hire.
- Evidence that current staff, hired during the previous calendar year or before, have completed the minimum number of required Professional Development trainings for each previous calendar year.
    - Full time staff (30 hours or more per week) are required to complete 12 hours of Professional Development training annually.
    - Part time staff (less than 30 hours per week) are required to complete 6 hours of Professional Development training annually.
    - Required hours are prorated based on the month of hire.

Support Coordination Agencies are required to maintain a copy of all records in the employee's personnel file which should be available for Division review at any time. **Compliance with Staff Qualification indicators is expected to be 100%.** **Detailed findings are available on the Staff Qualifications Addendum.**

Summary of Staff Qualifications: Staff Training & Professional Development

Completion of Required Trainings Prior to Working with Individuals	Total Number of Staff Reviewed	Number of Staff in Compliance	Total Number of Staff who completed trainings late	% of Staff in Compliance (including those who completed trainings late)
Support Coordination Orientation Prerequisite Orientation Lessons	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Support Coordination Orientation Training - Person-Centered Planning & Connection to Community Supports (2 Day Live Training)	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
DDD Life Threatening Emergencies - Danielle's Law	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
DDD Stephen Komninos Law Training	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Provider Developed Incident Reporting	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Incident Reporting Overview	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Support Coordination Monitoring Tools	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Getting Started with iRecord Part 3	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Completion of Required Trainings Within 90 Days of Hire	**Total Number of Staff Reviewed**	**Number of Staff in Compliance**	**Total Number of Staff who completed trainings late**	**% of Staff in Compliance (including those who completed trainings late)**
DDD Shifting Expectations Training - Changes in Perception, Life Experience & Services (archived 10/6/25)	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Prevention of Abuse, Neglect & Exploitation: **Maltreatment Prevention and Response Modules 1, 3, 4, 5, and 7**	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Preventing Abuse, Neglect, and Exploitation (PANE) Competency Assessment	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Provider Developed Orientation	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
NJISP Related Trainings	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Medicaid Training	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Support Coordinator's Guide to Navigating the Employment Service System (archived 11/1/25)	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Developmental Disabilities and Community Integration: A Brief History	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Design Your Own Path: Introduction to Self-Directed Services	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Fiscal Intermediary Choices: Understanding Options	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Crisis and Emergency Resources	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Planning Team Partnerships: Using the Addressing Enhanced Needs Form (AENF) in Plan Development	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Planning Team Partnerships: Using the ISP Worksheets in Plan Development	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Cultural Competence Training	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Completion of Professional Development Training Hours	**Total Number of Staff Reviewed**	**Number of Staff in Compliance**	**% of Staff in Compliance**
Qualifying Professional Development Hours	Click to enter text.	Click to enter text.	Click to enter text.

Review Summary and Required Actions
Click to enter text.

XIV. QUALITY MANAGEMENT PLAN REVIEW

As per Section 15.1 of DDD's policy manuals, Support Coordination Agencies are required to have an annual Quality Management Plan which includes a process to measure customer satisfaction (which may include survey, complaint and grievance resolution, or other evidence), a method to evaluate areas for improvement/goals for the year, and a plan for improvement. It is necessary to include a comprehensive strategy that includes planning, implementing, evaluating, and improving on systems and agency practices that lead to enhanced outcomes for individuals served, as well as, quality improvement strategies that include staff training, policy updates, and service process improvements.

Division staff completed a review of all documentation submitted by the Support Coordination Agency to verify compliance with DDD's policy manual requirements and presence of expected components.

Summary of Review Findings	
Documents submitted for review: Click here to enter text.	**Quality Management Plan Results:** Click here to enter text. **Customer Satisfaction Measurement Results:** Click here to enter text.

Quality Management Plan Results	
Presence/Absence: Does the SCA have a Quality Management Plan?	Click here to enter text.
Quality: Does the Quality Management Plan include a method to evaluate areas of improvement and goals for the year?	Click here to enter text.
Review Summary and Required Actions	
Click to enter text.	

Customer Satisfaction Measurement Results

Presence/Absence: Does the SCA have a plan to measure customer satisfaction?	Click here to enter text.
Quality: Is there evidence that customer satisfaction, complaints and/or grievances are addressed in a methodical manner?	Click here to enter text.
Review Summary and Required Actions	
Click to enter text.	

XV. CENSUS PLAN REVIEW

As per section 17.18.5.8 of DDD's policy manuals, effective April 1, 2025, any Support Coordination Agency operating for 12 months or longer must serve a minimum of 60 individuals and serve at least one county. Support Coordination Agencies serving less than 60 individuals after one year of operation may not continue operations.

The evaluation of Census Plans for Support Coordination Agencies with a census below 60 individuals will include a review of the agency's completed Support Coordination Agency Census Plan Form along with any other supporting documentation that was submitted to confirm the agency's ability to achieve the Division's census requirement.

Evaluation of Census Plan	
Current Census: Click here to enter text. Has the SCA been open for 12 months or longer? Click here to enter text.	**Results:** Click here to enter text.
Type of Document(s) Reviewed: Click here to enter text.	

Indicator	**Evaluation**	**Notes**
Does the document include any reference to census and meeting census requirements?	Click here to enter text.	Click here to enter text.
Does the document include a specific plan for achieving a census of 60 or more?	Click here to enter text.	Click here to enter text.
Based on past performance, current census, and length of time SCA has been qualified, does the plan for achieving a census of 60 appear realistic?	Click here to enter text.	Click here to enter text.
Required Actions and Recommendations to SCA		
Click here to enter text.		

XVI. SATISFACTION CALLS COMPLETED BY THE DIVISION

As part of the evaluation of the Support Coordination Agency (SCA), satisfaction calls were completed by the Support Coordination Team using a standardized script to a sample of individuals and families served. The purpose of these calls is to verify the quality of services being provided by the SCA. Section XVI provides the data and summary of findings from this review. Informant information will remain anonymous and is not disclosed in the evaluation report. The agency is strongly encouraged to utilize these findings in quality improvement activities, as appropriate.

Number of Calls Attempted	Number of Calls Completed	Number of Unsuccessful Contacts; phone number was disconnected or incorrect	Number of Unsuccessful Contacts; unable to reach informant after two attempts	Number of Refusals

Indicator	Response Rates: % that responded yes	Response Rates: % that responded unsure, sometimes or n/a	Response Rates: % that responded no	Review Findings
Support Coordinator is knowledgeable of available services and supports	%	%	%	Click here to enter text.
Support Coordinator follows up on important issues	%	%	%	Click here to enter text.
Contact occurs at least once per month	%	%	%	Click here to enter text.
Face-to-Face visits occur at least quarterly	%	%	%	Click here to enter text.
SCA responsiveness: Phone calls are returned	%	%	%	Click here to enter text.
Individual/family is aware of how to reach SCA 24 hours a day, including after hours	%	%	%	Click here to enter text.
Individual/family was involved in the development of the service plan	%	%	%	Click here to enter text.
Support Coordinator offered choice of service provider	%	%	%	Click here to enter text.
Individual/family was provided a final copy of the service plan	%	%	%	Click here to enter text.

Individual/family feels SCA is meeting Requirements	%	%	%	Click here to enter text.
Required Actions and Recommendations to SCA				
Click here to enter text.				

XVII. CARE MANAGEMENT PERFORMANCE AND FOLLOW UP

Support Coordination Agencies are responsible for monitoring and following up to ensure delivery of quality services and that services are provided in a safe manner, in full consideration of the individual's rights. The evaluation of Care Management Performance in this section of the Evaluation Report is determined through findings related to Seeking Out Support (SOS) form submissions, case specific interactions, Incident Report submissions, and information shared from internal and external sources related to care management. The review will consist of various indicators such as timeliness, justification, communication, documentation, follow-up, and the agency's ability to navigate process. Section XVII provides the summary of findings from this review.

It is noted that additional findings related to the agency's Care Management Performance can be found within other sections of the Evaluation Report including Support Coordination Monitoring Tools, Customer Satisfaction Measurement, Satisfaction Calls completed by the Division, and 24-Hour Availability & Responsiveness.

Time Period of Review:	Click here to enter text.	**Evaluation Results:**	Choose an item.

Evaluation Indicator	**Division Expectations**	**Evaluation Results**
SOS Form Submissions and Division Notification	Support Coordination Agencies are expected to submit a Seeking Out Support (SOS) form to the Support Coordination Help Desk to report urgent situations, request assistance, or troubleshoot involved cases with the Care Management & Provider Support Team in addition to following the notification requirements as outlined in Section 6 (Care Management) of the Division's waiver manuals.	**Evaluation Results:** Choose an item.

Summary of Review Findings			
Number of SOS submitted during the review period: Click here to enter text.		DDD ID #: Click here to enter text.	
SC Supervisor Responsiveness	**Ability to Independently Navigate Process**	**Notification to SC Help Desk was Provided in a Timely Manner**	**Communication was Prompt, Professional, and Comprehensive**
Expeditious and Thorough Follow-up on Guidance Provided	**Referrals were Accurately and Fully Complete upon Submission**	**During the Situation, Notes were Kept Current, Concise, & Clear**	**ISP Accurately Portrays Support Needs and Service Entry**

Evaluation Indicator	Division Expectations	Evaluation Results
Incident Report Submissions	Support Coordination Agencies are responsible for reporting all incidents in accordance to Division Circular #14, following all Division established protocols for notification, and completing all follow-up responsibilities in a timely manner. In the event of multiple incidents in a given calendar month and when this is true in 2 months or more of the same year, the Division reviewed documentation to ensure the SC followed any recommendations by the Office of Risk Management (ORM).	**Evaluation Results:** Choose an item.
Summary of Review Findings		
Number of unplanned hospitalizations where no residential provider was involved and no Incident Report was submitted: Click here to enter text.	DDD ID #: Click here to enter text.	
Number of individuals with 2 months or more of multiple incidents during the review period: Click here to enter text.	DDD ID #: Click here to enter text.	**SCA compliance with follow-up to any recommendations by the ORM**

Evaluation Indicator	Division Expectations	Evaluation Findings
Other Division Concerns or Commendations Related to Care Management Performance	Support Coordination Agencies are responsible for operating in accordance to and meeting all requirements as outlined in Section 6 (Care Management) of the Division's waiver manuals. Agencies are also expected to meet training requirements and remain up to date with Division policy and process changes.	**Comments:** Click here to enter text.
Required Actions and Recommendations to SCA		
Click here to enter text.		

XVIII. POLICIES & PROCEDURES MANUAL REVIEW

As per Section 11.1 of DDD's policy manuals, all Support Coordination Agencies must develop, maintain, implement, and be able to produce for Division review at any time, a Policies & Procedures Manual governing their organization. All required 14 components of the agency's Policies & Procedures Manual was reviewed, evaluated, and scored according to the Policies & Procedures Guidebook for Medicaid/DDD Approved Providers. Section XVIII provides the data and summary of findings from this review.

Scoring Criteria	
There are 14 categories identified for review. Each applicable row to Support Coordination is worth 3 possible points.	Points are assigned as follows: 3 points = Requirements met 1 point = Requirements partially met 0 points = Requirements not met/Policy missing

Policies and Procedures Manual Evaluation Results				
Total Points = / 270 **Total Score** = % 90% or better is the desired benchmark	☐ SCA Policies & Procedures Manual requirements met	☐ SCA Policies & Procedures Manual requirements partially met	☐ SCA Policies & Procedures Manual requirements not met / Was Not Submitted	☐ SCA Policies & Procedures Manual Was Not Reviewed

General Guidelines	**Expectations Met**	**Comments**
Title or cover page with Agency Name	☒	Enter text.
Policies include effective and revision dates	☒	Enter text.
Table of Contents	☒	Enter text.
Pages are numbered	☒	Enter text.
Policies include sequential numbering system	☒	Enter text.
Policies include a descriptive title unique to permit easy reference and retrieval.	☒	Enter text.
Policies include a purpose statement.	☒	Enter text.
Procedures include sequential steps, identify staff title responsible for each step and identify timeframes for each step to be completed.	☒	Enter text.
Required Policies and Expected Components	**Requirements**	**Comments**

	Met	
Organizational Governance **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. Introduces the agency's mission/vision statement.	☒	Enter text.
2. Identifies the Governing Authority and outlines responsibilities.	☒	Enter text.
3. Includes a Table of Organization and Job Descriptions for all titles, including volunteers/interns and other unpaid staff. Titles must match those used through P&P manual.	☒	Enter text.
4. Outlines procedures to demonstrate compliance with all legislation and regulations of corporate governance and financial practices as prescribed by the agency's corporate designation (profit, non-profit).	☒	Enter text.
5. Outlines agency operations and oversight in such a manner as will ensure effective and ethical management and conflict free operations.	☒	Enter text.
6. Addresses the requirement that all board members'/stock holders' names, affiliations, and any potential conflicts of interest be disclosed and made publicly available if requested.	☒	Enter text.
7. Describes public availability of board member/stock holder names, if applicable, on the organization's website.	☒	Enter text.
Personnel **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
General Requirements		Enter text.
1. For Service Providers, indicates method of informing the Division of changes to the Agency	☒ N/A (SCA)	Enter text.

Head so the Division's Provider Enrollment Unit can complete required background checks.		
2. For SCAs, indicates methods of informing the Division of all staff changes (new hires, terminations, and promotions) and updating internal processes, if required.	☒	Enter text.
3. If volunteers/interns are utilized within the agency, it must be outlined. A separate policy regarding volunteers/interns is recommended and should describe how and how often volunteers/interns will be used, vetted, trained and supervised.	☒	Enter text.
Education & Experience Requirements		Enter text.
1. Describes method of verification of staff qualifications.	☒	Enter text.
2. Identifies staff (by title) responsible to implement and perform the verifications and approvals.	☒	Enter text.
3. Describes means of maintaining personnel records, and the list of records that are maintained.	☒	Enter text.
Background Check Requirements		Enter text.
1. Describes method of verification of initial and ongoing checks and who is responsible for each of the following:		
a. Fingerprint check (Federal & State) at the time of hire (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)	☒	Enter text.
b. Fingerprint archive (every two years) (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)	☒	Enter text.
c. Central Registry Status at the time of hire (Completed Employee/Volunteer Consent for Employers to Check Form) and on-going every time a DHS notification of addition to	☒	Enter text.

the registry is received. Note: Because the agency does not receive documentation when the Central Registry is checked, the agency must determine its own system of documenting on-going checks. Documentation to be kept on hand must include the date of review, who completed the review and results of the review.		
d. Child Abuse Record Info (CARI)- Per OPIA Bulletin - Updated Employee Onboarding Requirements - 4.1.24, all new employees' completed CARI applications shall be submitted within 10 days of hire. Employees may work without restrictions while the CARI check is conducted.	☒	Enter text.
e. Drug Testing (Providers – Upon hire, random and for cause.)	☒ N/A (SCA)	Enter text.
f. Exclusionary Checks - Upon hire and monthly (per Appendix I of DDD policy manuals)	☒	Enter text.
i. State of NJ Debarment List	☒	Enter text.
ii. Federal Exclusions Database	☒	Enter text.
iii. NJ Treasurer's Exclusions Database	☒	Enter text.
iv. NJ Division of Consumer Affairs Licensure Database	☒	Enter text.
v. NJ Dept. of Health Licensure and Certification Database	☒	Enter text.
g. Drivers Abstract (If applicable)	☒	Enter text.
2. Describes how all background check records will be filed and maintained.	☒	Enter text.
Staff Training & Professional Development		Enter text.
1. Identifies staff (by title) responsible for oversight of training process of all staff inclusive of specifics and timeframes to provide necessary orientation/training and the timeframes.	☒	Enter text.

2. Identifies staff (by title) responsible for providing necessary orientation/training and the timeframes.	☒	Enter text.
3. Describes documentation and storage methods in staff personnel records.	☒	Enter text.
4. Identifies required trainings and their time frames in compliance with DDD policy manuals Appendix E.	☒	Enter text.
5. Acknowledges need to identify at least two College of Direct Support (CDS) administrators.	☒	Enter text.
Admission (Support Coordination Agencies) **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. Describes criteria for admission (enrollment) into the agency. (i.e. DDD eligible, Medicaid Eligible, etc.) timeframes and includes who is responsible for each of the following:	☒	Enter text.
2. Describes criteria for determining when to open agency capacity and county capacity.	☒	Enter text.
3. Includes the timeframe for the SCA to identify/assign a SC.	☒	Enter text.
4. Includes the timeframe when contact needs to be made with the individual/family/legal guardian after assignment.	☒	Enter text.
5. Ensures the individual has access to or is provided a copy of the DDD policy manuals.	☒	Enter text.
6. Establishes timeframe for informing the individual/family about the Participant Enrollment Agreement and obtaining a signed copy from the individual/guardian.	☒	Enter text.
7. Outlines a detailed planning process and orientation of new individuals to the agency.	☒	Enter text.
8. The policy indicates that the agency will serve all individuals that meet the requirements for support coordination.	☒	Enter text.
Discharge (Support Coordination Agencies) **Effective Date:** Enter text.		Enter text.

Reviewed/Revised Date: Enter text. **SCU Evaluation Date:** Enter a date.		
1. Policy includes that the agency may not discharge individuals from their Support Coordination Agency roster.	☒	Enter text.
2. Outlines an internal process, time lines and staff responsible to assist individuals who are being discharged from DDD for any of the following: a) They no longer meet the functional criteria necessary to be eligible for the Division. b) They choose to no longer receive services from the Division. c) They do not maintain Medicaid eligibility. d) They no longer resides in the State of New Jersey. e) They do not comply with DDD policy manuals or waiver program requirements.	☒	Enter text.
3. Outlines an internal process, time lines and staff responsible to address if an individual is not accessing SP/CCP services other than Support Coordination for greater than 90 days and is facing Waiver disenrollment.	☒	Enter text.
Reporting Incidents **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. Defines incidents and detailed descriptions regarding actions that the agency will take if an incident occurs.	☒	Enter text.
2. Clear indication of response plan for incidents, including investigation procedures, lead responsible for investigation and reporting.	☒	Enter text.
3. Identifies person (by title) responsible for investigation and reporting.	☒	Enter text.
Complaint/Grievance Resolution or Appeals Process **Effective Date:** Enter text.		Enter text.

Reviewed/Revised Date: Enter text. **SCU Evaluation Date:** Enter a date.		
1. Describes the sequential steps for individuals/families/guardians to report/file complaint or grievance.	☒	Enter text.
2. Describes flow of how the agency will review complaints/grievances indicating the staff responsible (by title) for each phase of the complaint/grievance and appeal process and time frames.	☒	Enter text.
3. Describes each level of appeal available to individuals/families/guardians, including one that involves the Agency Head.	☒	Enter text.
4. Describes all related documentation and the communication of the final decision.	☒	Enter text.
Complaint Investigation **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. Describes the sequential steps for the agency to complete an investigation to include staff titles responsible, time frames, and potential disciplinary actions.	☒	Enter text.
2. Includes that administrative staff conducting the investigation shall immediately report incidents with potential criminal nature to law enforcement authorities within 24 hours in accordance with Division Circular # 15, Section IV.	☒	Enter text.
3. Includes that during the course of an investigation, should additional incidents or allegations be discovered, each incident shall be reported in accordance with Division Circular #14 and Administrative Order 2:05.	☒	Enter text.
HIPAA & Protected Health information (PHI) **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text.		Enter text.

SCU Evaluation Date: Enter a date.		
1. Describes the process for employees to receive trainings on compliance with Health Insurance Portability and Accountability Act (HIPAA) and protected health information (PHI). Process must include staff title responsible and time lines.	☒	Enter text.
2. Includes plan for ensuring confidentiality of individuals served.	☒	Enter text.
3. Includes plan for ensuring access to documents is limited to appropriate staff.	☒	Enter text.
4. Includes plan for release of information from individual/guardian prior to sharing information.	☒	Enter text.
5. Plan for corrections to documents.	☒	Enter text.
6. Plan includes safeguards for paper documents. a. Deletions, erasures, and whiting out errors is not permitted; b. Content can only be changed by the original writer; c. Corrections must be made by the person who originally wrote the document with one line through the error including initials and date of correction.	☒	Enter text.
7. (**SCAs**) Includes safeguards for electronic documents. a. Documents uploaded/entered into iRecord cannot be altered once submitted. b. An additional case note explaining the correction must be entered into the system.	☒	Enter text.
Emergency Procedures **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. Outlines staff training and preparation related to handling of life threatening emergencies, including time lines and staff responsible for each action.	☒	Enter text.

2. Describes actions to be taken in life threatening emergencies (refer to Division Circular #20A) when with an individual and a life threatening emergency occurs.	☒	Enter text.
3. Describes completion of Incident Report and denotes title/role responsible for actions as well as timelines.	☒	Enter text.
4. Describes any additional documentation required by the agency, if applicable.	☒	Enter text.
5. For **SCAs**, describes coverage and requirement for 24-hour availability and responsiveness.	☒	Enter text.
6. For **SCAs**, describes response plan for staffing shortages.	☒	Enter text.
7. For **SCA**s, outline plan for notification to the DDD Support Coordination Unit, operational issues which may have impact on agency operations and/or the individuals served, as well description of back up plans for operational breakdown. Examples include, but are not limited to, Agency Head unavailability, Supervisor absence and no back up in place, no Support Coordinator, etc.	☒	Enter text.
8. For **Service Providers**, describes evacuation process (if applicable); mechanism to ensure everyone is evacuated and accounted for; staff roles and responsibilities; mechanism to ensure everyone has been moved to a safe location and is accounted for (shelter in place policy, if applicable).	☒ N/A (SCA)	Enter text.
9. For **Service Providers** addresses: a. Emergency Drills b. Emergency Cards c. Emergency Consent for Treatment d. First Aid Kit *if located in a facility*	☒ N/A (SCA)	Enter text.
Reporting Medicaid Fraud/Waste/Abuse **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.

1. Policy includes a definition (from DDD materials) of Medicaid Waste/Fraud/Abuse.	☒	Enter text.
2. Describes process to identify concerns.	☒	Enter text.
3. Articulates who in the organization has the responsibility for reporting Medicaid Waste/Fraud/Abuse.	☒	Enter text.
4. Identifies steps that should be taken when reporting Medicaid Waste/Fraud/Abuse.	☒	Enter text.
5. Articulation of which entities should be contacted in instances of Medicaid Waste/Fraud/Abuse.	☒	Enter text.
6. Includes information on whistleblower protections.	☒	Enter text.
7. Identifies staff training.	☒	Enter text.
Human Rights **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. States the responsibilities of staff (by title) and efforts to ensure the human and civil rights of individuals with developmental disabilities are protected.	☒	Enter text.
2. Includes description of how issues that may infringe upon an individual's rights are documented in the individual's record. This shall include the staff responsible (by title) to document and wherein the individual's record it shall be noted.	☒	Enter text.
3. States the responsibility of the staff within the agency to advocate for and protect the rights of individuals with developmental disabilities.	☒	Enter text.
4. Indicates that all individuals/guardians shall receive a signed copy of the Participant Rights and Responsibilities Participant Rights and Responsibilities.	☒	Enter text.

5. Provides the referral process to the Human Rights Committee (HRC) and ensures any restrictions of individual's rights are documented accordingly by staff.	☒	Enter text.
6. For **Providers**, outline the membership of the agency's HRC or how agency will utilize the DDD HRC.	☒ N/A (SCA)	Enter text.
7. For **Providers**: Identify roles and responsibilities for HRC and how conflicts, disputes, committee functions, minutes, etc. will be documented.	☒ N/A (SCA)	Enter text.
8. For **SCAs**: Identifies expectations, roles and responsibilities for referrals to the Division's or Service Provider's HRC.	☒	Enter text.
Financial Management and Billing **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. Describes procedural steps for conducting Internal Controls for claim submissions, billing processes, oversight of recordkeeping, monitoring expenditure controls and addressing Internal Financial controls.	☒	Enter text.
2. Includes procedures clearly define staff roles and responsibilities.	☒	Enter text.
Quality Management Plan **Effective Date:** Enter text. **Reviewed/Revised Date:** Enter text. **SCU Evaluation Date:** Enter a date.		Enter text.
1. Describes a comprehensive plan to continuously evaluate, audit and develop strategies for improvement within the agency.	☒	Enter text.
2. Identifies the staff (by title) responsible for development of an annual quality management plan.	☒	Enter text.
a. Details annual goals	☒	Enter text.
b. Details the evaluation of strategies.	☒	Enter text.

c. Details indicators of systemic improvements made as a result of analysis.	☒	Enter text.
d. Details quality improvement strategies to be used including staff training, policy updates and service improvements.	☒	Enter text.
3. Describes methods for measuring satisfaction (may include surveys, complaint and grievance resolution, or other evidence.)	☒	Enter text.
4. Describes customer satisfaction measures in alignment with the CMS Home & Community Based Services (HCBS) Quality Framework, which includes the following seven broad areas:	☒	Enter text.
a. Participant access	☒	Enter text.
b. Participant-centered service planning and delivery	☒	Enter text.
c. Agency capacity and capabilities	☒	Enter text.
d. Participant safeguards	☒	Enter text.
e. Participant rights and responsibilities	☒	Enter text.
f. Participant outcomes and satisfaction	☒	Enter text.
g. System performance	☒	Enter text.

Appendix F
Support Coordination Agency Sanctions Table

Sanction Level	Issue/Problem (1 or more of the following is true)	Sanctions	Division Actions
Level One Overarching goal of this level of sanction is to take action with SCAs for whom there is data available that underperformance is occurring but the SCA is not currently involved with an evaluation project.	The Support Coordination Team becomes aware of issues specific to an individual assigned to an agency, requiring a limited review of documentation. The Support Coordination becomes aware of agency underperformance, including care management concerns. Documentation issues found with SCA related to ISP, PCPT or SC Monitoring Tools or identification of a significant trend of non-compliance over time.	A. Capacity closure and no geographic expansion until documentation issues are resolved. AND/OR B. Change of status from Released to Unreleased (required Division review of ISPs) AND/OR C. Required trainings completed by SCA staff.	**A.** Limited Documentation Review Report (see Appendix R) will be prepared by EQC and attached to the Sanction letter to the Agency Head. B. Division review of ISPs for defined period of time or until requirements are met. C. Meeting required with EQC managers. D. Meeting documented on SCA Discussion Form if sanctions are not currently planned for the SCA (Attachment J) or on Template for SCA Performance Review Meetings (Attachment K) if sanctions are planned. E. Evaluation, Quality and Compliance team to monitor progress to determine if additional evaluation is required and/or determine when requirements have been met and capacity can be opened. F. Sanctions letter (Appendix A) to SCA.
Sanction Level	**Issue/Problem** **(1 or more of the following is true)**	**Sanctions**	**Division Actions**
Level Two	1. Level One sanctions have been in place for 3 quarters or more, without progress. 2. SCA has CAP requirement for Division findings. 3. CAP is not submitted by the due date or is unable to be approved after initial submission feedback was provided. 4. CAP Quarterly report was not submitted by date due.	A. CAP assignment with required actions and documents AND/OR B. Closure of capacity AND/OR C. Limitations to geographic expansion AND/OR D. Required trainings for SCA staff	**Sanctions** Sanctions letter to SCA (Appendix B) indicating the following: A. If CAP is assigned following a formal evaluation, capacity is not closed unless deadlines for submission of documents are not met. Meeting

	5. SCA CAP Quarterly reports have significant issues. 6. Significant care management issues/trends found. 7. Significant issues found during a Division-conducted customer satisfaction call. 8. Division requirements/deliverables not met. 9. Evidence of fraudulent activity reportable to the Medicaid Fraud Division. 10. Required trainings not completed. 11. New or additional issues, found in Division review (including, but not limited to, Quarterly Progress Reports). 12. Failure of the agency to provide documents as part of a planned evaluation. (For example, a Quality Management Plan, evidence of annual satisfaction surveys or other required documentation). 13. Refusal/non-compliance/unavailability in meeting with Division staff related to care management or evaluation issues.	AND/OR E. Agency response to Division findings AND/OR F. Reduction of census AND/OR G. Change of status from Released to Unreleased (required Division review of ISPs) AND/OR H. Work stoppage **Census-related sanctions may be lifted** if all of the following occurs: I. Corrective Action Plan or Quarterly CAP Report submitted and approve/meets expectations. J. Outstanding deliverables have been completed (for example, face to face visits, overdue SC Monitoring Tools, etc.) to the satisfaction of the Division. K. Outstanding documents previously requested have been provided to the Division and reviewed. L. Outstanding case related issues or other concerns meets Division requirements.	with QAS staff and/or EQC manager(s) required. B. If document deadlines are not met, capacity closed and no geographic expansion until compliance is achieved to the satisfaction of the Division. Meeting with QAS staff and/or EQC manager(s) required, if not already held. C. In the event the agency fails to provide documents as part of a planned evaluation, a deadline will be provided at the meeting by which all documents must be submitted in response to a planned evaluation. D. If evidence of mandatory staff trainings is missing during evaluation, the agency will have ten business days from the date of the CAP letter to remediate, or the Division will issue a work stoppage for the staff in question pending compliance. E. Corrective Action Plan and/or Quarterly CAP Report required. F. If CAP is not approved after the first submission and SCA has not been responsive to request for meeting to discuss needed revisions, proceed with next letter (Appendix C). After two unapproved CAPs, proceed to Level Three. G. Completion of designated trainings for identified staff. H. Outstanding case related issues or issues discovered during Division conducted Customer Satisfaction Calls must be addressed in a manner that ensures the health and safety of the individual and iRecord documentation is present to describe

			all actions and status. The Division may change the status of a 'released' Support Coordination Agency to 'unreleased', as applicable. I. Issues reported by individuals/families during Division conducted Customer Satisfaction Calls (see project plan) will require follow-up by a SCU Supervisor or Manager. J. Reassignment of individuals will occur if SCA does not resolve issues in timeframe designated or to the satisfaction of the Division. **Division Actions** A. Meeting with SCA and Evaluation, Quality and Compliance representative(s). Use of Template for SCA Performance Review (Attachment K) to document meeting minutes. B. Evaluation, Quality and Compliance team to monitor progress to determine if requirements have been met, all required documents submitted and reviewed and/or determine when capacity can be opened. C. Support Coordination Team to offer CAP-related trainings and advisement. D. Division to report allegations of fraudulent activity to the Medicaid Fraud Division and complete an Incident Report. May also result in Division recommendation of immediate disenrollment to DMAHS per Chapter 16 of the DDD policy manuals.

Sanction Level	**Issue/Problem (1 or more of the following is true)**	**Sanctions**	**Division Actions**
Level Three	1. CAP has not been approved after 2 submissions. 2. SCA CAP Quarterly reports do not meet requirements. 3. Level 2 sanctions already in place and a. Required trainings not completed. b. Ongoing or persistent issues in meeting Division requirements (including deliverables), CAP requirements, reporting requirements, or care management issues. c. New or additional issues, found in Division review (including but not limited to Quarterly Progress Reports, CAP Quarterly Reports, iRecord documentation, Division conducted Customer Satisfaction Calls) d. Evidence of fraudulent activity reportable to the Medicaid Fraud Division. e. Failure of the agency to provide documents as part of a planned evaluation (for example, a Quality Management Plan, evidence of annual satisfaction surveys or other required documentation). f. Refusal/non-compliance/unavailability in meeting with Division staff related to care management or evaluation issues.	**Capacity remains closed and geographic region is limited** **Notification to individuals/families/guardians of agency sanction status** **Partial agency roster reassignment** Change of status from Released to Unreleased (required Division review of ISPs)	**Sanctions** Sanctions letter (Appendix D) sent with the following expectations outlined, as appropriate: A. Dates by which outstanding documents must be received or approved. B. Training requirements to be completed. C. Capacity is or remains closed with no opportunity for expansion until CAP is successfully resolved and all outstanding case related issues are addressed in a manner that ensures the health and safety of the individual and iRecord documentation is present to describe all actions and status. D. Division plan to reduce agency census if requirements are not completed by new date. E. Description of level 3 sanctions which will now be in place. a. The Division will notify (Appendix H) all assigned participants that the agency is under a CAP/sanctions and if compliance is not achieved by the date designated they may be contacted to select a different SCA. b. Capacity and geographic limits remain closed. c. Required meeting with Support Coordination Team leadership.

			F. Completion of trainings as required by designated staff G. The Division may change the status of a 'released' Support Coordination Agency to 'unreleased', as applicable. H. Issues reported by individuals/families during Division conducted Customer Satisfaction Calls (see project plan) will require follow-up by a SCU Supervisor or Manager. I. Description of level 4 sanctions if underperformance continues. **Division Actions** J. Quality calls to individuals/families *if deemed appropriate by Division*. K. Meeting with SCA and EQC staff. L. Support Coordination Team to offer CAP-related trainings and advisement. M. Completion of the Performance Review Meeting template (Appendix K). E. Division to report allegations of fraudulent activity to the Medicaid Fraud Division and complete an Incident Report. May also result in Division recommendation of immediate disenrollment to DMAHS per Chapter 16 of the DDD policy manuals.
Sanction Level	**Issue/Problem (1 or more of the following is true)**	**Sanctions**	**Division Actions**
Level Four	1. Approved Corrective Action Plan not achieved by designated date.	**Continued closed capacity** **Reassignment of agency roster (some or all)**	**Sanctions**

	2. SCA CAP Quarterly reports have significant quality issues, as outlined on the evaluation tool for two or more quarters. 3. Quarterly Progress Reports or CAP Quarterly Report Evaluations completed by the Division continue to have findings which do not meet benchmarks. 4. Census of 60 or greater has not been achieved by April 1, 2025 or by approved extension date, or after one year of operations. 5. Issues related to staff qualifications prohibit the provision of service by the SCA. 6. Level 3 sanctions in place and a. New or additional issues, found in Division review (including but not limited to Quarterly Progress b. Reports or failure of the agency to provide documents as part of a planned evaluation (for example, a Quality Management Plan, evidence of annual satisfaction surveys or other required documentation, Division conducted Customer Satisfaction Calls). c. Ongoing or persistent issues in meeting Division requirements, including but not limited to, failure to meet health and safety requirements per the QPR, CAP requirements, reporting requirements, or care management issues. d. Evidence of fraudulent activity reportable to the Medicaid Fraud Division. e. Required trainings not completed.	Released status of SCA changed to unreleased.	Fourth sanction/warning letter (Appendix E) sent with history of unsuccessful performance to include the following: A. CAP dates of submissions, returned, feedback provided, trainings offered, etc. B. Capacity is or remains closed with no opportunity for expansion until CAP is successfully resolved and all outstanding case related issues are addressed in a manner that ensures the health and safety of the individual and iRecord documentation is present to describe all actions and status. C. Division plan to reduce agency census. a. For underperformance, clients with overdue/incomplete/otherwise problematic ISPs assigned to different agency and/or 20% of census reduced (if ISPs were not CAP issue). Census reductions may be more than 20% if census is low. b. In the instance of census requirements not being met, the full agency roster will be reassigned. D. Division letters and calls to individual/families/guardians related to SCA CAP status or census noncompliance. E. Indication in warning letter and in meetings that SCA may choose to close voluntarily and Division can assist individuals with reassignments. F. Indication in warning letter that Level Five sanction will be the removal of all clients from agency roster and recommend closure. **Division Actions** G. Letter (Appendix I)/calls to individuals/families that SCA is under corrective action, has not made progress

	f. Refusal/non-compliance/unavailability in meeting with Division staff related to care management or evaluation issues.		and individual needs to select alternative SCA for individuals identified in B above. H. Letters (Appendix I)/calls to individuals/families that SCA is under corrective action and has not made progress and offer opportunity to change SCA for individuals identified in C above. Reminder to individuals/families/guardians that Division may contact again with reassignment requirement in future. I. Through copy on Letter (Appendix F), notification to PPMU that SCA has a deadline of <date> to initiate voluntary provider disenrollment before individuals will be removed from roster/reassigned. (In case SCA is also a provider of other services). J. Division to report allegations of fraudulent activity to the Medicaid Fraud Division and complete an Incident Report. May also result in Division recommendation of immediate disenrollment to DMAHS per Chapter 16 of the DDD policy manuals.
Sanction Level	**Issue/Problem (1 or more of the following is true)**		**Sanction(s) Imposed and Division Actions**
Level Five	Level four sanctions in place and SCA has failed to meet one or more of the following expectations: A. Approved Corrective Action Plan by designated date. B. SCA CAP Quarterly reports have 5/4/23 not been submitted or have significant quality issues, as outlined on the	H. Closure of capacity I. Reassignment of full agency roster J. Notification to individuals/families/guardians. K. Recommendation to DMAHS for provider disenrollment. L. Reassignment of individuals to other providers, if agency	**Sanctions** Final sanction/warning letter (Appendix G) indicating that A. Requirements were not met, despite repeated feedback and warnings. B. Division plan to remove **all** clients from agency roster. SCU staff to contact all clients within 30 days to

	evaluation tool for two or more quarters. C. Quarterly Progress Reports completed by the Division continue to have findings which do not meet benchmarks. D. New or additional issues found in Division review (including but not limited to Quarterly Progress Reports). E. Ongoing or persistent issues in meeting Division requirements, CAP requirements, reporting requirements, or 5/4/23 addressing care management issues. F. Required trainings not completed G. Refusal/non-compliance/unavailability in meeting with Division staff related to care management or evaluation issues.	provides services in addition to Support Coordination.	facilitate re-selection to new SCA. (Selection form is Appendix M.) C. Division plans to notify PPMU and DMAHS re recommendation to close agency. D. Division to follow disenrollment processes as outlined in DDD policy manuals. E. 4/28/23- Per 16.2.1 Technical Assistance (TA) and Remediation- Division may provide TA to correct issues before initiating involuntary provider disenrollment. TA/expected remediation will be at the discretion of the Division and targeted for 30 days, with extended timeframes in extenuating circumstances. If the issue warrants immediate corrective action or issues still exist after the identified timeframe for the technical assistance, the Division will initiate the involuntary provider disenrollment process. 5/4/23- See Appendix P for TA Trainings Project Plan which defines TA and outlines the methods used by the Division. **Division Actions** F. Phone calls/letters (Appendix I) to all remaining clients with SCA that Division is recommending closure and need to identify new SCA. Division staff to facilitate reassignment as needed. G. Notification to PPMU of SCA status in SCU (Attachment K). H. PPMU will complete notification to Office of Enrollment, DMAHS is completed by the PPMU Director of

			Provider Enrollment re: SCA status in SCU. I. See Appendix T for letter re return of Division records.