SUPPORT COORDINATION AGENCY EVALUATION GUIDEBOOK

A guidebook for Support Coordination Agencies outlining the DDD Support Coordination Team evaluation process in detail, including methods and indicators used, and remediation activities when performance issues are found.

April 2026

NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

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Section 1: Purpose

The evaluation and monitoring of agencies is essential to ensure overall quality of service delivery and regulatory compliance. Support Coordination Agencies (SCAs), the Division, and the individuals served benefit from evaluation activity as it promotes high quality services, sound deliverables and compliance with Division, state and federal requirements and expectations.

There are multiple entities that conduct evaluations of SCAs, including:

- DDD Support Coordination Team – Conducts ongoing reviews of SCAs
- DDD Waiver & Quality Compliance Unit - Conducts ongoing reviews of all agency types, including SCAs
- Division of Medical Assistance & Health Services (DMAHS), administers New Jersey's Medicaid program and conductions reviews of agencies, including:
  - Internal Medicaid auditor - Quality Management Unit (QMU) – Completes annual audits on random sample of agency records
  - External contracted auditor – Mercadien – Completes annual audits on random sample of agency records
- The Office of the Inspector General (OIG) – Completes random audits on agencies and may look at records from up to a three-year lookback.

The evaluation conducted by the DDD Support Coordination Team will be the primary assessment for most SCAs. This guidebook is intended to help SCAs improve overall quality and performance and may assist in preparing for audits. It outlines the evaluation plans, processes, and evaluation indicators specific to the Division's Support Coordination Team and serves as a companion guide to the information provided in the *Support Coordination Agency Evaluation Report* (Appendix E).

This Evaluation Guidebook will be updated as indicators are changed or added to the Support Coordination Team evaluations. SCAs are strongly encouraged to be familiar with evaluation indicators and to establish internal processes to ensure compliance with requirements. Internal audits by SCAs are highly recommended.

Section 2: Evaluation Overview

SCAs are selected for evaluation based on various criteria. The decision to evaluate an SCA is made solely by of the Division of Developmental Disabilities, and is not negotiable. SCAs selected to participate in the evaluation process will receive detailed feedback, enabling them to make necessary corrections and celebrate successes, where appropriate.

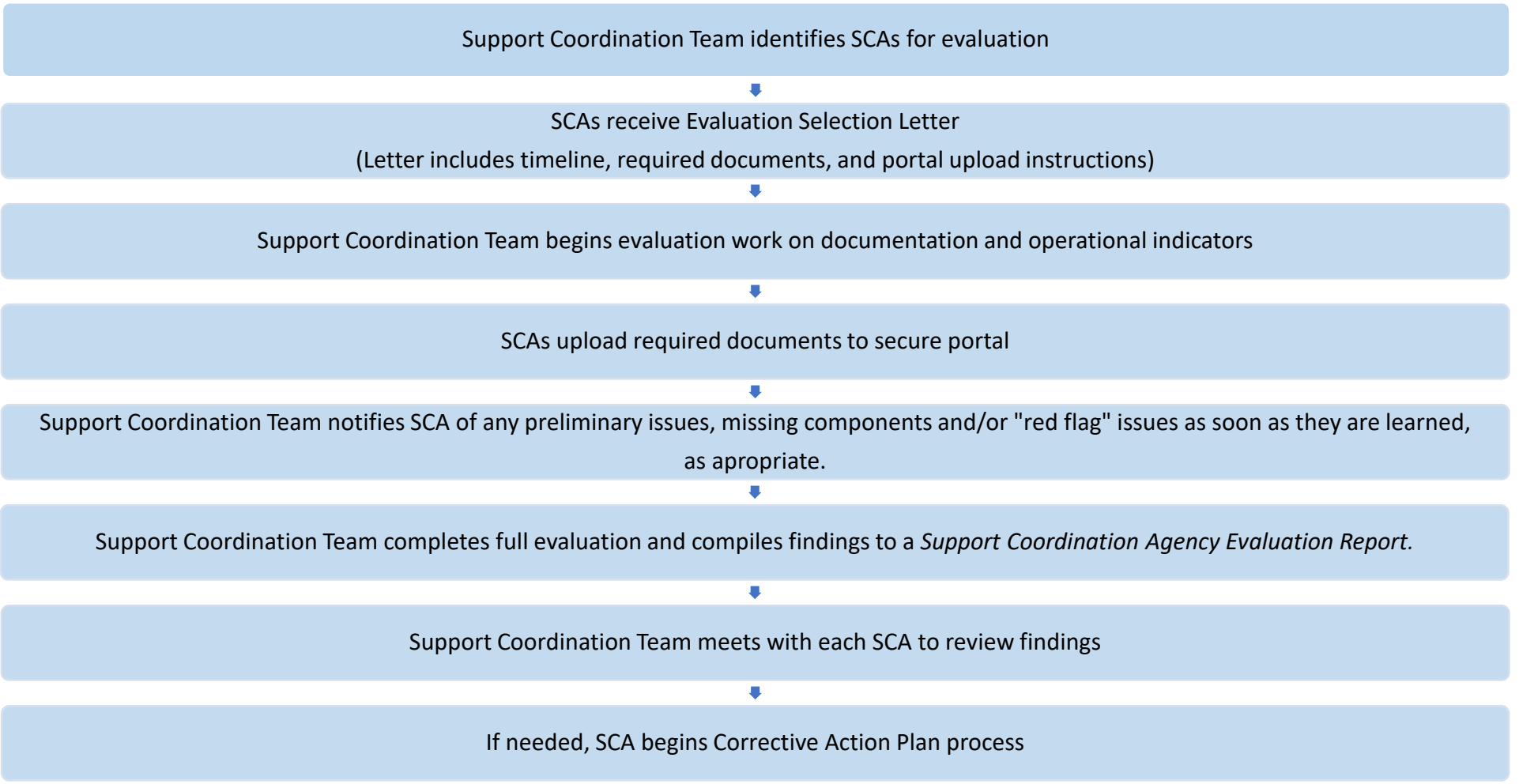
Much of the Support Coordination Team's review process is completed through iRecord. SCAs being reviewed will be required to submit documents they are required to have on file per DDD's policy manuals. There are also additional documents designed to demonstrate compliance with requirements, which the SCU will provide at the time of evaluation notification. A secure portal is used to upload these required documents. A detailed list of all necessary documents and uploading instructions is provided to the SCA along with the Evaluation Selection Letter. If the SCA does not provide a document or evidence of meeting a requirement, the Division will conclude it does not exist.

The *Support Coordination Agency Evaluation Report* (Appendix E) is used to communicate all findings following an evaluation. A Summary of Evaluation Results at the beginning of the report provides an overview of findings for all indicators, indicating whether Division requirements were met, partially met, or not met, and identifies any actions required from the SCA. Following this summary, a Detailed Evaluation Report presents

comprehensive information on all evaluation findings. If significant or highly problematic issues, often referred to as “red flag” issues are identified during the evaluation, the SCA will be notified immediately, prior to receiving the *Support Coordination Agency Evaluation Report*.

The following is a brief overview of the Support Coordination Team evaluation process. Additional detail for all phases of evaluation can be found in Section 8: Evaluation Timelines.

Overview of the Support Coordination Team Evaluation Process



Section 3: Definitions

24 hour Availability and Responsiveness - The Support Coordination Agency's responsibility to establish, maintain, and provide live 24-hour coverage at all times, holidays included. Availability and responsiveness also includes having a support Coordinator available to respond to issues and emergencies.

Agency Head – The professional within an agency responsible for managing agency operations, providing financial oversight and ensuring compliance with requirements.

Board Members - The non-profit agency's governance that oversees the operations of the organization in such manner as will assure effective and ethical management.

Census Plan - A Support Coordination Agency's plan to meet the Division's requirement of providing services in at least one county and for a minimum of 60 individuals.

Conflict Free Care Management – Conflict Free Care Management ensures that there is a separation of both care management and 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.

Corrective Action Plan - A document, completed by an approved Provider, that details plans and activities for the correction of items in Support Coordination Agency work that have been identified by the Division to be out of compliance with waiver requirements and Division supporting documents.

Evaluation - A review and assessment of identified indicators. The evaluation provides a result of the findings and identifies areas for improvement, if needed.

Individualized Service Plan (ISP) - The standardized Division of Developmental Disabilities' service planning document, developed based on assessed needs identified through the NJ Comprehensive Assessment Tool (NJCAT); the Person-Centered Planning Tool (PCPT); and additional documents as needed, that identifies an individual's outcomes and describes the services needed to assist the individual in attaining the outcomes identified in the plan. An approved ISP authorizes the provision of services and supports.

iRecord – The Division of Developmental Disability's secure, web-based electronic health record application.

Person Centered Planning Tool (PCPT) - A mandatory discovery tool used to guide the person centered planning process and to assist in the development of an Individualized Service Plan.

Policies & Procedures Manual - A document that governs an organization. The Policies & Procedures Manual outlines all the necessary policies, procedures, best practices, and rules that the employees of the organization must follow. The policies and procedures shall be designed in accordance with the Supports Program (SP) and Community Care Program (CCP) Division waiver requirements, and written in a manner that is easily understood.

Quality Management Plan - A Support Coordination Agency's strategy that includes planning, implementing, evaluating, and improving on systems and agency practices that lead to enhanced outcomes for individuals served.

Retroactive Change Request (RCR) -A process for Support Coordination Agencies to request adjustment to service gaps and correct errors in service entry that are in the past. RCRs are submitted to the Division for approval and completion.

Seeking Out Support (SOS) - Process used by Support Coordination Agencies to alert the Division of urgent situations where an individual is, or may be at risk, even after the Support Coordination Agency has acted to insert supports during a critical situation; to request assistance; or troubleshoot involved situations.

Staff Qualifications – The education, experience, criminal history clearance and training requirements necessary for Support Coordination Agency staff. Staff Qualifications shall be consistent with the Supports Program (SP) and Community Care Program (CCP) Policies & Procedures Manuals.

Support Coordination Supervisor (SCS) – the professional within a Support Coordination Agency that provides oversight and management of the Support Coordinators and approves ISPs.

Support Coordinator (SC) – the professional responsible for developing and maintaining the Individualized Service Plan with the participant, their family, and other team members; linking the individual to needed services; and monitoring the provision of services included in the Individualized Service Plan.

Support Coordinator Monitoring Tool (Support Coordinator MT) - A required document by which the Support Coordinator records mandatory monthly contacts, quarterly face-to-face contacts and annual home visits and aids the Support Coordinator in ensuring the individual progresses toward identified outcomes and receives quality supports and services as outlined in the ISP and in accordance with the Division's mission and core principles. The Monitoring Tool is completed and uploaded prior to claiming for Support Coordination services.

Technical Assistance – Targeted support to agencies aimed at improving quality practices.

Section 4: Division Oversight & Quality Monitoring

Per Chapter 15.5 of DDD's policy manuals, the Division is mandated to oversee and monitor Medicaid/Division approved service providers. As a result, SCAs are subject to audits and formal evaluations of fiscal and programmatic functions. The Division will assess these services and require corrective action when necessary. The evaluation strategies and actions taken by the Division include, but are not limited to:

- Monitoring and addressing characteristics and behaviors affecting the health and safety of individuals
- Monitoring the use of restrictive interventions and unusual incidents
- Monitoring and preventing instances of abuse, neglect, and exploitation of service recipients
- Evaluating appropriate level of care and access to services
- Monitoring of deliverables and related documentation required by service type
- Monitoring of credentialing requirements by service type
- Monitoring training requirements
- Monitoring of service plans, including assessed needs met and revisions made when necessary
- Monitoring service delivery in accordance with service plans
- Monitoring individual choice and trends in referrals by SCAs
- Monitoring individual and family satisfaction with services

- Monitoring individual outcomes and goal attainment
- Trend analysis of issues identified on monitoring tools and required follow up
- Involuntary capacity closure for services not being rendered in compliance with Division standards
- Monitoring and auditing Medicaid claims data
- Monitoring service provider Quality Management Plans and required data reporting

Section 5: Indicators for Evaluation

Evaluations by the Support Coordination Team measure compliance and performance indicators across four categories: documentation, operations, quality, and staff qualifications.

Evaluation Indicators by Category

Documentation Indicators	Operations Indicators	Quality Indicators	Staff Qualification Indicators
SC Monitoring Tools Individualized Service Plan Person Centered Planning Tool Plan Status Retroactive Change Requests NJCAT Reassessments Second Waiver Service	Policies & Procedures Manual 24-Hour Availability and Response Conflict Free Care Management iRecord Utilization Census Plan (if less than 60) Fiscal Sustainability	Quality Management Plan Customer Satisfaction Measurements Satisfaction Calls (by the Division) Claims Review Care Management Performance	Initial Background Checks Exclusionary Database Checks Ongoing Background Checks Staff Education Requirements Staff Experience Requirements Staff Training Requirements including PANE Competency Annual Professional Development

List of Indicators for Evaluation (as they appear in the *Support Coordination Agency Evaluation Report*):

1. Support Coordinator Monitoring Tool (MT) Review
2. Face-to-Face (F2F) Visit and Quarterly Requirement Review
3. Individualized Service Plan (ISP) Status Review
4. Individualized Service Plan (ISP) Quality Review
5. Person Centered Planning Tool (PCPT) Quality Review
6. Claims Review & Fiscal Sustainability
7. Verification of a Waiver Service Other Than Support Coordination
8. 24-hour Availability and Responsiveness
9. Conflict Free Care Management
10. iRecord Attestation
11. Staff Qualifications: Background Check Review
12. Staff Qualifications: Education & Experience Review

13. Staff Qualifications: Staff Training and Professional Development
14. Quality Management Plan (QMP) Review
15. Census Plan Review
16. Satisfaction Calls Completed by the Division
17. Care Management Performance and Follow-up
18. Policies & Procedures (P&P) Manual Review

SCAs should be aware that additional indicators may be added at any time, based on Division findings.

Section 6: Support Coordination Team Evaluation Methods for Each Indicator

This section outlines each indicator to clarify Division expectations, and describes how each indicator is evaluated, and if applicable, how it is scored. Evaluation Report "snapshots" are included, where relevant, to illustrate how scoring appears within the evaluation report.

The order of indicators listed below matches the order in the *Support Coordination Agency Evaluation Report*. SCAs may find this section useful as a companion guide when reviewing the report. Additionally, important resources to help understand the expectations for each evaluation indicator are provided in Section 9: Evaluation Indicator Resources.

I. **Support Coordinator Monitoring Tool (MT) Review -** The SCA is responsible for the ongoing monitoring of all individuals on its roster. Information gathered and observed by the Support Coordinator during each monitoring contact must be documented in a MT and uploaded in iRecord. According to Section 13.1 of DDD policy manuals, MTs must be uploaded no later than the last day of the following month. Claims should not be submitted before the deliverable, contact and documentation that fulfills the requirement of a SC deliverable, have been fulfilled. Support Coordinator monitoring requirements are monthly. They include telephone contacts and at least one face-to-face (F2F) contact per quarter. Each year, F2F contacts must include at least one annual home visit and one visit to the location in which an individual is receiving a service for more than 16 hours per week on a regular basis. At this time, there are separate versions of monitoring tools for monthly contacts and quarterly/annual contacts.

   Support Coordinator Monitoring Tools (MT) are evaluated to ensure:
   - Presence/absence of MTs and whether the correct version of the form was used.
   - Timeliness of MT upload.
   - Whether quarterly and monthly monitoring deliverables were met.
   - 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).
   - Whether necessary follow up on issues documented in MTs occurred.
   - Whether necessary follow up on On-Call Reports/Incident Report (IR) Notes occurred, if applicable.
   - Whether Home and Community Based Services (HCBS) guidelines are followed.

   During the evaluation process, the Support Coordination Team determines a sample size of Monitoring Tools to be reviewed, which can range from 10%-100%. The *Support Coordination Agency Evaluation Report* indicates the number of individual records reviewed and the total number of Monitoring Tools included in the sample size. For each Monitoring Tool reviewed, quality and completeness is awarded

with one (1) point. If issues were identified during monitoring which required follow up, MTs are reviewed to ensure any necessary follow up occurred. If follow up was not needed because issues, on-call or incident reports were not noted, the MT is assessed as compliant.

The *Support Coordination Agency Evaluation Report* calculates a total score and compliance rate cumulative of all Monitoring Tools reviewed.

100% compliance is expected for the Support Coordinator Monitoring Tool. Evaluation scores under 90% will result in required corrective action.

II. **Face-to-Face (F2F) Visit and Quarterly Requirement Review** - The documentation within Monitoring Tools is reviewed to assess compliance with F2F requirements during the review period. The evaluation will verify the number of individuals who received the required F2F visit and those who did not. For visits that were declined, a review will examine whether the Support Coordinator properly documented efforts to complete the visit and if they reached out to the Division when an individual/family continued to decline F2F visits, as such visits are required. If a F2F visit could not be completed due to an individual/family declining and proper documentation and follow-up were completed, then the MT will be deemed compliant. A review of the quarterly monitoring tool is also conducted to determine compliance with HCBS guidelines and ensuring noted restrictions are properly documented in the ISP.

The *Support Coordination Agency Evaluation Report* calculates a total score and cumulative compliance rate of all face-to-face visits completed.

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

Evaluation Report Snapshot

100% compliance is expected for the Face-to-Face Visit Requirement. Evaluation scores under 90% will result in required corrective action.

III. **Individualized Service Plan (ISP) Status Review** – An approved ISP directs the provision of safe, secure, and dependable support and assistance in areas necessary for the individual to achieve full social inclusion, independence, and personal and economic well-being. It is required that each person determined eligible to receive services from the Division, have an ISP written and approved within the required timeframes outlined in DDD's policy manuals (and outlined below). For ISPs that do not meet timeline requirements, the evaluation will look to see if documentation is available as to the reason for the delay.

A review of ISP plan status is completed for all individuals assigned to the SCA to ensure:

- All new assignments to the SCA have a plan approved within 30 days of being enrolled onto a waiver.
- Individual reassignment plans are approved within 30 days.
- All anniversary plans are approved prior to the current plan term ending.
- All plans generated as a result of a NJCAT reassessment, retirement, and/or waiver transition are approved within 30 days.

Retroactive Change Requests - The evaluation of Retroactive Change Requests are to determine the number of retroactive changes needed to an ISP because of errors made by the SCA. SCA errors may include plans that are late, gaps in needed services, incorrect procedure codes, service types, unit types, and rates at the incorrect tier. Errors may be avoidable with proper planning, confirmation of service types and units with service providers, and careful review of ISPs prior to submission and approval. Retroactive Change Requests are integrated into the overall evaluation process of the Individualized Service Plans and results are included within the ISP Status Review findings section of the *Support Coordination Agency Evaluation Report*.

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:** %

Evaluation Report Snapshot

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.

100% compliance is required for the ISP Status Review.

IV. Individualized Service Plan (ISP) Quality Review – The Support Coordination Team conducts a sample ISP Quality review of the agency's most current service plans to verify that all required elements and quality metrics as outlined in the ISP Plan Review: Guidance for SCAs are present.

For each ISP reviewed, 17 indicators are evaluated. Each indicator is worth 3 possible points, totaling a possible 51 points per ISP.

The 17 ISP Quality indicators are:

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

To meet quality expectations in this area, the agency must achieve a minimum overall compliance rate of 90% or better. If the requirement is not met in one or more indicators, the plan must be revised as part of the Corrective Action Plan process.

The *Support Coordination Agency Evaluation Report* identifies the total number of ISPs evaluated and provides the DDD ID# associated with each review. The Evaluation Report calculates a total score and compliance rate cumulative of all ISPs reviewed. The Division will provide the outcome of all Staff Qualification findings.

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**
%	%	%	%

Evaluation Report Snapshot

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 = %**

100% compliance is expected for the ISP quality review. Evaluation scores under 90% will result in required corrective action.

V. Person Centered Planning Tool (PCPT) Quality Review – The Support Coordination Team conducts a sample PCPT Quality review of the agency's current service plans to verify that all required elements and quality metrics as outlined in the ISP Plan Reviews: Guidance for SCA document are present. For each PCPT reviewed, eight (8) indicators are evaluated. Each indicator is worth 3 possible points; totaling a possible 24 points for each PCPT. The Division will provide the outcome of all Staff Qualification findings.

The eight (8) PCPT Indicators:

- Relationships
- Strengths & Qualities

- Important to you
- Hopes & Dreams
- Supporter Qualities
- Community Integration
- Communication Styles
- Annual Review of Changes

The *Support Coordination Agency Evaluation Report* identifies the total number of PCPTs evaluated and includes the DDD ID# associated with each review. The report calculates a total score and compliance rate cumulative of all PCPTs reviewed.

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 = %**	

100% compliance is expected for the PCPT quality review. Evaluation scores under 90% will result in required corrective action.

VI. Claims Review & Fiscal Sustainability - The Support Coordination Team completes compliance reports on SC deliverables, capturing 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 is conducted to ensure the SCA 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. The SCA 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. Evaluation findings related to claims issues may also result in additional Division action, including but not limited to, the reporting of findings to Medicaid**.**

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		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 t
	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.			

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.	

Evaluation scores of claims reviews under 100% will require a corrective action plan and repayment of claims.

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 a DDD waiver is contingent on accessing a minimum of two waiver services (Support Coordination being one). Individuals may be dis-enrolled from a waiver if a second service other than Support Coordination is not accessed for greater than 90 days.

Support Coordinators are responsible to ensure individuals and families are aware of the Medicaid requirement for an ongoing waiver service and to document all conversations related to available services and service identification in iRecord.

The Support Coordination Team conducts a review of the agency's current roster to determine if a waiver service other than Support Coordination is utilized and whether necessary follow up is documented, if applicable. Upon completion of the evaluation and SCA receipt of the *Support Coordination Agency Evaluation Report*, the SCA is expected to follow up with individuals/families that are out of compliance with this indicator.

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.		

Evaluation Report Snapshot

100% compliance is required with securing or documenting efforts to secure a second waiver service.

VIII. 24-hour Availability and Responsiveness – As per 17.18.5.10 of DDD's policy manuals, SCAs must ensure that Support Coordination services are available at all times. At a minimum, these services must be available via phone contact. There must be a live response to phone calls - answering machines, phone prompts and other mechanical responses are not acceptable. An answering service is acceptable as long as there is a Support Coordinator available on-call able to respond to the issue for which outreach was made.

The evaluation of 24-hour Availability and Responsiveness is to determine the SCAs' process and ability to respond to emergent issues, concerns, and availability while meeting Division expectations and ensuring the health and safety of the individuals served.

The four (4) evaluation components of 24-hour Availability and Responsiveness are:

- Live response to phone call
- SCA's response included direction to appropriate resources and services
- SCA's response demonstrated an effective emergency response plan
- SCA's response included a plan to hold a meeting the next day to develop a contingency

24-Hour Availability and Response Evaluation Results				
Evaluation Report Snapshot **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.				

100% compliance is required for SCA live response.
Evaluation scores lower than 90% for other components of this indicator will result in corrective action requirements.

IX. Conflict Free Care Management - SCAs are responsible for adhering to the Division's Conflict Free Care Management requirements as outlined in DDD's policy manuals. According to the Centers for Medicare and Medicaid Services (CMS), conflict free care management includes:

- 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.

Part One of Evaluation of Indicator: 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 (Appendix A) trends in provider referrals, and geographic area to determine if Division requirements are being met.

Options for Compliance (Letter of Intent):

- Option 1 - Intent to Provide Support Coordination Services Only.
- Option 2 - Intent to provide Support Coordination and other services, but in distinct geographic areas.
- Option 3 - Request for Exception to provide both Support Coordination and other Division-funded services in the same geographic region. This exception is based on the essential needs of the Division, not agency need, and is rare.

An agency who meet the Conflict Free Policy but later changes their business, the services they provide, or the counties they serve in a way that may impact their ability to remain conflict free must resubmit their Conflict Free Policy/Letter of Intent at the time of the change. Evaluation of this indicator includes review of the letter of intent from the SCA and cross-checking services and geographic regions against the SCA's roster.

Part Two of Evaluation of Indicator: The evaluation of Conflict Free Care Management also includes the review of a provided *SCA Conflict Free Care Management Attestation Form* completed and submitted by the Agency Head that confirms steps are in place to ensure that Division requirements are being met. The *SCA Conflict Free Care Management Attestation Form* is included as Appendix A and is sent to the SCA at the time that the SCA is selected for evaluation.

The **SCA Conflict Free Care Management Attestation** will confirm:

- Support Coordination Supervisors are not related by blood or marriage to anyone whose plan they will supervise or sign off on.

- Support Coordination Supervisors and Support Coordinators are not related by blood or marriage to an individual or their paid caregivers.
- If the SCA employs staff who are related by blood or marriage, a back-up plan is determined and will be implemented should the assigned/unrelated SCS be unavailable to approve the plan. The Agency is requested to provide details of the back-up plan.
- The SCA 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.
- If the SCA does employ 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. The Agency is requested to provide details of an action plan.

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

Evaluation Report Snapshot

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.

Evaluation Report Snapshot

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.		

Evaluation Report Snapshot

It is required that that the Letter of Intent and SCA Conflict Free Care Management Attestation form are submitted, accurate, include required elements, and align with agency operations.

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 may not be shared under any circumstance. These actions are considered a violation of HIPAA and a violation of Division policy.

The iRecord Attestation Form (Appendix B) 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. While the Support Coordination Team evaluation is not specifically reviewing records to determine inappropriate iRecord use, overall iRecord activity is reviewed and any instances of inappropriate use (for example, log in by a person different from document signer) will be noted as part of the evaluation findings.

The evaluation of HIPAA and iRecord compliance includes the review of a provided *iRecord Attestation Form* completed and submitted by the Agency Head. The iRecord Attestation Form is sent to the SCA at the time that the SCA is selected for evaluation.

The *iRecord Attestation Form* confirms:

- Staff within the Support Coordination Agency are adhering to the iRecord Terms and Agreement.
- Staff within the Support Coordination Agency are adhering to their signed Disclosure on Confidentiality and Protected Health Information.

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.

100% compliance is required for the signed iRecord Attestation review demonstrating HIPAA and iRecord compliance.

XI. Staff Qualifications: Background Check Review- At the time of hire and ongoing, SCAs must conduct required background checks, Central Registry Checks, Child Abuse Registry Information (CARI) checks, and ensure that Support Coordination staff are not excluded from working with individuals with developmental disabilities in accordance with the newsletter found in Appendix I of DDD's policy manuals. Initial and on-going Criminal History Background Checks (State and Federal) must comport with Division Circular 40 – Background Checks (N.J.A.C. 10:48A) and includes at least once every two years the electronic submission of an archive request. 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.

The evaluation of background checks for all Support Coordination Supervisors and Support Coordinators are completed through a review of documentation submitted by the SCA. The Support Coordination Team evaluation will determine if evidence of timely completion is present, present but was completed late, or is missing for each of the following requirements:

- Fingerprint check (Federal & State) at the time of hire (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)
- Fingerprint archive (every two years) (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)
- Central Registry status at the time of hire (Completed Employee/Volunteer Consent for Employers to Check form). Of interest: In addition to the time of hire, SCAs are required to check the Central Registry every time a DHS notification of addition to the registry is received. Because the agency does not receive documentation when the Central Registry is checked, the SCA must determine its own system of documenting on-going checks and maintain evidence for Division review. Documentation to be kept on hand must include the date of review, who completed the review and results of the review.
- Child Abuse Record Information (CARI) check at the time of hire (CARI check result from the New Jersey Online CARI Check Service)

SCAs will be required to submit evidence of having met the requirements during evaluation. Typical evaluations include reviews for Support Coordination Supervisor and Support Coordinators but SCAs should be familiar with requirements for all staff and Board of Directors, if applicable, and be prepared for a review of that documentation.

Additionally, as per Appendix I of DDD's policy manuals, SCAs are responsible to verify that any employees, board members and/or contracted vendors are not excluded from being allowed to participate in State or federally-funded health benefit programs, such as Medicaid, by searching the following databases at the time of hire and on a monthly basis:

- State of NJ Debarment List: State of New Jersey Medicaid Fraud Division Debarment List
- Federal exclusions database: Federal exclusions database
- N.J. Treasurer's Exclusions Database: NJ Treasury Consolidated Debarment Report
- N.J. Division of Consumer Affairs Licensure Database: https://newjersey.mylicense.com/verification/
- N.J. Department of Health Licensure Database: License Management (psiexams.com)

Because the Agency does not receive any sort of confirmation or documentation when the exclusionary databases are checked, the agency must determine its own system for completing and documenting monthly checks, as well as outline its procedures within the Agency's Policy & Procedure Manual. The documentation of monthly checks must include the date of review, who completed the review and results of each review. The use of a monthly exclusionary Log is recommended. Agencies may also explore other resources/websites to assist with completing all required database checks utilizing one website.

Refer to the *Quick Reference Guide to Support Coordination Agency Staff Requirements* for additional guidance on this requirement. In addition, the Staff Qualifications Tool for Support Coordination Agencies is available as a resource to Agencies in ensuring compliance with staff requirements.

The Division will provide the results of all Staff Qualification findings.

Indicator	Total Number of Staff Reviewed	Total Number of Staff in Compliance (including those for whom requirements were met after hire/late)	% of Staff in Compliance
Completed fingerprint check at the time of hire (Federal & State)	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.
Central Registry Check Status	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.
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.
Federal Exclusions Database	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.
N.J. Division of Consumer Affairs Licensure Database	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.
Review Summary and Required Actions			
Click to enter text.			

Evaluation Report Snapshot-

100% compliance is required for the background check reviews. Support Coordination Agencies should be aware that evaluation findings for this indicator may result in staff being immediately unable to work.

XII. Staff Qualification: Education & Experience Review - Prior to hiring, SCAs must ensure that candidates considered for the positions of Support Coordination Supervisor and Support Coordinator meet the educational and experience qualifications listed in DDD's policy manuals. SCAs 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.

To ensure the SCA staff are in compliance with the Division's education and experience qualifications, the SCA will be requested to submit documentation to the Division as part of the Support Coordination Agency Full Evaluation.

The required qualifications for Support Coordinators and Support Coordination Supervisors are:

- Evidence of a Bachelor's Degree or higher in any field. Degrees and/or transcripts issued by a college or university outside of the United States must be evaluated by a reputable service to establish U.S. equivalency, such as the US Department of State Evaluation of Foreign Degrees.
- 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 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 I/DD.

The Division will provide the outcome of all Staff Qualification findings.

Indicator	Total Number of Staff Reviewed	Total Number of Staff in Compliance (including those for whom requirements were met after hire/late)	% of Staff in Compliance
Evidence of a Bachelor's Degree of higher in any field	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.

Evaluation Report Snapshot

100% compliance is required for staff education and experience reviews. Support Coordination Agencies should be aware that evaluation findings for this indicator may result in staff being immediately unable to work.

XIII. Staff Qualifications: Staff Training and Professional Development – All providers of Support Coordination must comply with the training requirements set forth in Appendix E - Mandatory Training for Support Coordination. For information on compliance deadlines, please refer to Support Coordination Competency Requirements Fact Sheet. Division staff complete 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 available for Division review at any time.

Each Support Coordination Supervisor and Support Coordinator will be evaluated through a review of submitted training records, which may include training certificates, College of Direct Support (CDS) transcripts and/or attendance records, to ensure that all staff are in compliance with Division requirements.

In addition, Appendix E of DDD policy manuals indicate that within 90 days of hire, the SCA must provide an orientation for all Support Coordination Supervisors and Support Coordinators. The SCA may develop orientation materials, utilize the College of Direct Support (CDS) modules and/or implement a combination of both. The evaluation of orientation compliance includes the review of a provided *Support Coordination Agency Orientation Plan for Agency Evaluation* completed and submitted by the Agency Head. The *Support Coordination Agency Provider-Developed Orientation Tool* (Appendix C) is sent to the SCA at the time that the SCA is selected for evaluation.

The Division will provide the results of all Staff Qualification findings.

Completion of Required Trainings Prior to Working with Individuals	Total Number of Staff Reviewed	Number of Staff in Compliance (including those for whom trainings were completed late)	% of Staff in Compliance
Support Coordination Orientation Prerequisite Orientation Lessons	Click to enter text.	Click to enter text.	Click to enter text.

Evaluation Report Snapshot

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.
DDD Life Threatening Emergencies - Danielle's Law	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.
Provider Developed Incident Reporting	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.
Support Coordination Monitoring Tools	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.
Completion of Required Trainings Within 90 Days of Hire	**Total Number of Staff Reviewed**	**Number of Staff in Compliance (including those for whom trainings were completed late)**	**% of Staff in Compliance**
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.
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.
Preventing Abuse, Neglect, and Exploitation (PANE) Competency Assessment	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.
NJISP Related Trainings	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.
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.
Developmental Disabilities and Community Integration: A Brief History	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.
Fiscal Intermediary Choices: Understanding Options	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.
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.
Planning Team Partnerships: Using the ISP Worksheets in Plan Development	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.

Support Coordination Staff must complete all required trainings on time.
Support Coordination Agencies should be aware that evaluation findings for this indicator may result in staff being immediately unable to work.

XIV. Quality Management Plan (QMP) Review – Chapter's 11.1, 15.1 and 15.4 of DDD's policy manuals, state that SCAs 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.

To ensure the SCA has and uses an Annual Quality Management Plan in compliance with DDD policy requirements, the SCA will be requested to submit documentation to the Division, which may include:

- Annual Quality Management Plan

- Quality Management Meeting Minutes
- Quality Management Plan Annual Reports
- Customer Satisfaction Surveys
- Customer Satisfaction Survey Results
- Customer Satisfaction Survey Follow up Plan (or other evidence of a plan and process for evaluating and responding to customer feedback)
- Any other related documents

The Support Coordination Team evaluation of the Quality Management Plan will determine:

- Presence of a Quality Management Plan
- Whether the Quality Management Plan includes methods to evaluate areas for improvement/goals for the year
- Whether the Quality Management Plan includes implementation strategies, staff training, policy updates and service process improvements
- Presence of a Customer Satisfaction Process and evidence of implementation and findings
- Evidence of follow up to identified customer service issues

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.	

Support Coordination Agencies must have evidence of a customer satisfaction measurement process and evidence of an action plan to address any customer satisfaction issues.

XV. Census Plan Review – *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.*

The evaluation of Census Plans for SCAs with a census below 60 individuals, is to determine if the Agency is capable of meeting the Division's census requirement. SCAs, not yet in compliance, will be expected to complete a provided *Support Coordination Agency Census Plan Form* indicating their plan, along with supporting documentation. The *Support Coordination Agency Census Plan Form* is included in Appendix D and will be sent to SCAs selected for evaluation.

Acceptable forms of supporting documentation include, but are not limited to:

- Policy and Procedures, which address admission practices, **and include language related to census planning**
- Quality Management Plans or Quality Management Meeting Minutes, which address census as a quality indicator and include a plan 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

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.		

Support Coordination Agencies must achieve the full census requirement within 12 months.

XVI. Satisfaction Calls Completed by the Division - The evaluation of Care Management Quality is partially determined through satisfaction calls made by 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. Informant information will remain anonymous and is not disclosed in the evaluation report. The agency is expected to utilize these findings in quality improvement activities, as appropriate.

Ten (10) indicators are used to evaluate the satisfaction calls. They are:

- SC knowledge of available resources and services
- Evidence of SC follow up on important issues
- Evidence of phone contact occuring at least once per month
- Face-to-face visits occuring at least quarterly
- Evidence of SCA responsiviness demonstrated through the return of phone calls
- Individuals/families report being aware of how to reach SCA after hours
- Individuals/families are involved in the development of the service plan
- The SC offers choice of service providers
- Individuals/families are provided a final copy of the service plan
- Individuals/families feel the SCA is meeting expectation

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 t
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.

Evaluation Report Snapshot

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.

Issues identified during satisfaction calls will require corrective action.

XVII. Care Management Performance and Follow Up – Support Coordination Agencies are responsible for monitoring and following up to ensure delivery of quality services and ensuring that services are provided in a safe manner, in full consideration of the individual's rights. The evaluation of Care Management Performance will be determined through findings reported by the Support Coordination Team's Care Management Team related to Seeking Out Support (SOS) form submissions, case specific interactions, 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.

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.

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. Evaluation Report Snapshot

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 Report Snapshot

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
Required Actions and Recommendations to SCA		
Click here to enter text.		

Evaluation Report Snapshot

Problematic trends in care management performance and follow-up will require corrective action.

XVIII. Policies & Procedures (P&P) Manual Review - As per Section 11.1 of DDD's policy manuals, all agencies must develop, maintain, implement, and be able to produce for Division review at any time, a P&P manual governing their organization. The agency's policies and procedures must be designed in accordance with DDD's policy manuals and applicable Division Circulars.

The Division's Care Management & Provider Support and Support Coordination Team created the following resource documents to assist agencies in developing and reviewing their P&P manuals.

- Policies & Procedures Guidebook for Medicaid/DDD-Approved Providers (Oct. 2025)
- Policies & Procedures Checklist for Medicaid/DDD-Approved Providers (Oct. 2025)

Fourteen (14) areas require policy and procedure development by agencies. All 14 required areas of the SCA's P&P Manual are reviewed, evaluated, and scored using a quantitative assessment to review for expected elements of each policy and procedure.

The 14 required areas are:

- General Requirements
- Organizational Governance
- Personnel
- Admission/Assignment
- Discharge/Disenrollment
- Reporting Incidents

- Complaint/Grievance Resolution or Appeal Process
- Complaint Investigation
- HIPAA & Protected Health Information (PHI)
- Emergency Procedure
- Reporting Medicaid Fraud/Waste/Abuse
- Human Rights
- Financial Management and Billing
- Quality Management Plan

The *Support Coordination Agency Evaluation Report* calculates a total score and compliance rate cumulative of all categories reviewed.

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

Evaluation Report Snapshot

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

100% compliance is expected for the Policies & Procedures review. Evaluation scores under 90% will result in required corrective action.

Section 7: Division Oversight, Quality Monitoring, and Response to Underperformance

The Division is required to implement oversight and monitoring of Division-approved service providers. As such, SCAs are subject to on-going audits and formal reviews to evaluate quality, performance and overall regulatory compliance. The Support Coordination Team is committed to providing ongoing, clear, and informative communications, webinars, technical assistance and trainings to aid SCAs in understanding Division and Medicaid expectations and requirements. These efforts are in place to ensure that individuals with developmental disabilities receive the highest quality of services.

Following the evaluation process, which is described in detail within this evaluation guide, feedback is outlined in the *Support Coordination Agency Evaluation Report* to inform the SCA of evaluation findings. In the event that significant or highly problematic issues are noted during the course of evaluation, the SCA will be notified immediately, prior to receipt of the *Support Coordination Agency Evaluation Report*.

Division's Response to Underperforming SCAs

Through the Support Coordination Team's review and evaluation of SCAs' performance on identified indicators, benchmarks of minimally acceptable practice have been established. Some indicators hold the expected benchmark of 100% and are specified within this guide as well as the *Support Coordination Agency Evaluation Report*, other indicators require 90% or better. When benchmarks are not met, improvement is not demonstrated and/or issues are identified, the Agency is subject to Division actions including up to disenrollment, based on the severity of the circumstance.

It is the responsibility and obligation of the Division to respond to SCAs that do not meet established expectations or benchmarks. The Division's response to SCAs varies and differs with each evaluation indicator, component, and results.

Responses to SCAs that do not meet Division expectations and benchmarks may include (but are not limited to):

- **Technical Assistance**
  The Division may provide technical assistance to a provider to correct issues identified before initiating the involuntary provider disenrollment process unless fraudulent activity or other serious issue is discovered. Technical Assistance provided by the Support Coordination Team may be in the form of additional training and/or guidance documents.

- **Corrective Action Plan (CAP)**
  If areas of agency performance have been determined to require improvement, the SCA may have the opportunity for corrective action, which is documented through a Corrective Action Plan (CAP). A CAP is a document, completed by the SCA detailing plans and activities for the correction of items identified by the Division to be out of compliance with DDD policy manuals. If an SCA is identified as requiring a Corrective Action Plan, they will be notified by the Division and will be expected to provide a corrective action response within an established due date. The Agency Head is responsible for ensuring compliance with all components of the CAP, including submission of all documents and compliance with all time frames.

  Expectations of Corrective Action

  Following the full evaluation report, if the need for corrective action is determined, the SCA is issued a *Corrective Action Plan*. Through the *Corrective Action Plan*, the SCA shall respond by documenting their plan to come into compliance with issues identified as deficient.

  The SCA's *Corrective Action Plan* response shall consist of planned activities, interventions, trainings, quality improvement approaches, methods for staff oversight, etc. The Agency's response shall indicate an implementation date(s) for the plan, as well as a plan for internal auditing and monitoring. The SCA shall be detailed in their responses within the *Correction Action Plan* to allow the Division to confirm the Agency is taking the necessary steps to meet the Division's expectations in addressing identified issues. The SCA submits its

full *Corrective Action Plan* to the Quality Assurance Specialist assigned to the Agency, under the Evaluation, Quality & Compliance Team, for review and approval.

Once the SCA's Corrective Action Plan response is approved, the Agency shall provide evidence of implementing their Corrective Action Plan through the provided *Support Coordination Agency CAP Quarterly Report Form* (provided by the Support Coordination Team).

The *Support Coordination Agency CAP Quarterly Report Form* shall include:

- All CAP action items identified in the *Support Coordination Agency Evaluation Full Report*
- Activities completed, outcomes, and dates of completion
- Supporting documents (for example, training evidence, training attendance, audit evidence, etc.)

Additional Corrective Action Plan Expectations

- When an SCA has been assigned a *Corrective Action Plan*, all agency staff are required to attend trainings related to areas of underperformance as well as CAP-related trainings. These training requirements will be identified in the Corrective Action Plan notification to the Agency. The Agency Head must be involved in the corrective action process due to their responsibility for overall agency performance and for ensuring that all requirements are met.
- Agency Heads are required, and other SCA staff are encouraged, to attend trainings available through the College of Direct Support regarding Corrective Action Plans. Those trainings are:
  a. **Corrective Action Plans (CAP) -** Assists Support Coordination leadership in identifying the role of the Division in SCA oversight, reviews the submission of a quality CAP and aids in understanding the process.
  b. **Corrective Action Plan (CAP) Quarterly Reports** - Assists Support Coordination leadership by reviewing Division expectations and discusses the importance of supporting documentation in submission of CAP Quarterly Report.

SCAs are strongly encouraged to involve all agency staff in quality improvement and corrective action activities.

- **Sanctions**

The Division uses sanctions to ensure that provider agencies dispense quality services to the individuals served by the Division, and to ensure agencies comply with Division requirements.

Sanctions may include:

- Limiting the location and/or expansion of service
- Closing capacity to new assignments
- A reduction in census
- Limiting the acuity level of individuals served
- Suspension of claiming ability for all or particular services
  a. If a suspension of payment occurs, it will include, an effective date a suspension is imposed; the reason(s) for suspension or a statement declining to give such reasons; a statement that the suspension is temporary pending an investigation and any legal proceedings; and advise of the opportunity for a hearing, if so requested.

Providers are expected to continue to provide services to individuals unless the Division or Medicaid determines otherwise.

The Division will strive to implement sanctions for SCAs in a progressive manner; however, when an SCA engages in a significant violation of the policies and procedures the Division reserves the right to issue more substantial sanctions up to and including disenrollment. Significant violations include violations that: jeopardize the safety and welfare of the program participants; materially fail to comply with the terms and conditions of the Provider Agreement; Compromise the fiscal or programmatic integrity of the Provider Agreement, including evidence of fraudulent activity reportable to the Medicaid Fraud and Abuse Unit; and/or when the Support Coordination Agency impedes or fails to cooperate with State or federal investigation(s).

SCAs will be advised of sanctions in writing. The level of sanction will be determined based on specific findings of the SCA's action or inaction. The Division will monitor sanctions on a monthly basis to ensure that temporary sanctions may be lifted when the Division determines that the SCA has come into compliance.

Detailed information on sanction levels and corresponding actions used by the Support Coordination Team are outlined in the *Support Coordination Agency – Sanctions Table* (Appendix F).

- **Disenrollment**

  As per section 16 of DDD's policy manuals, the Division reserves the right to disenroll any provider in its entirety or any one or more services in the event the provider does not meet or is in violation of any of the Division's policies, standards, and/or requirements. The Division will disenroll providers in accordance with NJAC 10:49-11 concerning suspension, debarment, and disqualification of providers.

  Providers may be immediately dis-enrolled, including additional sanctions, whenever it is determined that the agency has:

  - Jeopardized the safety and welfare of the program participants;
  - Materially failed to comply with the terms and conditions of the Provider Agreement;
  - Compromised the fiscal or programmatic integrity of the Provider Agreement, including evidence of fraudulent activity reportable to the Medicaid Fraud and Abuse Unit;
  - Impeded or failed to cooperate with State or federal investigation(s).

  The provider is responsible for complying with all Division standards during the disenrollment process, whether voluntary or involuntary. Failure to do so may result in a report to Medicaid Fraud and Abuse for neglect of duties.

  If an agency is recommended for disenrollment:

  - The SCA will be notified by the Office of Provider Enrollment, Divisions of Medical Assistance and Health Services (DMAHS), with a notice for disenrollment that includes:
    a. Reason for the disenrollment;
    b. Provider's right to request an appeal with time frames and procedures;
    c. Effective date of the impending disenrollment; and/or

d. That a request for an appeal of the decision for disenrollment does not preclude the determined disenrollment from being implemented.

- The provider may be required to participate in a plan for transition of services, including return of individual files, as defined by the Division, and once the transfer is complete, Medicaid will close the provider number.
- The Office of Provider Enrollment at DMAHS will copy the Division on the notice for the provider disenrollment and terms.

Additional details about this process can be found in the Medicaid Administrative Manual available at NJ Administrative Code.

Section 8: Evaluation Timelines

DRAFT General Evaluation Timeline

A draft timeline for evaluation work is outlined and offered as a general guide. Please note that some timeframes are fixed due to Division waiver manual requirements, and some are flexible due to SCA size, issues encountered, etc. The Division reserves the right to adjust the timeline as necessary.

Day	Evaluation Action	Timeframe	Notes
Day 1	Evaluation Notification letter emailed to SCA Agency Head. Letter includes evaluation elements and directions for uploading documents to a secure portal.	SCA has **30 calendar days** to upload all required documents.	• SCAs are selected by the Division for evaluation at the discretion of the Division. • It is the long term goal of the Support Coordination Team to evaluate 100% of SCAs. • Documents requested are all linked to specific manual requirements, so it is not expected that SCAs are creating documents during this period, only uploading what already exists. • Directions for uploading documents will be provided, including user name and password for agency head. • Documents do not need to be uploaded all at one time.
Day 1	Division begins documentation reviews (PCPT, ISP, SC Monitoring Tools, notes).	Division goal is to complete documentation reviews within **45 calendar days.**	• Reviews are via iRecord. SCA does not need to submit documents for this portion of the review.

Day 3	SCAs check SCU portal log in		• SCAs are strongly encouraged to log in to SCU portal to ensure log in is working appropriately.
Day 10	SCA uploads completed staff list		• Directions are provided on the staff list
Day 30	SCA uploads all staff qualification documents and all remaining required documents to Division secure portal.	100% of requested documents must be uploaded by day 30, the exact date will be indicated in the letter.	• SCAs are STRONGLY encouraged to check and double check document uploads to ensure all required items are present in the portal. Incomplete or missing documents may result in staff immediately being unable to work.
Day 30-40	Initial uploads reviewed by Support Coordination Team to determine if any documents are missing or if there are inconsistencies in staff list provided.	Division will notify SCA of issues and missing documents.	• The Support Coordination Team will review documents as quickly as possible to ensure all required documents are present.
Day 31-40	SCA has 3 business days to respond to request for issues and inconsistencies. Missing documents. “Red flag” items and report inconsistencies will be noted on final report.	SCA has **3 business days** to provide clarification and/or requested documentation.	• “Red flag” issues will be communicated to the SCA immediately. “Red flag” items are items which preclude continued SCA operations and include, but are not limited to the following: o Staff qualifications – criminal background not complete or with issues, and staff member must cease work immediately. o Staff qualifications – required education or experience documentation is not provided and staff member must cease work immediately. • It is possible that some red flag issues are resolvable with additional documentation, but SCAs should be clear that the work stoppage must occur until documentation of requirements has occurred.

			• Missing documents will automatically result in a Corrective Action Plan for the indicator and may result in sanctions.
Day 31-60	Division review of additional documents from SCA. "Red flag" issues communicated to SCA via letter sent through email.	Division will communicate "red flag" items **as quickly as possible.**	• Not all SCA evaluations are expected to include the issues of "red flag items" or need for additional documentation.
Day 31-90	Division review of all submitted documents and iRecord for documentation elements.	Division goal is to complete all reviews and produce all final reports within **120 calendar days after upload.**	• It is not expected that SCAs will be contacted during the formal review period.
Day 60-90	Final report prepared by Division		
Day 60-90	Division to send final letter and final report to SCA. Division will also include in letter, if appropriate, related to Corrective Action Plan (CAP) items and expectations. SCA will have 10 days to remediate any missing required staff trainings to avoid work stoppage.	SCA will have 10 days to remediate any missing required staff trainings to avoid work stoppage.	• The Division letter will outline, if appropriate, the following: ○ Corrective Action Plan (CAP) submission deadline ○ Indicators to be included in CAP ○ Quarterly CAP reporting requirements ○ Training list for CAP-related items.
Day 65-95	Evaluation exit meetings with SCAs	Division goal is to complete all evaluation review meetings **within 5 business days** of SCAs receiving report.	• Agency Head must attend the evaluation meeting. Support Coordinators are not permitted to attend the evaluation meeting.
Day 70-100	Division will review evidence of required staff trainings to determine work stoppage sanction.		• Division to send communication to SCA re sanction/work stoppage
For Support Coordination Agencies with Corrective Action Plan (CAP) Requirements			
Day 65-75	SCAs to attend CAP related trainings		

Day 65-75	SCAs to submit Corrective Action Plan, if required	Corrective Action Plan must be submitted by SCA to Division **within 10 business days** (Manual requirement, not flexible)	• SCAs are required to attend specific trainings, based on evaluation findings and CAP trainings that must be attended by the Agency Head that include: ○ Developing a Corrective Action Plan ○ Corrective Action Plan Quarterly Reports • Trainings have been developed to support the SCA in the creation of a CAP that can be approved promptly. Additional trainings are required as it relates to specific CAP indicators.
Day 75-85	Division review of submitted CAP, and completion of CAP evaluation form.	Division will complete CAP review within **10 business days** and send CAP evaluation form to SCA.	
Day 85	CAP resubmission. If required.	SCA has **10 business days** to resubmit CAP.	• The CAP Evaluation Form will indicate the reason(s) why the CAP cannot be accepted and include very specific feedback and suggestions for improvement.
Day 86-95	Division review of revised CAP.	Division will complete CAP second review within **10 business days** and send revised CAP evaluation form to SCA.	• SCAs have two opportunities to submit a CAP that can be approved. An unapproved CAP after two submissions will result in sanctions to the SCA.
85 and ongoing	Implementation of Corrective Action Plan by SCA	Per DDD's policy manuals, SCAs have up to 90 days to demonstrate progress.	• Those SCAs that have been assigned a CAP for documentation and new areas of underperformance have been identified will face progressive sanctions if positive progress has not been made in 90 days.
Ongoing	Submission of CAP Quarterly Report	The CAP Quarterly Report is due on the following dates, beginning with the	• Report periods and report expectations are reviewed in the CAP Quarterly Report training.

		next quarterly period, for as long as the CAP is open: **Jan 31** **April 30** **July 31** **October 31**	
To be determined	CAP closure	After all indicators have been corrected and sustained, the CAP can be closed.	• Documentation indicator improvements, as well as others, need to be demonstrated for 3 cycles. Some indicators can be closed immediately after correction (for example, policy and procedure updates). • SCAs that are unreleased may be able to make improvements such that they may achieve released status at the time of CAP closure. • SCAs that continue to underperform while on CAP will face progressive sanctions, up to and including, Division closure.

Section 9: Evaluation Resources

In addition to DDD's policy manuals, a number of trainings, webinars, video summaries, forms, and guidance documents, are available to support and assist SCAs in understanding Division and waiver requirements and expectations. The following table identifies where additional information and trainings may be found for each evaluation indicator reviewed by the Support Coordination Team and described in this guidebook.

Many of the trainings listed are also available live and can be found on the Support Coordination Agency Monthly Training Calendars and SCA Webinars.

DDD Policy Manual Reference	Indicator	Resource
6.3 **13.1** **15.5** **17.18.5.4,** **17.18.5.5**	Support Coordinator Monitoring Tool (MT) Review Face-to-Face (F2F) Visit Requirement Review	Forms • SC Monitoring Tool Monthly • SC Monitoring Tool Quarterly Annual • SC Monitoring Tool Work Instructions CDS Trainings • Support Coordinator Monitoring Tools • Best Practice in Documentation
6.3, 6.4 **7.0, 7.1** **7.3.1** **7.4 – 7.4.2** **7.5 – 7.5.9** **7.7** **8 -8.7.2** **13.1** **17.18.5.2** **17.18.5.4** **17.18.5.5**	Individualized Service Plan (ISP) Status Review Individualized Service Plan (ISP) Quality Review	Guidance Documents • ISP Plan Review: Guidance for SCAs • ISP Review Checklist for Support Coordination Supervisors • Developing Effective PCPTs & NJISPs (rutgers.edu) CDS Trainings • Charting the Life Course: A Method of Ensuring Person-Centeredness • Putting Home and Community Based Services (HCBS) Rules • into Practice • NJISP Related: Employment Expectations and Overview • NJISP Related: New Jersey Comprehensive Assessment Tool (NJCAT) and Person Centered Planning Tool (PCPT) Overview • NJISP Related: New Jersey Individualized Service Plan Process and Documentation • NJISP Related: Service Entry and iRecord Overview • Employment within the ISP (Lesson 6 - DDD) • Adaptive Equipment and Documentation • Behavior Supports and Documentation • Mealtime Safety and Documentation • Planning Team Partnerships: Using the Addressing Enhanced Needs Form (AENF) in Plan Development • Planning Team Partnerships: Using Individualized Support Plan (ISP) Worksheets in Plan Development

		• Ensuring Waiver Documentation Compliance for Support Coordination Agencies (SCAs)
7.5 – 7.5.9 **7.9** **8.4.2** **17.18.5.5**	Retroactive Change Request	Guidance Document • Retroactive Change Request Process • Overview of Retroactive Change Requests for Support Coordination Agencies Form: • Retroactive Change Request CDS Trainings • NJISP Related: Service Entry and iRecord Overview • Overview of the DDD Service Review Process
7.4.1.1.2	Person Centered Planning Tool (PCPT) Quality Review	Guidance Documents • ISP Plan Reviews: Guidance for SCAs • Developing Effective PCPTs & NJISPs (rutgers.edu) CDS Trainings • Person Centered Planning • Using the PCPT to Identify Employment Outcomes-Goals (Lesson 5 - DDD) • NJISP Related: New Jersey Comprehensive Assessment Tool (NJCAT) and Person Centered Planning Tool (PCPT) Overview • NJISP Related: New Jersey Individualized Service Plan Process and Documentation • Charting the Life Course: A Method of Ensuring Person-Centeredness
5.4 - 5.4.1	Verification of Waiver Service Other than Support Coordination	Support Coordinator Information Page: • June 2022 Webinar Slides • June 2022 Webinar Recording • August 2022 Webinar Slides • August 2022 Webinar Recording
17.18.5.10	24-Hour Availability and Responsiveness	Resources • April 2022 Webinar Slides

		• April 2022 Webinar Recording Waiver Manual Language 17.18.5.10 Coverage CDS Trainings • Ensuring Support Coordination Agency Availability and Responsiveness: Receive, Respond and Report
17.18.4 **17.18.5.7**	Conflict Free Care Management	Guidance Document • SCA Conflict Free Policy Support Coordinator Information Page • April 2022 Webinar Slides • April 2022 Webinar Recording Video Summary • Conflict-Free Requirements for Support Coordination Agencies CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements • Organizational Governance: Requirements and Best Practice Considerations
11.2 **16.2**	Board Qualifications	Section 11.2 Waiver Manual CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements
11.3 **15.1.2** **17.18.4** **Appendix I**	Staff Qualifications: Criminal History Review	Support Coordinator Information Page • August 2022 Webinar Slides • August 2022 Webinar Recording Guidance Documents • Current Fingerprinting Procedure • Division Circular #40

		Video Summary • Quick Reference Guide to Support Coordination Agency Staff Requirements CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements • Preparing for Support Coordination Team Evaluation: A Training for Support Coordination Agencies- will require updating
17.18.4	Staff Qualifications: Education & Experience Review	Support Coordinator Information Page • August 2022 Webinar Slides • August 2022 Webinar Recording Video Summary • Quick Reference Guide to Support Coordination Agency Staff Requirements CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements
11.4 **17.18.4** **Appendix E**	Staff Qualifications: Training and Orientation Review	Support Coordinator Information Page • August 2022 Webinar Slides • August 2022 Webinar Recording Video Summary • Quick Reference Guide to Support Coordination Agency Staff Requirements CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements • Support Coordination Competency Requirements: Strengthening Skills and Supporting Success
17.18.4 **17.18.5**	iRecord Attestation	Guidance Document • iRecord User Guide

11.1	Policies & Procedures (P&P) Manual Review	Guidance Documents • Policies & Procedures Guidebook for Medicaid/DDD-Approved Providers (Oct. 2025) • Policies & Procedures Checklist for Medicaid/DDD-Approved Providers (Oct. 2025) CDS Trainings • Policies & Procedures Manual Development: A Training for Medicaid/DDD Approved Providers
11.1 **15.1** **15.4**	Quality Management Plan (QMP) Review	Support Coordinator Information Page • June 2022 Webinar Slides • June 2022 Webinar Recording Video Summary • Overview of Organizational Governance for Support Coordination Agencies • SCA Quality Improvement and Customer Satisfaction CDS Trainings • Quality Management: Plans, Processes, and Reporting
17.18.5.8	Census Plan	Support Coordinator Information Page • Support Coordination Agency Census Enforcement Fact Sheet • Support Coordination Agency Census Enforcement FAQ • Support Coordination Agency Mergers and Acquisitions Fact Sheet • Enforcement of SCA Census Requirements – A Brief Summary • Past Support Coordination Update Webinars CDS Trainings • Support Coordination Agencies (SCAs) Considering Operational Options and Sustainability
6.3, 6.4 **15.5** **17.18.5.3** **17.18.5.4** **17.18.5.5**	Satisfaction Calls Completed by the Division	Guidance Document HCBS Quality Framework

6.3, 6.4 **15.5** **17.18.5.3** **17.18.5.4** **17.18.5.5**	Care Management Performance and Follow Up	Form Seeking Out Support SOS Form (submitted via iRecord) CDS Trainings • DDD Housing Subsidy Program Overview • Incident Reporting Overview • Emergency Access to Community Care Program (CCP) & the Intensive Case Management (ICM) Referral Process • Medicaid: Eligibility and Helpdesk • Ensuring SCA Availability & Responsiveness: Receive, Respond, Report • Crisis and Emergency Resources