

SUPPORT COORDINATION AGENCY POLICIES & PROCEDURES GUIDEBOOK

A Policies & Procedures
Resource Guidebook Created
for Support Coordination
Agencies

New Jersey Department of Human Services
Division of Developmental Disabilities
Support Coordination Unit
May 2022

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Section 1: Purpose

This guidebook was developed by the Communication, Administration & Regulation Team of the Support Coordination Unit as an informational resource to assist Support Coordination Agencies (SCAs) in establishing their organizational structure/operations and organizing their written documentation. Specifically, this guidebook is to aid in the development of the Agency's policies and procedures manual reflecting and adhering to Division waiver and regulatory requirements.

All Support Coordination Agencies are required to maintain policies and procedures manual as per the Division of Developmental Disabilities (Division) standards. Policies and procedures provide a deeper purpose and are an essential tool for all staff within an agency. It will communicate the agency's specific methods and standards for how tasks are performed and avoid inconsistencies.

The Division reviews all the policies and procedures specified in this guidebook.

Support Coordination Agencies' policies and procedures manual may extend beyond what is identified in this guidebook. This may include but is not limited to policies and procedures regarding social media, code of conduct, discrimination, vaccination requirements, and termination. It is also possible that a Support Coordination Agency may provide other services, and the SCA may have policies pertaining to those services.

Section 2: Definitions

Policies

Policies are "rules" which stand alone and which are approved by the organizations governing body. Policies guide managerial action. Policies also guide day-to-day decision-making for all staff and when necessary, articulate clear expectations of those staff who have a direct responsibility to implement a specific policy. (Source: New Jersey Department of Human Services- Office of Licensing: NJDHS-OOL)

Procedures

A procedure articulates a specific, detailed, and sequential process. The process is designed to enable staff to perform an activity with a minimum of variation to achieve an identified, defined and consistent outcome. The procedure must be written so that it is easily understood by the staff who are directly responsible for its implementation. Procedures regarding specific activities may be required by statute or code. (Source: NJDHS-OOL)

Section 3: Structure of a Policies & Procedures Manual

A. Table of Contents:

- Policies/procedures are logically arranged under Section Headings to facilitate locating items; and
- Policies/procedures are numbered sequentially to allow staff to quickly locate them, and to allow for the revision and replacement of individual policies and procedures efficiently.

B. Header for Policies/Procedures:

- The agency name and/or logo;
- A descriptive title that is unique to permit easy reference and retrieval of the policy/procedure;
- A unique sequential policy number;
- The effective and/or revision date; and
- It is *recommended* to include a reference number that identifies the corresponding standard from the Division Circulars, Supports Program (SP), and Community Care Program (CCP) Manual, as applicable. Please note, that multiple standards may be addressed in one policy and procedure.

C. Purpose: The purpose statement provides a concise summary of the reason for the policy and procedure and the expected outcome(s).

D. Policy Section: All relevant policy statements are included in this section.

E. Procedure Section: Each procedure shall include:

- The sequential steps needed to complete each desired outcome, organized in outline formatting;
- Identification of staff responsible (by title and/or credentials) for each step;
- Identification of timeframes for each step to be completed; and
- The full name and number of other policies and procedures when they are referenced.

Section 4: Required Policies and Procedures

Support Coordination Agencies are required to adopt and implement the following policies and procedures within their organization as per Division regulations. These policies and procedures should be part of the daily operations and be specific to the organization's structure.

Support Coordination Agencies may develop policies and procedures that extend beyond what is identified in this guidebook. All policies and procedures outlined in the agency manual must specify staff responsibilities, timeframes, and important details to ensure the health and safety of all individuals served as well as contribute to the overall success of an organization.

- **Organizational Governance-** the organization's governance that oversees the operations of the organization in such a manner as will assure effective and ethical management;
- **Personnel-** method for conducting required background checks (initial and ongoing), identification of College of Direct Supports (CDS) administrator (at least 2), compliance with Komnino's Law (2-hour notification, drug testing, etc.), criminal history, central registry, federal exclusion check, NJ Treasurer's exclusion database check, NJ Division of Community Affairs (if applicable), NJ Department of Health (if applicable), driver's abstract, system ensuring completion of initial and ongoing mandated training including Incident Reporting (IR), a method for verifying staff qualifications;
- **Admission/Assignment-** criteria for acceptance method to establish the level of supervision, appeal process/grievance procedure, waiting list for admission, communication of necessary information to prospective individual;
- **Discharge/Disenrollment-** reason for discharge; process for making the determination (determining that reasons are met, warning process, etc.); notification to individual, caregiver, Support Coordinator, the Division, etc.; appeal process / grievance procedure;

- **Reporting Incidents** (Division Circular #14)- training staff on procedure, notifications necessary, steps to record and report unusual incidents, and perform follow up on incidents when required;
- **Complaint/Grievance Resolution or Appeal Process**– steps to file a complaint/grievance, two levels of appeal for complaint/grievance, one level to involve the executive director, investigation process, documentation completed when process is followed;
- **Complaint Investigation** (Division Circular #15) – staff that are responsible for the investigation, the process to interview staff, reporting requirements the once the investigation is complete, time frames involved with investigation, process for disciplinary action due to results of investigation;
- **HIPAA & Protected Health Information (PHI)** – process to review rights document with individuals served, training for staff on rights, steps to ensure that individuals rights are followed, a system for grievance to be reported if rights are violated, documentation required if grievance is reported, staff roles and responsibilities;
- **Emergency Procedures**- Life Threatening Emergencies (Division Circular #20) Policy and Procedure; staff training, recording incident, etc.; notification practices (the Division, administration, other staff, family, guardians, etc.); completion of IR;
- **Reporting Medicaid Waste/Fraud/Abuse (Division Circular #54)** – definition of Medicaid Waste/Fraud/Abuse, staff roles and responsibilities, process to identify concerns, staff designated to receive all reports of concern, system to report to required entity, notification that should be made;
- **Financial Management and Billing**- staff roles and responsibilities, a mechanism for notification of Fiscal Sustainability;
- **Quality Management Plan** – process to measure customer satisfaction, a method to evaluate areas for improvement/goals for the year, plan for improvement;

Section 5: General Requirements

A. Policies and Procedures Review Schedule

Each policy and procedure shall contain a review date. It is the responsibility of the agency to designate a staff to review and sign the policies and procedures manual as well as implement a specific period when a review of the P&P will occur.

B. Agency Mission Statement

The Agency’s mission statement Identifies the agency’s overall purpose and general goals. This statement describes how the agency will operate and what is offered. It shall also include how the agency envisions meeting its goals. The mission statement must include the population the agency serves, capacity, and staffing patterns.

Sample Mission Statement:

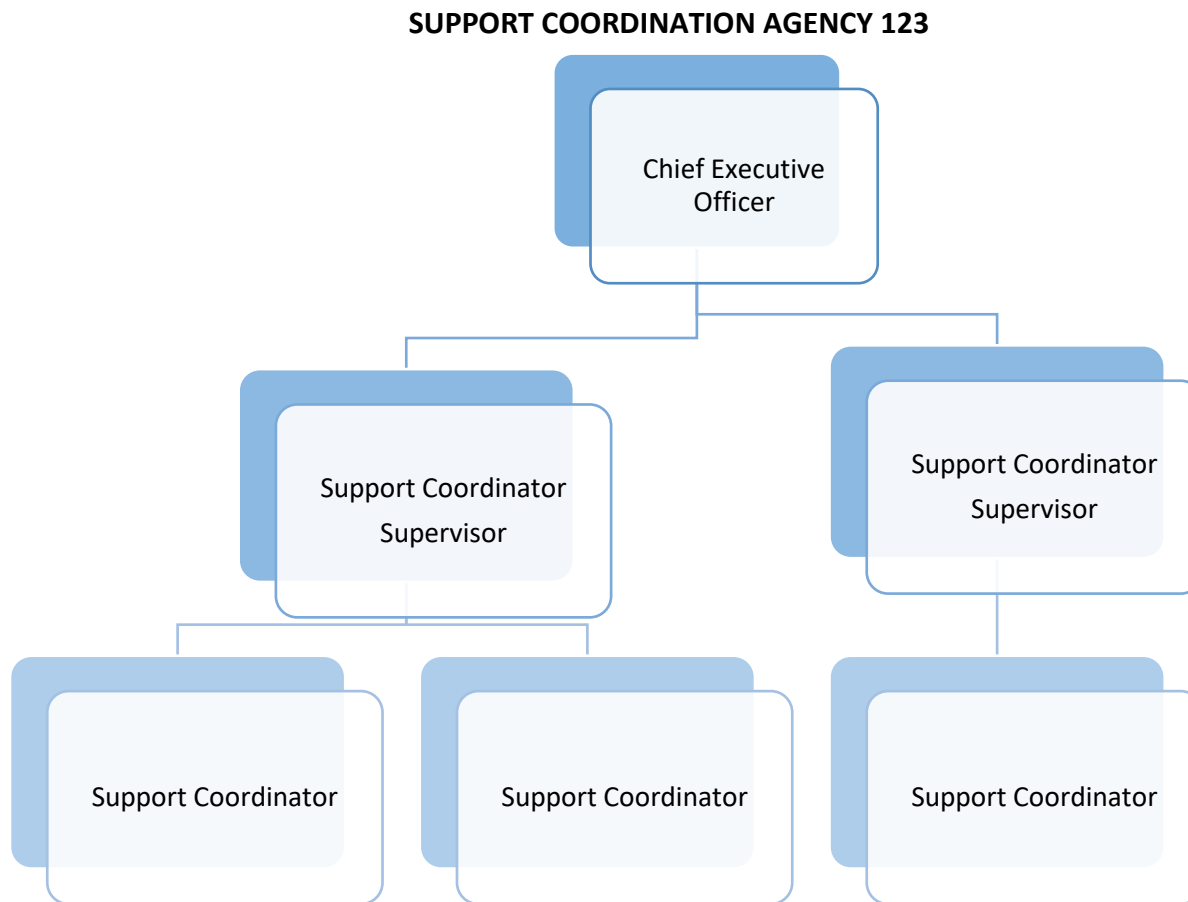
“Our mission is to enhance independence and improve the quality of life for individuals with intellectual and developmental disabilities. Support Coordination Agency 123 is committed to providing outstanding support coordination services to individuals residing in their own homes, their family’s home, or with a residential provider. Support Coordination Agency 123 will ensure that individuals served receive all eligible services available to them to maximize their potential for living an independent life. Our services include Support Coordination, Assistance with Medicaid, Exploring Different Providers and Services, Assistance with Managing Budgets and Providing Support to Individuals to achieve the life they envision for themselves.

Our agency develops its goals for individuals by collaborating with them, parents, guardians, and service providers in shared decision-making and problem-solving that will result in a productive and inspiring environment. These goals will be accomplished through an alliance with individuals, their advocates, professionals, and Agency Administrators. By working together, we believe the individual will be able to achieve a life they desire, and our mission as an agency will be fulfilled.”

C. Organizational Chart

Support Coordination Agencies must have an Organizational Chart, also known as a Table of Organization (TO) delineating the reporting structure of the agency. It shall identify staff titles, responsibilities, and staff names. The Support Coordination Agency (SCA) is responsible to update this document and report all staff changes including new staff additions, staff no longer employed with the agency, and staff promotions to the Division. Please see the Best Practice Guide- SCA Roster Updates & Current Staff List for additional guidance on this process.

Sample Organizational Chart Template



Section 6: Sample Policy and Procedure Template - Blank

The sample policy and procedure template are provided as guidance. The use of this template is not required; however, if a different format is utilized it shall meet the minimum requirements to ensure clarity and consistency throughout the manual.

Agency Name

Title: Policy Title

Policy No: 1.1

Category: Section of the Manual

Reference No: Standard Addressed by Policy

Effective Date: XX/XX/XX

Revision Date: XX/XX/XX

I. PURPOSE:

II. POLICIES:

III. PROCEDURE:

A.

- 1.
- 2.
- 3.

Section 7: Sample Policy and Procedure Template - Example

Title: Support Coordination Supervisor
Qualifications and Responsibilities
Category: Personnel Policies and Procedures
Reference No: 17.18.4 & 17.18.5.2

Policy No: XX
Effective Date: XX/XX/XX
Revision Date: XX/XX/XX

- I. **PURPOSE:** The purpose of your agency including a policy/job description on Qualifications and Responsibilities of a Support Coordination Supervisor is to confirm the staff meets all the requirements set forth by the SP and CCP Manual.
- II. **POLICY:** Your agency's policy/job description of a Support Coordinator Supervisor (SCS) will outline the qualification and responsibilities of a SCS. You can include additional responsibilities but the policy must meet the minimum requirement specified in the SP and CCP Manual.
- III. **PROCEDURE:** The procedure shall specify the education/certification and responsibilities required for the position. The agency may copy the qualifications verbatim from the manual to ensure compliance.
 - A. Support Coordination Supervisors must meet all of the qualifications of a Support Coordinator (SC):
 1. Bachelor's Degree or higher in any field - and-
 2. 1 year of experience working with an adult (18 or older) individuals with developmental disabilities
 3. The experience must be the equivalent of a year of full-time documented experience working with adults (18 or older) with intellectual/developmental disabilities;
 4. This experience can include paid employment, volunteer experience, and/or being a family caregiver of an adult with a developmental disability;
 5. If you have previously provided care coordination to a different population and some percentage of the individuals you served had developmental disabilities, you may be able to demonstrate the equivalence of a year of experience working with adults with developmental disabilities (a waiver request along with the resume detailing experience and a justification for hiring the potential

Support Coordinator Supervisor may be submitted to the Division's Assistant Director to demonstrate the experience requirement has been met); - and-

B. Responsibilities of the Support Coordination Supervisor:

1. Assigning Support Coordinators to individuals who have been assigned to the Support Coordination Agency;
2. Ensuring that caseloads are at the proper capacity to meet all deliverables;
3. Reviewing and approving all Individualized Service Plans (ISP), utilizing the ISP
4. Quality Review Checklist, and obtaining approval for the ISP from the Division;
5. Ensuring that resources other than those funded by the Division have been explored and are either not available or not sufficient to meet the documented need;
6. Ensuring that services are provided in accordance with the service definitions and parameters outlined in Division policy;
7. Reviewing and signing, as appropriate, the Support Coordination Monitoring Tool. At a minimum the tool must be reviewed and signed during the following circumstances:
 - o First 60 days of any new Support Coordinator;
8. When performance issues with a Support Coordinator are identified;
9. Involved/difficult cases.
10. Conducting internal monitoring and oversight of Support Coordination Agency documentation and practices;
11. Acting as the liaison with designated Division personnel;
12. Ensuring compliance with all qualifications, standards, and policies related to Support Coordination as explained in this guide;
13. Remaining up-to-date and in compliance with policy changes and updates posted on the Support Coordination Resource Page.

It is recommended that each job description contains an employer/employee sign-off page.

Section 8: Required and Expected Elements of SCA Policies & Procedures

Support Coordination Agencies are to meet Division and Waiver standards for each required policy. A SCA Policies & Procedures Companion Guide was created to assist agencies in understanding Division and Waiver expectations. Agencies are strongly encouraged to refer to this Guidebook and the SCA Policies & Procedures Companion Guide while conducting a review of their Policies & Procedures Manuals in order to verify that their policies comport with Division and Waiver standards.

The SCA Policies & Procedures Companion Guide can be found in Section 10 of this guidebook.

Section 9: Compliance Reviews

The Support Coordination Unit will complete a review of SCA Policies & Procedures Manuals to determine if compliance with standards is being met. The result of this review will be provided to the Support Coordination Agency to guide the Agency in identifying the policies that do not meet Division standards and/or need improvement.

SCA Policies & Procedures Compliance Review will be used to convey these results. The template is provided in Section 11.



New Jersey Department of Human Services
Division of Developmental Disabilities
Support Coordination Unit

Section 10: Support Coordination Agency Policies & Procedures Companion Guide

The Support Coordination Unit's overall purpose is to ensure individuals served through the Division of Developmental Disabilities receive the highest quality of care and services through the Support Coordination model of service delivery.

The Supports Program (SP) and Community Care Program (CCP) Policies & Procedures Manuals require Support Coordination Agencies to develop, maintain and implement a Policies and Procedures Manual for their agency. These policies and procedures must include the agency's internal processes in complying with the SP and CCP Manuals and Division Circulars.

Support Coordination Agencies are required to address the following when developing their policies and procedures:

- General Requirements
- Organizational Governance
- Personnel
- Admission/Assignment
- Discharge/Disenrollment
- Reporting Incidents (Division Circular #14)
- Complaint/ Grievance Resolution or Appeals Process
- Complaint Investigation (Division Circular #15)
- HIPAA & Protected Health Information (PHI)
- Emergency Procedure
- Reporting Medicaid Waste/Fraud/Abuse (Division Circular #54)
- Human Rights (Division Circular #5)
- Financial Management and Billing
- Quality Management

This informational guide was created to assist Support Coordination Agencies in understanding the required elements of their written policies and procedures to comply with Division and Waiver standards.

General Requirements

Code	Standard	Expected Outcome
11.1	Policies and Procedures Manual review date	The policy shall specify how often a review of the manual will be conducted and the staff responsible to review and sign.
11.1	Mission and Philosophy A statement of philosophy, values, and goals to govern the organization's direction and character.	This shall be a clear and concise description of the agency's philosophy, values, and goals including the agency's vision for the individuals they provide services to. The policy shall include the population the agency serves, the capacity, and staffing patterns.
11.1	Table of Organization (TO) A table of organization that illustrates lines of authority, responsibility, and communication.	The TO shall delineate the reporting structure of the agency using positions. Before approval of the policies and procedures manual, the Support Coordination Unit (SCU) will request the agency to update the TO using staff names. The TO should be kept out when reviewing policies and procedures to verify that the titles used are consistent with those used in the TO. If there is a position identified in a policy that is not in the TO, it should be asked in the review.

Organizational Governance

Code	Standard	Expected Outcome
11.2	All Support Coordination Agencies, must maintain and be able to produce for the Division's review at any time, <ol style="list-style-type: none"> 1. Documents that outline the agency's governance that oversees the operations of the agency in such a manner as will assure effective and ethical management. 2. A requirement that all Board members'/stock holders, names, affiliations, and any potential conflicts of interest be disclosed and made publicly available if requested (this must include the requirement that, at a minimum, all board members'/stock holders' names be made publically available on the organization's website) 3. Must demonstrate compliance with all legislation and regulations of corporate governance and financial practices as prescribed by the organization's corporate designation (profit, non-profit). 	<p>This policy shall outline the following:</p> <ul style="list-style-type: none"> • Responsibilities of the Governing Authority • State the requirement that all members'/stock holders, names, affiliations, and any potential conflict of interest. <p>* At a minimum, all members of the board be made publically available on the agency's website.</p> <ul style="list-style-type: none"> • Must demonstrate compliance with all legislation and regulations of corporate governance and financial practices as prescribed by the agency's corporate designation. <p>*Providers found at any time to be in violation of their Board Policies, including but not limited to all the above requirements, may be dis-enrolled as an approved provider of the Division of Developmental Disabilities (Division) services.</p> <p>➤ RECOMMEND- request to see a copy of the names of the Governing Authority/Board members.</p>

Personnel

Code	Standard	Expected Outcome
11.1 15.1.2 17.18.4 Appendix E Appendix I	<p>Background & Exclusion Checks- Service providers are required to check that staff hired, Board of Directors, and contracted vendors utilized are not excluded from working with individuals with developmental disabilities or within a Medicaid provider agency in accordance with the newsletter found in Appendix I.</p> <p>The Supports Program (SP) & Community Care Program (CCP) Manual requires the agency completes a Criminal History Background Check and Central Registry check for all SC staff, and ensure that all staff successfully completes the Division mandated training, are a minimum of 18 years of age, and possess a valid driver’s license and abstract (not to exceed 5 points) if driving is required.</p> <p>In accordance with N.J.S.A. 30:6D-77 et seq., provider agencies are required to ensure that no employee is included on the Department of Children and Families child abuse registry.</p> <ul style="list-style-type: none"> • Employees may work without restrictions while the CARI check is conducted. • The agency shall act upon the results of notification of CARI check results from the DHS within 24 hours of receipt of the notice by email <p>The Department of Children and Families’ (DCF) electronic system allowing providers to request and receive results of Child Abuse Registry Information (CARI) checks can be accessed at https://www.njportal.com/dcf/cari</p> <p>Use the link below to find additional information about the DCF Electronic CARI system. Electronic CARI Application</p>	<p>The policies and procedures shall contain the following:</p> <ul style="list-style-type: none"> • The notification to staff and authorization from staff to perform a CARI, Criminal History background, and Central Registry Check • Time frame for new staff/SCA to submit consent forms for CARI, Criminal History Background and Central Registry Checks. • A description of the content of the personnel records. • Methods and documentation of verification and confirmation of licenses/certifications and educational degrees for all staff in accordance with the agency’s policy and requirements established for the position. • Methods of informing the Division of all staff changes (new hires, terminations, and promotions) and updating internal processes. This includes transferring caseloads and responsibilities and informing individuals/families of the staff change. <p>*Support Coordination Agencies are required to maintain an up-to-date staff list. Any changes should be emailed directly to Karen.Bashore@dhs.nj.gov with the agency’s assigned QAS in copy</p> <p>The procedures within this policy shall provide a timeframe and staff responsible (by title) to verify and document the above. As per Appendix I, Support Coordination Agencies are to verify current and prospective employees <u>on a monthly basis.</u></p> <p>*CARI, Criminal History Background and Central Registry Checks are provided to the Provider Performance and Monitoring Unit (PPMU) but completed by the Employment Controls and Compliance Unit (ECCU). ECCU provides the background check results/approval.</p> <p>➤ RECOMMEND- Attach the Central Registry Consent Form to the policy for reference. https://www.state.nj.us/humanservices/ool/home/registry_files/Central%20Registry%20Consent%20Form.PDF</p>

	<p>If you have any questions or concerns, please contact the Employment Controls and Compliance Unit (ECCU) at 609-292-0207 or Dhs.Eccu@dhs.nj.gov</p>	
<p>17.18.4</p>	<p>Provider Qualifications All providers of Support Coordination must comply with the standards set forth in this manual. In addition, Support Coordination Agencies shall ensure all staff meets the following qualifications:</p> <ul style="list-style-type: none"> • Bachelor’s Degree or higher in any field - and- • 1 year of experience working with an adult (18 or older) individuals with developmental disabilities. <ul style="list-style-type: none"> o The experience must be the equivalent of a year of full-time documented experience working with adults (18 or older) with intellectual/developmental disabilities; o This experience can include paid employment, volunteer experience, and/or being a family caregiver of an adult with a developmental disability; o If you have previously provided care coordination to a different population and some percentage of the individuals you served had developmental disabilities, you may be able to demonstrate the equivalence of a year of experience working with adults with developmental disabilities (a waiver request along with the resume detailing experience and a justification for hiring the potential SC may be submitted to the Division’s Assistant Director to demonstrate the experience requirement has been met); - and- • SCSs must meet all of the qualifications of a SC; - and- • SCSs cannot be related by blood or marriage to anyone whose plan they will supervise or sign off on; - and- • State, Federal Criminal Background checks and Central Registry check at the time of hire; - and- • Successfully complete trainings required by the Division before rendering services. 	<p>The SCAs policies and procedures shall meet the staff qualifications comports with 17.18.4</p> <p>The policy shall state the qualifications of a Support Coordination Supervisor (SCS) and Support Coordinator (SC) comports with the SP/CCP Manual.</p> <p>The procedures shall:</p> <ul style="list-style-type: none"> • Provide details of the expectations for each title. • Outline the method of verifying and confirming the required qualifications for new hires and promotions. • Identify staff (by title) responsible to implement and perform the verifications and approvals. <p>*Qualifications can be copied verbatim from the manual to meet the standard.</p>
<p>17.18.5.1 & 17.18.5.2</p>	<p>Responsibilities of the Support Coordination Supervisor (SCS)- The SCS does not have a caseload and provides oversight and management of the SCs.</p>	<p>The agency shall provide a job description for the SCS. The job description shall:</p> <ul style="list-style-type: none"> • Outline the qualifications and responsibilities of a SCS complying with 17.18.5.2

	<p>The SCS is responsible for:</p> <ul style="list-style-type: none"> • Assigning SCs to individuals who have been assigned to the Support Coordination Agency; • Ensuring that caseloads are at the proper capacity to meet all deliverables; • Reviewing and approving all Individualized Service Plans (ISP), utilizing the ISP Quality Review Checklist, and obtaining approval for the ISP from the Division; • Ensuring that resources other than those funded by the Division have been explored and are either not available or not sufficient to meet the documented need; • Ensuring that services are provided in accordance with the service definitions and parameters outlined in Division policy; • Reviewing and signing, as appropriate, the Support Coordination Monitoring Tool. At a minimum the tool must be reviewed and signed during the following circumstances: <ul style="list-style-type: none"> o First 60 days of any new SC; o When performance issues with a SC are identified; o Involved/difficult cases. • Conducting internal monitoring and oversight of SCA documentation and practices; • Acting as the liaison with designated Division personnel; • Ensuring compliance with all qualifications, standards, and policies related to Support Coordination as explained in this guide; • Remaining up-to-date and in compliance with policy changes and updates posted on the Support Coordination Resource Page. 	<ul style="list-style-type: none"> • Provide timeframes for each responsibility (as applicable). • Provide the method of meeting each responsibility. <p>(SCAs can include additional responsibilities but must meet the minimum requirements stated within the Division manuals)</p> <p>➤ RECOMMEND- Each job description contains an employer/employee sign-off page.</p>
<p>17.18.5.3 & 17.18.5.4</p>	<p>Responsibilities of the Support Coordinator (SC)- The SC manages Support Coordination services for each participant. Support Coordination services are services that assist participants in gaining access to the needed program and State plan services, as well as needed medical, social, educational and other services. The SC is responsible for developing and maintaining the Individualized Service Plan with the participant, their family (if applicable), and other team members designated by the participant. The SC is</p>	<p>The agency shall provide a job description for a SC. The job description shall:</p> <ul style="list-style-type: none"> • Outline the qualifications and responsibilities of a SC complying with 17.18.5.3 & 17.18.5.4 • Provide timeframes for each responsibility (as applicable). • Provide the method of meeting each responsibility. <p>(SCAs can include additional responsibilities but must meet the minimum requirements stated within the Division manuals)</p>

responsible for the ongoing monitoring of the provision of services included in the Individualized Service Plan. The SC writes the Individual Service Plan based on assessed needs and the person-centered planning process with the individual and the planning team. The SC links the individual to needed services and supports and assists the individual in identifying service providers as needed. The SC also ensures that the services and supports remain within the allotted budget and monitor the delivery of services. The SCs role can be divided into the following 4 general functions: individual discovery, plan development, coordination of services, and monitoring.

The SC is responsible for:

- Using and coordinating community resources and other programs/agencies to ensure that waiver services funded by the Division will be considered only when the following conditions are met:
 - o Other resources and supports are insufficient or unavailable;
 - o Other services do not meet the needs of the individual; and
 - o Services are attributable to the person’s disability.
- Accessing these community resources and other programs/agencies by:
 - o Utilizing resources and supports available through natural supports within the individual’s neighborhood or other State agencies;
 - o Developing a thorough understanding of programs and services operated by other local, State, and federal agencies;
 - o Ensuring these resources are used and making referrals as appropriate; and
 - o Coordinating services between and among the varied agencies so the services provided by the Division complement, but do not duplicate, services provided by the other agencies.
- Developing a thorough understanding of the services funded by the Division and ensuring these services are

- RECOMMEND- Each job description contains an employer/employee sign-off page.

utilized in accordance with the parameters defined in Section 17 of the SP & CCP Manual.

- Interviewing the individual and ensuring he/she is at the center of the planning process and in determining the outcomes, services, supports, etc. that he/she desires. Also interviewing, if appropriate, the family or other involved individuals/agency staff; reviewing/compiling various assessments or evaluations to make sure this information is understandable and useful for the planning team to assist in identifying needed supports; and facilitating completion of discovery tools, if applicable.
- Scheduling and facilitating planning team meetings in collaboration with the individual; informing the individual and parent/guardian that the service provider(s) can be part of the planning team, asking the individual and parent/guardian if they would like to include the service provider(s) at the ISP meeting, and inviting the service provider(s) to the ISP meeting; writing the PCPT and ISP; and distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and reviewing the ISP through monitoring conducted at specified intervals.
- Ensuring that there has been a discussion regarding a behavior plan for individuals with behavioral concerns and that a behavior plan is in place as needed, particularly when the individual is assigned acuity due to behavior. This shall be documented in the individual's ISP.
- Ensuring that there has been a discussion regarding the medical needs of the individual and that these needs are documented in the ISP. This is to include the need for data collection of bowel movements, urine output, seizure activity, etc. Should the planning team agree that such data collection is medically necessary, and the individual's primary care physician provides a prescription for it, this shall also be documented in the ISP along with the responsible party who will record and store the information.
- Writing the PCPT and ISP; distributing the ISP (and PCPT when the individual consents) to the individual, all team members, and the identified service providers; and

reviewing the ISP through monitoring conducted at specified intervals.

- Obtaining authorization from the SC Supervisor for Division-funded services.
- 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.
- Maintaining a confidential case record that includes but is not limited to the NJ Comprehensive Assessment Tool (NJ CAT), completed SC Monitoring Tools, PCPTs, ISPs, notes/reports, annual satisfaction surveys, and other supporting documents uploaded to the iRecord for each individual served.
- Ensuring individuals served are free from abuse, neglect, and exploitation; reporting suspected abuse or neglect in accordance with specified procedures, and providing follow-up as necessary.
- Ensuring that incidents are reported in a timely manner in accordance with policy and follow-up Responsibilities are identified and completed.
- Notifying the individual, planning team, and service provider and revising the ISP whenever services are changed, reduced, or services are terminated.
- Reporting any suspected violations of contract, certification or monitoring/licensing requirements to the Division.
- Ensuring that individuals/families are offered an informed choice of service provider.
- Linking the individual to service providers by providing information about service providers; assisting in narrowing down the list of potential service providers; reaching out to providers to confirm service capacity, determine intake/eligibility requirements, gather and submit referral information as needed, establish provider capacity to implement strategies to reach identified ISP outcomes, and confirm start date, units of service, etc.
- Becoming aware of items/documentation the service provider will need prior to serving the individual and assist/ensure they are provided prior to the start of services.

	<ul style="list-style-type: none"> • Notifying the individual regarding any pertinent expenditure issues. • Conducting contacts on a monthly basis, face-to-face visits on a quarterly basis, and in-home face-to-face home visit on an annual basis that includes a review of the ISP and is documented on the SC Monitoring Tool. • Completing/entering notes/reports as needed. • Providing support, as needed, in relation to supporting the individual in their decision making as outlined in section 7.1.1 Individual as Decision Maker. • Reporting data to the Division as required and upon request. • At the direction of Division staff, completion of surveys that may be required, etc. • Including the Individual Supports – Daily Rate service provider in the planning process. • Alerting the planning team that, with a doctor’s order, certain charting can occur as medically necessary such as food intake, blood glucose levels, etc. • Ensuring involved service provider(s) have received a notification to begin services. • As applicable, ensure that the individual is aware of different housing options that can be utilized in the community (including those that are not disability specific) so that they are supported in the least restrictive setting based on their individual needs and preferences. This includes assisting them in their application for housing assistance. • In relation to Electronic Visit Verification (EVV), the SC shall be responsible for confirming with the individual/family which staff, if any, are live-in caregivers paid by DDD through the participant’s individual budget. Should a live-in caregiver exist, the SC shall complete the Live-In Caregiver Attestation form at the time of service plan development, whenever there is a change in live-in caregiver status and annually thereafter. Once complete, the form shall be uploaded to iRecord. 	
11.4 Appendix E	Staff Orientation	The orientation for SCA staff shall include written plans for each training and designation of a person(s) responsible for training as follows:

	<p>Providers must comply, at a minimum, with the service specific mandatory training and professional development indicated in Section 17 and Appendix E. It is the provider’s responsibility to ensure that their employees understand the mandatory training and provide additional training and/or enhancements to the mandatory training as needed. Service providers are expected to provide employees with an orientation that includes but is not limited to an overview of the organization’s mission, philosophy, goals, services, and practices, personnel policies of the provider agency, understanding the ISP and using information documented in it to individualize strategies and services, documentation and record-keeping, and training relevant to health and safety.</p>	<p>Trainer- College of Direct Support (CDS)</p> <ul style="list-style-type: none"> • Prerequisite Orientation Lessons • Person Centered Planning & Connection to Community Supports • DDD Life Threatening Emergencies (Danielle’s Law) • DDD Stephen Komnino’s Law Training <p>The policies and procedures shall specify an agency staff (by title) to oversee and perform the trainings. It shall also provide specific timeframes when the trainings need to be completed by staff.</p>
<p>Appendix E 17.18.5.6</p>	<p>Training and Professional Development Approved Support Coordination Agencies are responsible for ensuring that all SC Supervisors on staff meet the qualifications, including completion of mandatory training, necessary to deliver Support Coordination services. Providers offering Support Coordination Services shall successfully complete the training outlined in Appendix E: Quick Reference Guide to Mandated Staff Training.</p>	<p>Trainings to follow orientation include: Training by College of Direct Support (within 90 days of hire)-</p> <ul style="list-style-type: none"> • DDD Shifting Expectations- Changes in Perception, Life Experience & Service <p>Training by Agency or CDS (within 90 days of hire)-</p> <ul style="list-style-type: none"> • Prevention of Abuse, Neglect & Exploitation Practicum • Overview of the Agency • Organization’s mission, philosophy, goals, services, and practices • Personnel policies • Understanding the ISP and using information documented in it to individualize strategies and services • Documentation and record-keeping • Health and Safety • Incident Reporting • Cultural Competence • Individual Rights • Working with Families • Medicaid Training for NJ SCs • Support Coordination Modules • SC’s Guide to Navigating the Employment Service System <p>Various Trainers (Annually, 12 hours per calendar year)-</p>

Discharge/Disenrollment		
Code	Standard	Expected Outcome
3.1 3.9	<p>Discharge from the Division</p> <p>If a participant chooses to voluntarily discharge from Division services, he/she will provide signed documentation stating his/her intention to discharge from all Division services, including waiver services, by submitting the “Move to Discharge” form (Appendix D).</p> <p>An individual may be discharged from the Division due to any of the following:</p> <ul style="list-style-type: none"> • He/she no longer meets the functional criteria necessary to be eligible for the Division; • He/she chooses to no longer receive services from the Division; • He/she does not maintain Medicaid eligibility; • He/she no longer resides in the State of New Jersey; or • He/she does not comply with this manual, Division policies or waiver program requirements. <p>Requirements for Division Eligibility-</p> <ul style="list-style-type: none"> • An individual must be determined eligible for services before the Division can provide services. • An individual must meet the functional criteria of having a developmental disability. <p>o In general, individuals must document that they have a chronic physical and/or mental impairment that:</p> <ol style="list-style-type: none"> 1. manifests in the developmental years, before age 22; 2. is lifelong; and 	<p>The Discharge policies and procedures shall:</p> <ul style="list-style-type: none"> • Outline the responsibility of the SC to verify the eligibility criteria is being met by each individual comporting with 3.1. The procedure needs to outline the internal process and timeframe. (The SC shall complete the verification during their monthly contact) • Include the process for assisting individuals who are being discharged from Division services. • The procedure needs to include the SC’s responsibilities within the 30-day period of discharge. This shall outline the internal process including timeframes for each step. <p>➤ RECOMMEND: Include Appendix D “Move to Discharge” form within the policy for ease of reference.</p>

	<p>3. substantially limits them in at least three of these life activities: self-care; learning; mobility; communication; self-direction; economic self-sufficiency; the ability to live independently</p> <ul style="list-style-type: none"> • To receive Division services, individuals are responsible to apply, become eligible for, and maintain Medicaid eligibility. • An individual must establish that New Jersey is his or her primary residence at the time of application. • At 18 years of age individuals may apply for eligibility. At 21 years of age, eligible individuals may receive Division services. 	
<p>5.4 5.4.1</p>	<p>Disenrollment from the SP & CCP As outlined in the Participant Enrollment Agreement, the State may disenroll an individual from the program and/or discontinue all payment, as applicable, to a provider/self-directed employee, if one or more of the circumstances mentioned under 5.4 occur. Disenrollment may occur when the SC or the State has reasonable cause to believe that the participant has been or is engaged in willful misrepresentation, exploitation, fraud or abuse related to the provision of services under the Participant Enrollment Agreement;</p> <p>If an individual is dis-enrolled from the SP & CCP, the Support Coordination Agency (SCA) will receive alerts through iRecord, and the SC (or someone designated by the Support Coordination Agency) shall notify all service providers supporting the individual within 24 hours of notification of disenrollment. In addition, after 30 days the providers will automatically be updated with an ISP that has been approved to “inactive” and services will be ended as of that date.</p> <p>When an individual is not accessing waiver services for greater than 90 days, the following process shall be followed:</p>	<p>Policies and procedures related to Disenrollment from the SP & CCP shall:</p> <ul style="list-style-type: none"> • Outline an internal process to address if an individual is not accessing SP/CCP services other than Support Coordination for greater than 90 days. • Identify timeframes and staff responsible (by title) to implement each step in the process as outlined in the standard. <p>*It is important for the procedures to provide detailed direction after each step in the disenrollment process.</p>

1. When an ISP is developed without SP/CCP services, the SC will explain to the individual that he/she will be disenrolled if SP/CCP services are not accessed within 90 days.
2. During monthly monitoring (in the month after the ISP is approved and the following month, if applicable), the SC will determine the status of accessing SP/CCP services and remind the individual of disenrollment if the individual continues not to access SP/CCP services.
3. At 60 days without a SP/CCP service other than Support Coordination, the SCA will provide written notification to the individual explaining that the Division will be notified that the individual is not utilizing SP/CCP services and the disenrollment process will begin at 90 days if the individual continues not to access SP/CCP services.
4. At 90 days without a SP/CCP service other than Support Coordination, the SCA will notify the Division and provide information about any extenuating circumstances (such as lack of availability of services).
5. The Division will send a written notification to the individual (and copy the SC) explaining that he/she will be dis-enrolled from the SP/CCP if he/she is not in need of SP/CCP services within the next 10 days.
6. If the Division or SC does not receive a response by the date indicated in the notification, the Division will disenroll the individual from the SP/CCP, indicating the reason for disenrollment in iRecord notes, and notify the Support Coordination Agency.

Individuals who do not voluntarily disenroll from the SP/CCP are notified in writing and are entitled to the opportunity to request a Fair Hearing as governed by Medicaid regulations.

Reporting Incidents (Division Circular #14)

Code	Standard	Expected Outcome
15.2	Anyone providing services to individuals eligible for Division services must report incidents in the required time frames and cooperate in investigations and follow-up to incidents.	The Reporting Incidents policies and procedures shall: <ul style="list-style-type: none"> • Outline the process of identification of reportable incidents

<p>15.2.1.2.1</p> <p>15.2.1.2</p> <p>15.2.1.3</p> <p>Administrative Order 2:05</p>	<p>N.J.S.A. 30:6D-73 et seq., known as the <i>Central Registry of Offenders Against Individuals with Developmental Disabilities</i>, stipulates that failure to immediately report allegations of abuse, neglect, or exploitation is considered a disorderly person’s offense and can result in a fine of \$350 for each day that the abuse, neglect, or exploitation is not reported. For complete details on the Division’s full policy, a chart of incident categories and incident codes, incident and follow-up reporting forms, and instructions see Division Circular 14.</p> <p>* Agencies may access all UIR- related forms and training material on the following link: https://www.state.nj.us/humanservices/dmhas/forms/ under “Unusual Incident Reporting Forms.”</p> <p>If a family or individual reports an incident to the SC and the incident is unrelated to the Service Provider, the SC must complete a typed incident report form and follow up reports associated with Division Circular #14 and send it to the Incident Reporting (IR) unit that corresponds to the county where the individual resides. There are two means by which an incident report can be conveyed to a IR unit:</p> <ul style="list-style-type: none"> • UPDOC – a web-based application that is the preferred means for sending an incident report to the appropriate IR unit, listed below. The instructions for UPDOC are available at http://www.state.nj.us/humanservices/ddd/documents/ddd%20web%20current/CIRCULARS/DC14/uir_updoc_instructions_and_ra_assignments.pdf. • Faxing the incident report to the appropriate IR Unit, as follows: <ul style="list-style-type: none"> o Mays Landing IR Unit (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem counties): 609-341-2340. o Plainfield IR Unit (Bergen, Essex, Hudson, Passaic, Somerset, and Union counties): 609-341- 2342. 	<ul style="list-style-type: none"> • Timeframes and staff responsible (by title) for reporting/submitted an incident report/follow up comports with 15.2.12.1 • Internal and external methods of notification and documentation • SCs’ responsibility to write a case note summarizing the incident in iRecord and categorizing it as a IR note. • The policy shall include contact information for the appropriate IR unit. • The policy shall include the contact information for APS http://www.state.nj.us/humanservices/doas/documents/APS%20flyer.pdf <p>➤ RECOMMEND- Include the UIR category list and a copy of the incident report template within the policy for reference. https://www.state.nj.us/humanservices/ddd/partners/provider/incidentreporting/</p>
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o Trenton IR Unit (Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Sussex, and Warren counties): 609-341-2343.

o ORM Central Office (Out of State IRS): DDD-CO.OQM-UIRS@dhs.nj.gov

Agencies shall follow the requirements and guidelines outlined in A.O. 2:05 “Unusual Incident Reporting and Management System” (UIRMS).

https://www.state.nj.us/humanservices/dmhas/forms/Unusual_Incident_Reporting/2_05.pdf

In addition to reporting to the UIR unit, the SC must also report allegations of abuse, neglect, or exploitation of an individual that occur in the person’s home and do not involve a service provider to Adult Protective Services (APS) as soon as they become aware. There is an APS office in every county. Information about Adult Protective Services and contact information is available at:

<http://www.state.nj.us/humanservices/doas/documents/APS%20flyer.pdf>

Complaint/ Grievance Resolution or Appeals Process

Code	Standard	Expected Outcome
11.1	Support Coordination Agencies shall develop and maintain policies and procedures for steps to file a complaint/grievance, two levels of appeal for complaint/grievance, one level to involve the executive director, documentation completed when the process is followed;	<p>The Complain/Grievance policies and procedures shall:</p> <ul style="list-style-type: none"> • Provide methods for individuals and/or their families/guardians to voice grievances or recommend changes to policies and services to agency personnel and the governing body without fear of reprisal. • Include a timeframe that specifies how quickly all complaints must be reviewed by staff (identified by title) and how quickly the individual and/or family shall learn of the results of the inquiry of the complaint (indicate staff responsible). • Include the methods of an agency Appeal Process. This shall include the timeframe for the appeal to be submitted by individuals and families. <p>RECOMMEND- Support Coordination Agencies may provide the Complaint/Grievance process to individuals and families upon enrollment.</p>

Complaint Investigation (Division Circular #15)

Code	Standard	Expected Outcome
Division Circular #15 11.1	SCAs are not required to complete investigations of reportable incidents. However, SCAs are required to include a process for responding to complaints pertaining to staff within the agency that are not providing the required services and fulfilling their roles and responsibilities.	<p>The Complaint Investigation policies and procedures shall:</p> <ul style="list-style-type: none"> • Include the internal procedure for responding to complaints. Include the timeframe to initiate and complete a review of the complaint. • to complaints. Include the timeframe to initiate and complete a review of the complaint. • Ensure reviews are conducted by staff (identify by title) who are impartial and not directly involved in the complaint under review or with the staff to be interviewed. • State the protective actions taken by the agency as a result of the findings. • Provide the method of notification of results from review (internally, such as to the Board of Directors and to the Division). <p>*It is the responsibility of the agency to maintain documents related to complaints, review of complaints, and the results to provide to the Division upon request.</p>

HIPAA & Protected Health Information (PHI)

Code	Standard	Expected Outcome
11.5 17.18.5.12 17.18.5.12.1 17.18.5.12.2 17.18.5.12.3 Division Circular #30	<p>HIPPA</p> <p>All documentation must be HIPAA compliant. For example, paper documents/case records must be stored securely with appropriate safeguards, and the individual’s written authorization for the release of information must be obtained before any protected health information can be shared. There are serious consequences to fraudulent documentation; thus, SCAs must take precautions to ensure compliance with all applicable laws and regulations.</p> <p>Corrections to Documents- Paper Documents</p> <ul style="list-style-type: none"> • Deletions, erasures, and whiting out errors is not permitted; • Content can only be changed by the original writer; • Corrections must be made by the person who originally wrote the document with one line through the error including initials and date of correction. <p>Electronic Documents</p>	<p>HIPPA & PHI policies and procedures shall:</p> <ul style="list-style-type: none"> • Include which staff and how the staff is trained and informed of the importance of being HIPPA compliant. • Include the internal process for maintaining and managing PHI. • Identify a staff responsible (by title) to maintain safeguards. • Outline the internal process for controlling access to workstations and equipment. • Include the need for an individual’s written approval to release information to anyone outside the agency. • Include an internal process for accidental information sharing. This shall include the timeframe to provide notification to management (identify by title).

	<ul style="list-style-type: none"> • Documents uploaded/entered into iRecord cannot be altered once submitted. An additional case note explaining the correction must be entered into the system. <p>Required Support Coordination Documents</p> <ul style="list-style-type: none"> • SC Monitoring Tool; • Person-Centered Planning Tool (PCPT); • Individualized Service Plan (ISP); • Participants Statement of Rights & Responsibilities; • ISP Quality Review Checklist; • F3 Form – DVRS or CBVI Determination Form for Individuals Eligible for DDD; • F6 Form - Non-Referral to DVRS or CBVI Form. 	
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Emergency Procedure

Code	Standard	Expected Outcome
Division Circular #20 11.1 Danielle’s Law 15.2	<p>Life Threatening Emergencies (Division Circular #20) Policy and Procedure; staff training, recording incident, etc.; notification practices (the Division, administration, other staff, family, guardians, etc.); completion of UIR;</p> <p>When an unusual incident occurs, the primary responsibility of SCAs is to provide protection to the individual. If emergency medical care is needed, or if the person is in a life threatening emergency, call 911.</p>	<p>The Emergency Procedure policies and procedures shall:</p> <ul style="list-style-type: none"> • Provide the methods for notifying administration, individuals served, families, guardians, etc.; • Reporting procedures in accordance with Division Circular #14 “Reporting Unusual Incidents;” • Methods for responding to Life-Threatening Emergencies in accordance with Division Circular #20A “Life Threatening Emergencies.” • Outline the responsibility of all staff to call 911 during a life threatening emergency. (Danielle’s Law) <p>*Agencies can reference other policies and procedures but must refer/specify the policy by title and policy number.</p>
17.18.5.10	<p>Coverage</p> <p>The SCA must ensure that Support Coordination services are available at all times.</p> <p>At a minimum, these services must be available via phone contact. An answering service is acceptable as long as there is a SC available on-call.</p> <p>In circumstances where an individual contacts 24 hour services after business hours, emergent cases shall be directed to the on-call SC for follow-up. The SC must contact the individual and direct him/her to appropriate resources and/or make phone calls, including but not limited to 911,</p>	<p>The policy shall define the agency’s typical “business hours.” “Business Hours” need to be defined with the times the agency is open. This shall include the agency’s method of meeting the following:</p> <ul style="list-style-type: none"> • How the agency provides evenings and weekend hours to accommodate certain individuals? • Will the agency close for any Holidays? The agency shall specify which holidays the agency is closed. • The agency’s method for answering and responding to incoming telephone calls at times other than designated business hours. (Please request the on-call schedule for review, if applicable).

	<p>emergency personnel, and other government entities as appropriate. A meeting to develop a contingency plan to address the issue must be held on the following morning/day.</p> <p>If the individual cannot meet with the SC during business hours, the SCA must schedule monthly/quarterly/annual contacts/visits, planning meetings, etc. outside of business hours to accommodate the individual's needs.</p>	<ul style="list-style-type: none"> • The expectation and method for the SC to provide necessary follow-up for emergent and non-emergent issues. ➤ RECOMMEND- Support Coordination Agencies may provide the on-call number to all individuals/families/guardians during orientation.
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Reporting Medicaid Waste/Fraud/Abuse (Division Circular #54)

Code	Standard	Expected Outcome
<p>Division Circular #54</p> <p>15.5.2</p> <p>17.18.5.12</p>	<p>Definition of Medicaid Waste/Fraud/Abuse, staff roles and responsibilities, process to identify concerns, staff designated to receive all reports of concern, system to report to a required entity, notification that should be made.</p> <p>Division Policy on Fraud, Waste, & Abuse includes sanctions for providers when fraudulent claims are made as well as whistleblower protections for staff reporting: https://nj.gov/humanservices/ddd/assets/documents/circulars/DC54.pdf. Agencies where potential fraud is detected will be subject to Medicaid Fraud & Abuse investigations and policies as well as the Provider Disenrollment Policy, found in Section 16. While NJ Medicaid providers are not currently required to implement Compliance programs, the Medicaid Fraud Division strongly encourages providers whose payments from the Medicaid program exceed \$100,000 per year to implement a compliance program.</p>	<p>Reporting Medicaid Waste/Fraud/Abuse policies and procedures shall include:</p> <ul style="list-style-type: none"> • Information on Medicaid Fraud Division information: https://www.nj.gov/oag/medicaidfraud/ • Information on Provider Compliance Program information: NJ Office of the State Comptroller • Methods for detecting/preventing and preventing fraud, waste and abuse • The common documentation errors and the serious consequences of fraudulent documentation, as per the manual: <ul style="list-style-type: none"> ○ Billing for services not rendered such as billing for canceled appointments or no shows; ○ Billing for misrepresented services such as services provided by unqualified staff or incorrect dates of service; ○ Billing for duplicate services; ○ Serious record-keeping violations such as falsified records or no record available; ○ Missing signatures; ○ Developing a service plan that does not relate to the assessment/evaluation; ○ Reusing identical content in multiple notes, plans, tools, documents, etc. • The methods for reporting and notification of fraud <p>*Documentation is considered unacceptable if it is missing altogether (such as missing notes) or illegible.</p> <ul style="list-style-type: none"> ➤ RECOMMEND- Include the number to report suspected fraud, waste, or abuse within the policy

Human Rights (Division Circular #5)

Code	Standard	Expected Outcome
Division Circular #5	Division Human Rights Committee (HRC)-System to review concerns regarding an individual's rights, system to review Behavior Support Plans (as necessary), staff roles and responsibilities, documentation needed, notification needed;	<p>The Human Rights policies and procedures shall:</p> <ul style="list-style-type: none"> • State the responsibilities of staff (by title) and efforts to assure the human and civil rights of individuals with developmental disabilities are protected. • Provide the referral process to the HRC and ensure restrictions of individual's rights are documented accordingly by Support Coordination staff. • Restrictions of an individual's rights shall be documented in the client record. This shall include the staff responsible (by title) to document and wherein the client record it shall be noted. • State the responsibility of the staff (by title) within the SCA to advocate for and protect the rights of individuals with developmental disabilities.

Financial Management and Billing

Code	Standard	Expected Outcome
14.1	Staff roles and responsibilities, a mechanism for notification of Fiscal Sustainability.	<p>This policy and procedures shall:</p> <ul style="list-style-type: none"> • Specify the rate for Support Coordination Services comporting with Appendix H. • Current rate: SC Per Person/Per Month \$362.89 Per Person/Per Day (partial month) \$12.11 <p>➤ RECOMMEND- Provide written notification and copies of all services rendered to the individual.</p>

Quality Management

Code	Standard	Expected Outcome
15.1 15.4 15.4.1	Quality management in a service provider agency requires a comprehensive strategy that includes planning, implementing, evaluating, and improving systems and agency practices that lead to enhanced outcomes for the individuals served. The Division of Developmental Disabilities expects that all service providers will be able to demonstrate a comprehensive quality management system in the agency that includes employee development and training; background and exclusion checks; auditing and fraud detection; incident and risk management; adherence	<p>This policy shall include the agency's quality management system which includes employee development and training, background and exclusion checks; auditing and fraud detection; incident and risk management; adherence to human rights standards; performance and outcome measurements for service improvement; and an annual quality management plan that details the agency's goals and quality improvement practices. The policies and procedures shall</p> <ul style="list-style-type: none"> • Describe the agency's quality improvement plan • Include the review of services rendered to an individual, maintenance of documentation for each individual served, staff performance, staff qualifications and credentials, and staff training and education.

	<p>to human rights standards; performance and outcomes measurements for service improvement; and an annual quality management plan that details the agency’s goals and quality improvement practices.</p> <p>The Division requires an annual Quality Management Plan for each service provider detailing goals for the year, implementation strategies, evaluation of strategies, and indicators of systemic improvements made as a result of the analysis. This includes detailing quality improvement strategies used in the agency, including staff training, policy updates, and service process improvements.</p>	<ul style="list-style-type: none"> Specify a timetable for implementation, and provisions for ongoing monitoring of staff and individual services. Include the mechanisms for follow-up and submission of results to the Governing Body and the Division. (This report shall include the deficiencies found and recommendations for corrections and/or improvement) Internal method for maintaining records from the quality management plan including results. <p>Identify staff responsible (by title) to implement and oversee the quality improvement plan.</p>
15.3.3	<p>Customer Satisfaction Measures</p> <p>Service providers are required to design and implement customer satisfaction measures with results reported to the Division on at least an annual basis. Measures may include surveys, complaint and grievance resolution, or other evidence.</p>	<p>The policies and procedures shall:</p> <ul style="list-style-type: none"> State the agency’s design and method to implement customer satisfaction measures. Specify the time frame and staff responsible to report the results to the Division. (The results need to be reported to the Division at least on an annual basis) Include how often/when the survey will be completed. <p>Customer satisfaction measures must be in line with the CMS Home & Community Based Services (HCBS) Quality Framework, which includes the following seven broad areas:</p> <ul style="list-style-type: none"> Participant access; Participant-centered service planning and delivery; Provider capacity and capabilities; Participant safeguards; Participant Rights and Responsibilities; Participant outcomes and satisfaction; System performance. <p>*Support Coordination Agencies may utilize the “Evaluating Your Support Coordination Services: A Tool for People with Disabilities” to identify useful measures to include in their own surveys. This document is available at http://rwjms.rutgers.edu/boggcenter/projects/documents/AToolForEvaluatingSupportCoordinationServicesFinal.pdf.</p>

Section 11: Support Coordination Agency Policies & Procedures Compliance Review Template



New Jersey Department of Human Services
 Division of Developmental Disabilities
 Support Coordination Unit

Support Coordination Agency Policies & Procedures Compliance Review

Demographics		
Name of SCA: Click to enter text.		Review Date: Click to enter a date.
Date of Qualification: Click to enter a date.	Date of Release: Click to enter a date.	Reviewer Name: Click to enter text.

Policies and procedures are required in 14 areas identified in Chapter 11.1 of the CCP and SP Policies & Procedures Manual. A review was completed to ensure that required and expected elements are present. The findings from this review are outlined in this report.

Scoring	
There are 14 categories identified for review. Each category is worth 3 possible points.	Points are assigned as follows: 3 points = Standards are met 1 point = Standards are partially met 0 points = Standards are not met/Policy missing

Summary of Overall Results			
Total Points = out of 42	<input type="checkbox"/> SCA Policies & Procedures Manual meets standards	<input type="checkbox"/> SCA Policies & Procedures Manual partially meets standards	<input type="checkbox"/> SCA Policies & Procedures Manual does not meet standards / was not submitted
Total Score = %			
86% or better is the desired benchmark.			

Scoring Summary	Assessment	Score
General Requirements	Choose an item.	Choose an item.
Organizational Governance	Choose an item.	Choose an item.
Personnel	Choose an item.	Choose an item.
Admission/Assignment	Choose an item.	Choose an item.
Discharge/Disenrollment	Choose an item.	Choose an item.
Reporting Incidents (Division Circular #14)	Choose an item.	Choose an item.
Complaint/ Grievance Resolution or Appeals Process	Choose an item.	Choose an item.
Complaint Investigation (Division Circular #15)	Choose an item.	Choose an item.
HIPAA & Protected Health Information (PHI)	Choose an item.	Choose an item.
Emergency Procedure	Choose an item.	Choose an item.
Reporting Medicaid Waste/Fraud/Abuse (Division Circular #54)	Choose an item.	Choose an item.
Human Rights (Division Circular #5)	Choose an item.	Choose an item.
Financial Management and Billing	Choose an item.	Choose an item.
Quality Management	Choose an item.	Choose an item.
Total		

Review Summary	
General Requirements	Score
Comments:	
Organizational Governance	Score
Comments:	
Personnel	Score
Comments:	
Admission/Assignment	Score
Comments:	

Discharge/Disenrollment	Score
Comments:	
Reporting Incidents (Division Circular #14)	Score
Comments:	
Complaint/ Grievance Resolution or Appeals Process	Score
Comments:	
Complaint Investigation (Division Circular #15)	Score
Comments:	
HIPAA & Protected Health Information (PHI)	Score
Comments:	
Emergency Procedure	Score
Comments:	
Reporting Medicaid Waste/Fraud/Abuse (Division Circular #54)	Score
Comments:	
Human Rights (Division Circular #5)	Score
Comments:	
Financial Management and Billing	Score
Comments:	
Quality Management	Score
Comments:	