



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF AGING AND COMMUNITY SERVICES

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DATE: March 31, 2011 **NUMBER:** 2011 – 10, VII - 8,

TYPE: Policy Memorandum **SUPERSEDES:** N/A

SUBJECT: Care Management Agency Standards **DISTRIBUTION CODE:** IX c, d, e, f; X a

EFFECTIVE: March 31, 2011

APPLICABILITY: Aging and Disability Resource Connection sites, Area Agencies on Aging, Care Management Agencies

BACKGROUND: It is incumbent on the Division of Aging and Community Services (DACS) to ensure uniformity and consistency of agencies providing the service of care management. To do this DACS reached out to the various providers of care management to determine care management agency standards that ensure professionalism, set a baseline of quality assurance activities that are implemented and followed, support staff through in-service training and orientation, provide the necessary electronic equipment and software to staff, and ensure that staff attend all pertinent training for supervisors and staff as per program requirements.

The work group of providers determined care management agency standards based on group discussion, provider experience and mutual agreement. Providers also had the opportunity to submit questions in response to the final draft standards. Those questions and answers are attached to this Policy Memorandum.

PURPOSE: The Division of Aging and Community Services (DACS) strives to design programs that continuously and effectively assure the health and welfare of participants. Processes that are important for assuring participant quality of care include, but are not limited to, the qualifications of providers.

POLICY:

This policy establishes the minimum standards needed to qualify as a care management agency for all DACS administered programs.

The policy creates competency standards that address the operational requirements necessary to become an approved DACS care management agency. These standards include but are not limited to:

- Establishing an internal Quality Management Strategy:
- Conducting consumer satisfaction surveys:
- Submitting required DACS reports in a timely fashion:
- Recognizing distinct functions for Care Managers: and
- Maintaining updated policies/procedures.

JUSTIFICATION:

DACS Approved Providers

DACS Provider Contract

Par. 15. The Contractor agrees to comply with all federal, state and municipal statutes, laws, rules, regulations and policies applicable to the provision of services hereunder, including but not limited to the following: Anti-discrimination - N.J.S.A. 10:5-1 et seq., Civil Rights Act of 1964, with amendments.

42 U.S.C.A. 2000a et seq., Americans with Disabilities Act - 42 U.S.C. 12101 et seq., Rehabilitation Act of 1973 with amendments - 29 U.S.C.A. 794(a), 42 U.S.C.A. 6101; New Jersey Conflicts of Interest Law - N.J.S.A. 52:13D-12-27; Lobbying - 31 U.S.C. 1352; and all state and federal Medicaid laws, regulations and policies. The list of laws cited herein is not intended to be an exhaustive list and is available for review at the State Library, 185 W. State Street, Trenton, New Jersey 08625.

Office on Aging Grantees

45 CFR §1321.11 State agency policies

(a) The State agency on aging shall develop policies governing all aspects of programs operated under this part, including the ombudsman program whether operated directly by the State agency or under contract. These policies shall be developed in consultation with other appropriate parties in the State. The State agency is responsible for enforcement of these policies.

NJ Medicaid Approved Providers

The Provider Agreement between the NJ Division of Medical Assistance and Health Services and the approved Medicaid Provider states that the provider agrees to comply with all applicable State and Federal laws, policies, rules, and regulations promulgated pursuant thereto.

Code of Federal Regulations (CFR)

42 C.F.R. § 430

Subpart B—General Administrative Requirements

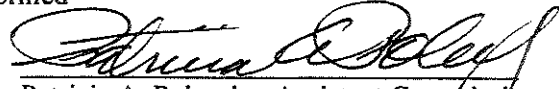
§ 431.51 Free choice of providers.

(a) Statutory basis. This section is based on sections 1902(a)(23), 1902(e)(2), and 1915 (a) and (b) of the Act.

(1) Section 1902(a)(23) of the Act provides that recipients may obtain services from any qualified Medicaid provider that undertakes to provide the services to them.

Federal Waiver Assurances

The Waiver application defines each Waiver service and must include provider qualifications, the entity (or entities) responsible for verifying provider qualifications, and how frequently the verification of provider qualifications is performed



Patricia A. Polansky, Assistant Commissioner
Division of Aging and Community Services



**NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF AGING AND COMMUNITY SERVICES**

DACS Care Management Agency Standards

A Division of Aging and Community Services (DACS) Care Management Agency is a public or private organization or entity that holds a provider agreement or contract as required by the Department of Health and Senior Services, Division of Aging and Community Services.

Types of Care Management Agencies:

Area Agency on Aging	Accredited Registered Homemaker Agency
County Welfare Agency	Proprietary or Not- for- Profit Care Management Entity
Licensed Certified Home Health Agency	Centers for Independent Living

Standards

- Agency must establish an internal Quality Management Strategy that includes Continuous Quality Improvement aspects as per program requirements.
- Agency must conduct a consumer satisfaction survey as per program requirements.
- Agency supervisors must case conference or meet with Care Managers as per program requirements.
- Agency must utilize Department of Health & Senior Services approved client tracking software as per program requirements.
- Agency must provide Care Managers electronic devices to access DACS electronic software as per program requirements.
- Agency must submit required DACS reports in a timely fashion as per program requirements or program requests.
- Agency designated staff will assign cases to their Care Managers within two business days from receiving a complete assessment package that includes the state approved comprehensive assessment as per program requirements.
- Agency will have distinct functions for Care Managers when servicing DACS administered programs.
- Agency will ensure that staff will attend, at a minimum, one in-service training per year on aging and/or disability related subjects.
- Agency will ensure that care management staff attends meetings as per program requirements. For Global Options for Long Term Care (GO) and Jersey Assistance for Community Caregiving (JACC), care management agencies' Care Coordinator(s) or Care Manager Supervisor(s) will attend four (4) Care Coordinator meetings per year and Care Manager(s) or Care Manager Representative(s) will attend two (2) Care Management Regional meetings per year.
- Agency must have updated policies/procedures as per program requirements on:

Case assignment	Plan of Care
Case coverage for employee absence	Case Transfer: Agency to Agency
Case record documentation	Consumer Bill of Rights
Sexual harassment	Annual Employee Performance Evaluation (as applicable)
Conflict of interest	Emergency/Disaster Procedures
HIPPA compliance	Critical Incidents
Fiscal process	Job descriptions
Grievance procedures	Supervision
After Hour Policy	Employee Safety