NEW JERSEY HUMAN SERVICES

Division of Developmental Disabilities

Policies & Procedures Guidebook for Medicaid/DDD Approved Providers

DDD Support Coordination Unit
DDD Care Management & Provider Support Unit

May 2025

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Section 1: Overview

Purpose

This guidebook was created as a resource tool to assist Medicaid/DDD approved providers, to include Service Providers and Support Coordination Agencies, hereby both referred to as "agencies", in the development and/or review of the agency's policies and procedures manual (P&P manual). This guidebook is not intended to replace or supersede any content outlined within the Division of Developmental Disabilities (DDD) policy manuals and/or DHS/DDD Circulars and does not replace policy and procedure requirements for licensed agencies. Agencies that operate licensed settings are required to ensure their policy and procedure manuals includes requirements mandated by the Office of Licensing and N.J.A.C. 10:44A.

Content included within the guidebook is designed to aid in the development of agency policy related to organizational structure, documentation methods, customer service delivery, and quality oversight practices to ensure that all levels of agency operations adhere to DDD and waiver requirements.

The policies required by DDD are outlined within this guidebook. The Division reserves the right to request a copy of an agency's policy & procedures manual at any time per Section 11.1 of DDD policy manuals.

What is a Policy and Procedure (P&P) Manual?

The P&P manual reflects the agency's operational practices and internal controls to ensure adherence with required standards, as well as consistency and standardization of practice within the agency. Written policies and procedures are expected to be followed by all staff in the agency. The P&P manual includes procedures that are specific, detailed, include assignment of responsibilities, timeframes and other important details and should be easy for staff members to read, understand and follow.

To ensure that the manual reflects current practice and current state and federal requirements, it should be reviewed annually and updated as needed.

Rationale

The rationale for agencies to have a quality P&P manual support the values of person-centered care, and include the following:

- Ensuring consistent and quality services to individuals served
- Ensuring consistent and standard response to issues
- Ensuring all agency staff understand and follow agency expectations
- Ensuring regulatory compliance within the agency
- Ensuring quality and compliance with DDD requirements designed to support and when appropriate, protect the individual.

The process of establishing policies and procedures is designed to enable staff to perform tasks with minimal deviation to achieve a consistent outcome and to:

- Ensure both internal and external constituents are aware of the rules, regulations and expectations of engagement
- Guide managerial action
- Guide day-to-day decision making for all staff
- Articulate clear expectations of those staff who have a direct responsibility to implement a specific policy
- Be easily understandable for the staff who are directly responsible for implementation

Section 2: Definitions

Defining Policies and Procedures

Policies

Policies are "rules" which stand alone and which are approved by the organization's governing body. Policies guide managerial action. Polices 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)

Policies	Procedures
• Are general in nature • Outline guiding principles • Identify the agency rules • Are decision oriented • Why & what	• Are specific and detailed • Identify precise actions and steps • Describe implementation of rules • Are action oriented • How, when, & who

Section 3: Recommended Components of a Policies & Procedures Manual

Expected Components

A. Table of Contents

1. Policies/procedures are logically arranged under Section Headings to facilitate locating items
2. 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. Policy Headers

1. The agency name and/or logo
2. A descriptive title unique to permit easy reference and retrieval of the policy/procedures
3. A unique sequential policy number
4. The effective and/or revision date
5. DDD Review Completed/Compliance Date:
6. It is *recommended* to include a reference source that identifies the corresponding standard from the Division Circulars and/or DDD policy manuals, as applicable. Please note, that multiple standards may be addressed in one policy and procedure

C. Policies and Procedures

1. Purpose statement: Provides a concise summary of the reason for the policy, procedures and the expected outcome(s)
2. Definitions section (if needed): Defines terms used in policy and procedures
3. Policy section: Identifies all relevant policy statements
4. Procedure section: Each procedure includes:
    a. The sequential steps needed to complete each desired outcome, organized in outline formatting
    b. Identifies the staff responsible (by title and/or credentials) for each step
    c. Identifies timeframes for each step to be completed
    d. Lists the full name and number of other policies and procedures, when they are referenced
5. Other Sections (if needed): May be added as needed or appropriate to ensure the policy and procedures are clear, supported by other agency procedures, and/or to operationalize the policy or procedures further. Examples of other sections may include the following:
    a. Reference to related policies and procedures
    b. Forms related to policy implementation
    c. Contacts and/or resources
    d. Background information
    e. Application to an electronic health record or similar

Tip: The order of items in a policy generally follows the flow described above, but is flexible, based on the requirements of the policy, as long as all required elements are present.

Section 4: Overview of Required Policies and Procedures

DDD Policy and Procedure Requirements

Agencies are required to adopt and implement policies and procedures within their organization as per DDD regulations. These policies and procedures should be part of the daily operations and be specific to the organization's structure. In some cases, the agency may have several policies related to a specific policy element (for example, personnel may include separate policies regarding qualifications, background checks and training for different types of positions in the agency).

DDD policy manuals outline required policies and procedures for all agency organizations in section 11.1. At a minimum, the following policies and procedures are required to provide DDD waiver program services:

A. **Organizational Governance** – Outlines the business classification/structure, illustrates the table of organization inclusive of job descriptions for all titles and clearly denotes how the business will ensure conflict free operations; see Section 11.2 Organizational Governance Policy;
B. **Personnel** – Addresses how the agency will verify, hire and train personnel. Policies will define method for conducting required background checks (initial and ongoing), identification of CDS administrator (at least 2), compliance with Stephen Komninos' Law (2 hour notification, drug testing, etc.), criminal history, central registry, Child Abuse Registry Information (CARI), federal exclusion check (See Appendix I), NJ Treasurer's exclusion database check, NJ Division of Community Affairs (if applicable), NJ Department of Health (if applicable), State Debarment check (See Appendix I), driver's abstract, system ensuring completion of initial and ongoing mandated training including IR, method for verifying staff qualifications;
C. **Admission** – Outlines the criteria for acceptance, method to establish level of supervision, appeal process / grievance procedure, waiting list for admission, communication of necessary information to prospective individual, and denotes title/role responsible for actions;
D. **Suspension** – Outlines the process for making determination (determining reasons are met, warning process, etc.), reason for suspension, timeline and process for return to services, appeal process / grievance procedure and denotes title/role responsible for actions;
E. **Discharge** – Describes the potential 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 and denotes title/role responsible for actions;
F. **Reporting Incidents** (Division Circular #14) – Adopting standardized policy and agency defines training staff on procedure, notifications necessary, steps to record and report the incident, follow up on incident when required and denotes title/role responsible for actions;
G. **Complaint/Grievance Resolution or Appeals Process** – Outlines the steps to file a complaint/grievance, two levels of appeal for complaint/grievance, one level to involve the Agency Head, documentation completed when process is followed and denotes title/role responsible for actions;

H. **Complaint Investigation** (Division Circular #15) – Describes staff that are responsible for investigation, process to interview staff, reporting requirements once investigation is complete, time frames involved with investigation, process for disciplinary action due to results of investigation and denotes title/role responsible for actions;

I. **HIPAA & Protected Health information (PHI)** – Establishes a uniform system to implement the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as it relates to Privacy Practices and consistent with Division Circulars and denotes title/role responsible for actions;

J. **Emergency Procedure** – Addresses Life Threatening Emergencies (Division Circular #20) Policy and Procedure; staff training, recording incident, etc.; notification practices (the Division, administration, other staff, family, guardians, etc.); evacuation process (if applicable); mechanism to ensure everyone is evacuated and accounted for; staff roles and responsibilities; mechanism to ensure everyone has been moved to a safe location and is accounted for (shelter in place policy, if applicable); completion of UIR and denotes title/role responsible for actions;

K. **Medication Administration** (if medication is distributed while rendering service) – Details the process to store on/off site, procedure for administration of medication, prescribed/OTC medications documentation, staff responsibilities (training requirements / storage), notification if necessary (reporting of errors / definition of errors / UIR completion), notification of administration of PRN/OTC medication, staff training to include practicum; denotes title/role responsible for direct administration, training, and quality assurance oversight;

L. **Reporting Medicaid Fraud/Waste/Abuse** (Division Circular #54) – Adopting standardized policy that addresses definition of Medicaid Fraud/Waste/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, addressing annual training requirement and denotes title/role responsible;

M. **Human Rights** (Division Circular #5) – Addresses whether the agency will create its own internal Human Rights Committee (HRC) or utilize the Division HRC, outline 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 and addresses agency's assurance of protecting Individual Rights across all operations aspects consistent with Home and Community Based Settings rules and denotes title/role responsible;

N. **Financial Management and Billing** – Outlines the operational steps for conducting Internal Controls for claim submission, billing process, oversight of recordkeeping, monitoring expenditure controls and addressing Internal Financial controls that help ensure fiscal sustainability, financial reporting, audit requirements and monitoring fiscal sustainability criteria, and clearly defines staff roles and responsibilities;

O. **Quality Management Plan** – Outlines system for continuously assessing and improving service delivery, inclusive of internal and external process to measure customer satisfaction, method to evaluate areas for improvement / goals for the year, plan for improvement via Quality Management Report (additional information and requirements can be found in Section 15.4).

Policy and Procedure Implementation

Agencies may develop policies and procedures that extend beyond what is identified in this guidebook. Examples of additional policies may include, but are not limited to, policies and procedures regarding social media, code of conduct, discrimination, etc. 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.

P&P manuals are meant to provide an overview of service provision for the totality of approved services. Agencies offering more than one service should develop a P&P manual that meets the requirements of the service that has the most required elements and note any service area limitations. It is also possible that agencies that offer a variety of services that policy elements may be needed for one area of service provision and not another, and that it may be easier for some policies to be separated by program type.

In order to clarify required policies based on agency type, a *Quick Guide to Required Content Areas for Provider Policy & Procedure Manuals* has been added to the DDD policy manuals and is as follows:

Service	Required P&P Content Areas
Assistive Technology Environmental Modification Goods & Services PERS Vehicle Modification	N/A
Behavioral Supports	• Organizational Governance • Personnel • Admission, Suspension, Discharge • Reporting Incidents • Complaint/Grievance Resolution or Appeals Process • Complaint Investigation • HIPAA & Protected Health Information • Emergency Procedure • Medication Administration • Reporting Medicaid Fraud/Waste/Abuse • Human Rights • Financial Management & Billing • Quality Management Plan • Behavior Policy

Career Planning Community Inclusion Services Prevocational Training Supported Employment – Individual and Small Group	• Organizational Governance • Personnel • Admission, Suspension, Discharge • Reporting Incidents • Complaint/Grievance Resolution or Appeals Process • Complaint Investigation • HIPAA & Protected Health Information • Emergency Procedure • Medication Administration • Reporting Medicaid Fraud/Waste/Abuse • Human Rights • Financial Management & Billing • Quality Management Plan
Cognitive Rehabilitation Interpreter Services Natural Supports Training Occupational Therapy Physical Therapy Speech, Language, & Hearing Transportation	• Reporting Incidents • Complaint Investigation • HIPAA & Protected Health Information • Reporting Medicaid Fraud/Waste/Abuse
Community Based Supports Day Habilitation Individual Supports (Daily Rate) Individual Supports (Hourly Rate) Respite	• Organizational Governance • Personnel • Admission, Suspension, Discharge • Reporting Incidents • Complaint/Grievance Resolution or Appeals Process • Complaint Investigation • HIPAA & Protected Health Information • Emergency Procedure • Medication Administration • Reporting Medicaid Fraud/Waste/Abuse • Human Rights • Financial Management & Billing

	• Quality Management Plan • Behavior Policy
Support Coordination Supports Brokerage	• Organizational Governance • Personnel • Admission, Suspension, Discharge • Reporting Incidents • Complaint/Grievance Resolution or Appeals Process • Complaint Investigation • HIPAA & Protected Health Information • Emergency Procedure • Reporting Medicaid Fraud/Waste/Abuse • Human Rights • Financial Management & Billing • Quality Management Plan

Home and Community Based Service Requirements

The HCBS Final Settings Rule is a federal policy announced by the Centers for Medicare and Medicaid Services (CMS) in January 2014. The Final Rule dictates where and how Medicaid home and community based services, (HCBS) are provided. It ensures that people receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.

- The HCBS Final Settings Rule applies to ALL individuals who receive Medicaid HCBS, including those enrolled in the Community Care Program (CCP) or the Supports Program (SP).
- The Final Settings Rule applies to both provider managed residential and day services settings.

This guidebook offers best practice recommendations to assist agencies to incorporate these requirements into its overall policies and procedures. For additional information regarding the Final Rule, please see *A Provider's Guide to the Home and Community Based Services Final Settings Rule*.

HCBS Impact on Human Rights Policies and Procedures

Historically, human rights policies and procedures have focused on the annual review and documentation of the Participant Rights and Responsibilities Statement for both participants and provider staff. With the added requirements of the HCBS Settings Rule, an organization has the opportunity to enhance its Individual Rights Policy to not only promote and protect individual rights but also to support the realization of an individual's rights on a daily basis.

Section 5: Use of Guidebook

Use of Guidebook

Section 6 of this guidebook provides information and guidance for each of the required policies. The layout for each policy includes following components:

A. DDD policy manual reference(s) specific to the policy.
B. Required policy and procedure elements.
C. Recommended elements, if appropriate. Recommended elements are considered best practice.

A *Policies & Procedures Checklist* was created and is provided in Appendix B. Agencies are encouraged to use the *Policies & Procedures Checklist* when writing, reviewing, or revising their P&P manual to confirm expected elements of required policies and procedures exist within their manuals, are reviewed at least annually, and are updated as needed.

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Section 6: Required Policy Highlights

I. Organizational Governance

A. Organizational Governance: DDD Policy Manual Reference

11.1 Organizational Governance

Outlines the business classification/structure, illustrates the table of organization inclusive of job descriptions for all titles and clearly denotes how the business will ensure conflict free operations; see Section 11.2 Organizational Governance Policy

11.2 Organizational Governance Policy

All DDD/Medicaid-approved service providers, regardless of their designation as for-profit or not-for-profit, must:

1. Maintain, and be able to produce for Division review at any time, document(s) that outline the organization's governance that oversees the operations of the organization in such manner as will ersure effective and ethical management;
2. If requested, disclose and make public all Board member/stockholder names, affiliations, and any potential conflicts of interest. This must include the requirement that, at a minimum, all board member/stockholder names be made publicly available on the organization's website; and
3. Demonstrate compliance with all legislation and regulations of corporate governance and financial practices as prescribed by the organization's corporate designation (profit, non-profit).

Agencies found at any time to be in violation of their Board Policies, including but not limited to all the above requirements, and background check requirements for Board Members described in 15.1.2, may be dis-enrolled as an approved provider of Division services.

A. Organizational Governance: Required Elements

1. Identifies the Governing Authority and outlines responsibilities.
2. Includes a Table of Organization and Job Descriptions for all titles, including volunteers, interns and other unpaid staff.
    a. See Appendix A for sample organization charts.
3. Outlines procedures to demonstrate compliance with all legislation and regulations of corporate governance and financial practices as prescribed by the agency's corporate designation (profit, non-profit).
4. Outlines agency operations and oversight in such a manner as will ensure effective and ethical management and conflict free operations.

5. Addresses the requirement that all board members'/stock holders' names, affiliations, and any potential conflicts of interest be disclosed and made publicly available if requested.
6. Describes public availability of board member names, if applicable, on the organization's website.

B. Organizational Governance Recommended (additional) Elements

1. **Mission Statement or Philosophy, Values and Goals**: This section introduces the agency's mission/vision statement and describes the philosophy, values and goals of the organization. A mission statement is the most basic guide to describe what agency values and aspires to achieve. A mission statement defines why an organization exists in the world. It should contain information about the business's key objectives, the type of clientele it supports and why it does what it does.

> ***Sample Mission Statement***
>
> [Agency Name's] mission is to provide a continuum of integrated human services and supports to citizens of New Jersey who live with intellectual and developmental disabilities, to afford the opportunity to live a full life of their own choosing, with self-determined goals and dreams.

2. **Agency Overview**: In this section, the agency overview outlines vital details about an organization, such as the location of operations, capacity of service, services offered, and populations served. The overview can also include factual and relevant history/background information about the organization.

II. Personnel

A. Personnel: DDD Policy Manual References

> **11.3 Documentation of Qualifications**
>
> All approved service providers must maintain documentation that can be provided at the request of the Division to demonstrate continued compliance with qualification requirements. Personnel files that include relevant licenses, certifications, proof of completion of mandated training, etc. shall be maintained and available for Division review at any time.
>
> In addition, all approved service providers must adhere to documentation requirements specific to each service, as detailed in Section 17, and maintain participant files for each individual receiving services (these files can be maintained with an electronic health record). Providers using an electronic health record (EHR) or other electronic systems will remain in compliance if all information required in documents is captured somewhere and can be shown/reviewed during an audit.

11.3 Documentation of Qualifications (continued)

All approved service providers must maintain documentation that can be provided at the request of the Division to demonstrate continued compliance with qualification requirements. Personnel files that include relevant licenses, certifications, proof of completion of mandated training, etc. shall be maintained and available for Division review at any time.

In addition, all approved service providers must adhere to documentation requirements specific to each service, as detailed in Section 17, and maintain participant files for each individual receiving services (these files can be maintained with an electronic health record). Providers using an electronic health record (EHR) or other electronic systems will remain in compliance if all information required in documents is captured somewhere and can be shown/reviewed during an audit.

11.4 Staff Orientation, Training, and Professional Development

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 agency'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 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.

11.4.1 Accessing Training through the College of Direct Support (CDS)

The College of Direct Support (CDS) is an online training and learner management system. The Division uses the CDS to provide and track training. The CDS contains more than 30 online training modules designed for use by direct support professionals, frontline supervisors, and other disability service professionals. Providers are given access to CDS after enrollment with the Division.

Approved service providers must have a CDS Agency Administrator. Each agency shall have two CDS Administrators to account for vacation and turnover. Each provider may have a maximum of four CDS Administrators. All Agency CDS Administrators are required to complete training offered through The Boggs Center on how to use the system and must follow the procedures as described in the CDS Administrator Manual and training related policies set forth by the Division. Technical Assistance is provided to Agency CDS Administrators through contacting cdsta@rutgers.edu. Additional information on using the College of Direct Support including: Learner Manual, instructional webinars, Agency Guide: Using the CDS for Pre-Service Training, the NJ Career Path, etc. can be found on The Boggs Center Workforce Development Webpage.

11.4.2 CPR and First Aid Training

For services that CPR and/or First Aid training is mandatory, providers may choose a training entity, which meets current Emergency Cardiovascular Care (ECC) guidelines, through which certification in Standard First Aid and CPR is obtained. The ECC Guidelines provide recommendations regarding how to resuscitate victims in the event of a cardiovascular emergency. Providers shall obtain, and make available for inspections and/or audits, documentation that the training entity utilizes a curriculum in compliance with the ECC guidelines. The documentation shall be a statement, on the entity letter head, that their training content/curriculum meets the ECC Guidelines. Additionally, providers shall ensure staff competency through the successful completion of a standard First Aid and CPR course which shall include:

- In person course with a certified instructor; on-line certifications are not acceptable; and
- Successful completion of a skills test/practicum.

Re-certification every two (2) years to include skills and competency assessment.

Tip: Please see section 17 of DDD's policy manuals for detailed staff qualification requirements for each service type.

B. Personnel: Required Elements

General Requirements

1. For **Service Providers**, indicates method of informing the Division of Agency Head changes so the Division's Provider Enrollment Unit complete required background checks.
2. For **SCAs**, indicates methods of informing the Division of all staff changes (new hires, terminations, and promotions) and updating internal processes, if required. This includes transferring caseloads and responsibilities and informing individuals/families of the staff change. Support Coordination Agencies are required to maintain an up-to-date staff list and are required to notify the Division of changes. Any changes should be emailed directly to the Provider Enrollment Coordinator with the agency's assigned QAS in copy.
3. If volunteers/interns are utilized within the agency, it must be outlined. A separate policy regarding volunteers/interns is recommended and should describe how and how often volunteers/interns will be used, vetted, trained and supervised.

Education and Experience Requirements

1. Describes method of verification of staff qualifications.
2. Identifies staff (by title) responsible to implement and perform the verifications and approvals and timeframes.
3. Describes means of maintaining personnel records, and the list of records that are maintained.

Background Check Requirements

1. Describes method of verification of initial and ongoing checks, time frames and who is responsible for each of the following:
   a. Fingerprint check (Federal & State) at the time of hire (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)
   b. Fingerprint archive (every two years) (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)
   c. Central Registry Status at the time of hire (Completed Employee/Volunteer Consent for Employers to Check Form) and on-going every time a DHS notification of addition to the registry is received. Because the provider does not receive documentation when the Central Registry is checked, the provider must determine its own system of documenting on-going checks. Documentation to be kept on hand must include the date of review, who completed the review and results of the review.
   d. Child Abuse Record Information (CARI) check at the time of hire (CARI check result from the New Jersey Online CARI Check Service)
      i. Per OPIA Bulletin - Updated Employee Onboarding Requirements - 4.1.24, all new employees' completed CARI applications shall be submitted within 10 days of hire. Employees may work without restrictions while the CARI check is conducted.
   e. Drug Testing (required for Service Providers upon Hire, random and for cause).
   f. Upon hire and Monthly Exclusionary Checks (per Appendix I of DDD policy manuals)
      i. **State of NJ Debarment List**
      State of New Jersey Medicaid Fraud Division Debarment List
      ii. **N.J. Treasurer's Exclusion Database**
      NJ Treasury Consolidated Debarment Report
      iii. **Federal Exclusions Database**
      Search the Exclusions Database | Office of Inspector General (hhs.gov)
      iv. **N.J. Division of Consumer Affairs Licensure Database** https://newjersey.mylicense.com/verification/
      v. **N.J. Department of Health Licensure Database**
      License Management (psiexams.com)
   g. Drivers Abstract, if applicable
2. Describes how all background check records will be filed and maintained.

Staff Training & Professional Development

1. Identifies staff (by title) responsible for oversight of training process of all staff inclusive of specifics and timeframes to provide necessary orientation/training.
2. Identifies staff (by title) responsible for facilitating necessary orientation/training and the timeframes.
3. Describes documentation and storage methods in staff personnel records.
4. Identifies required trainings and their time frames in compliance with DDD policy manuals Appendix E.
5. Acknowledges need to identify at least 2 College of Direct Support (CDS) administrators.

C. Personnel: Recommended Elements

1. It is recommended that consent be obtained from all potential employees prior to completing background checks.
2. It may be beneficial to create separate policies for required elements. For example,
    a. Personnel: Background Checks
    b. Personnel: Education and Experience
    c. Personnel: Staff Training and Professional
    d. Personnel: General - For Service Providers, indicates method of informing the Division of changes to the Agency so the Division's Provider Enrollment Unit can clear them through the system
    e. Personnel: General - For SCAs, indicates methods of informing the Division of all staff changes (new hires, terminations, and promotions) and updating internal processes, if required.
3. Consider attaching relevant forms to policies, as appropriate.

III. Admission

A. Admission: DDD Policy Manual Reference

11.1 Policies and Procedures Manual

Admission – Outlines the criteria for acceptance, method to establish level of supervision, appeal process / grievance procedure, waiting list for admission, communication of necessary information to prospective individual, and denotes title/role responsible for actions

7.4 Development of the Individualized Service Plan (SCAs)

The ISP must be developed and approved within 30 days of enrollment onto the CCP (see manual for language re extensions).

17.18.5.9 Zero Reject and Zero Discharge (SCAs)

The Support Coordination Agency must accept all individuals as assigned and cannot discharge individuals from services. A Support Coordination Agency cannot specialize in providing Support Coordination services to individuals with a particular type of disability or deny services because of the level of support an individual may or may not need. Only the Division may discharge individuals from services. The Agency must notify the Division of circumstances – such as failure to comply with Division eligibility or policies – that may warrant discharge.

B. Admission: Required Elements (Service Providers)

1. Describes criteria for admission to include time frames and who is responsible for each of the following:
   a. Pre-admission and whether there will be a tour
   b. Outlines criteria for acceptance
   c. Communication of determination to prospective individual/family/guardian.
   d. Appeal process / grievance procedure
   e. Waiting list process for admissions
   f. Method to establish level of supervision
   g. Identifies items (policies, procedures, agency handbook, documents, etc.) to be reviewed and provided to the individual/family/guardian.
   h. A detailed process and orientation of new individuals to the agency.

C. Admission: Required Elements (Support Coordination Agencies)

1. Describes criteria for admission (enrollment) into the agency (I.e. DDD and Medicaid eligibility, etc.), time frames and include who is responsible for each of the following:
2. Describes criteria for determining when to open or close agency capacity and county capacity.
3. Includes the timeframe for the SCA to identify/assign a Support Coordinator.
4. Includes timeframe when contact needs to be made with the individual/family after assignment.
5. Ensures the individual has access to or is provided a copy of the DDD policy manuals
6. Establishes timeframe for informing the individual/family about the Participant Enrollment Agreement and obtaining a signed copy from the individual/guardian
7. Outlines a detailed process and orientation of new individuals to the agency.
8. The policy indicates that the agency will serve all individuals that meet the requirements for support coordination.

IV. Suspension

A. Suspension: DDD Policy Manual Reference

11.1 Policies and Procedures Manual
Suspension – Outlines the process for making determination (determining reasons are met, warning process, etc.), reason for suspension, timeline and process for return to services, appeal process / grievance procedure and denotes title/role responsible for actions.

B. Suspension: Required Elements (Service Providers - with the exception of Residential Providers who may not suspend individuals from residential sites.)

1. Describes Process for making determinations for suspension, the time frames and who is responsible for each of the following:
    a. Reasons for suspension (examples)
    b. Warning Process
    c. Notification of suspension
    d. Timeline to return to services
    e. Appeal process

Suspension: Required Elements (Support Coordination Agencies)

1. Support Coordination Agencies are not required to have a suspension policy, as suspensions do not occur with SCAs.

C. Suspension: Recommended Elements

1. Includes a standardized letter as a sample letter

V. Discharge

A. Discharge: DDD Policy Manual Reference

11.1 Policies and Procedures Manual
Discharge – Describes the potential 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 and denotes title/role responsible for actions.

B. Discharge: Required Elements (Service Providers)

1. Describes the process for making determinations, list timeframes and title of position responsible for each step:
    a. Involuntary Discharge
        i. Reasons for discharge (examples)
        ii. Process for making the determination (determining that reasons are met, warning process, etc.)
        iii. IDT meeting
        iv. Communication/notification (including signature)
        v. Documentation of process
        vi. Discharge from residential setting, if applicable
        vii. Appeal Process
        viii. Readmission to program, if applicable
    b. Voluntary Discharge

i. Notification to agency (including timeframe)
ii. Roles and Responsibilities
iii. Process to return to services

Refer also to DC #36 Transfer or Discharge from Contracted Provider

Discharge: Required Elements (Support Coordination Agencies)

1. Policy includes that the agency may not discharge individuals from their Support Coordination Agency roster.
2. Outlines an internal process, time lines and staff responsible to assist individuals who are being discharged from DDD for any of the following:
   a. They no longer meet the functional criteria necessary to be eligible for the Division.
   b. They choose to no longer receive services from the Division.
   c. They do not maintain Medicaid eligibility.
   d. They no longer reside in the State of New Jersey.
   e. They do not comply with DDD policy manuals or waiver program requirements.
3. Policy outlines an internal process, time lines and staff responsible to address if an individual is not accessing SP/CCP services other than Support Coordination for greater than 90 days and is facing Waiver disenrollment.

C. Discharge: Recommended Elements

1. Includes a standardized letter as a sample letter

VI. Reporting Incidents

A. Reporting Incidents: DDD Policy Manual References

Please review section 15.2 for all requirements related to incident management.

15.2 Incident Reporting & Risk Management

When an unusual incident occurs, the primary responsibility 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. See Division Circular 20A for details.

15.2.1 Reporting Incidents

Sufficient information about the incident must be gathered to complete an initial incident report. However, if all information is not available, reporting of the incident should not be delayed. The missing information should be submitted as soon as possible in a follow-up report. Staff of the IR Units may ask Support Coordinators and Service Providers for more information in order to fully understand the nature of an incident. Alleged incidents of abuse, neglect, or exploitation remain allegations unless substantiated by investigation. See below for additional information about investigations.

B. Reporting Incidents: Required Elements

1. Defines incidents and gives detailed descriptions regarding actions that the agency will take if an incident occurs.
2. Provides clear indication of response plan for incidents, including investigation procedures, lead responsible for investigation and reporting.
3. Identifies person responsible for investigation and reporting.

C. Reporting Incidents: Recommended Elements

1. Given the complexity and required elements of policies and procedures related to Incident Management, it may be helpful to break the policy requirements into multiple policies.
2. The pre-written policies in the Appendix may adopted directly by the agency, with adaptation as appropriate (for example, person responsible may vary for specific elements). Alternatively, templates for agency adaptation are included in the appendix
3. Plans for analysis of incidents and plans for determination of trends or ongoing issues.
4. Reference to other policies, as appropriate. For example, those policies related to emergency procedures.
5. Plans for correction and/or inclusion in the agency's quality improvement plan.

VII. Complaint/Grievance Resolution or Appeals Process

A. Complaint/Grievance Resolution or Appeal Process: DDD Policy Manual References

11.1 Policies and Procedures Manual

Complaint/Grievance Resolution or Appeals Process – Outlines the steps to file a complaint/grievance, two levels of appeal for complaint/grievance, one level to involve the Agency Head, documentation completed when process is followed and denotes title/role responsible for actions;

B. Complaint/Grievance Resolution or Appeal Process: Required Elements

1. Describes the sequential steps for individuals/families/guardians to report/file complaint or grievance.
2. Describes flow of how provider will review complaints/grievances indicating the staff responsible for each phase of the complaint/grievance and appeal process and time frames.
3. Describes each level of appeal available to individuals/families/guardians, including one that involves the Agency Head.
4. Describes all related documentation including communication of final decision.

C. Complaint/Grievance Resolution or Appeal Process: Recommended Elements

1. Outlines timeline for each phase of complaint/grievance process
2. Includes ability for individual/family/guardian to express complaints/grievances in any manner (does not require written complaint).
3. Includes requirement of all staff to receive complaints/grievance.

VIII. Compliant Investigation

A. Complaint Investigation: DDD Policy Manual References

Complaint Investigation (Division Circular #15) – Describes staff that are responsible for investigation, process to interview staff, reporting requirements once investigation is complete, time frames involved with investigation, process for disciplinary action due to results of investigation and denotes title/role responsible for actions

B. Complaint Investigation: Required Elements

1. Describes the sequential steps for the agency to complete an investigation to include staff titles responsible, time frames, and potential disciplinary actions.
2. Includes that administrative staff conducting the investigation shall immediately report incidents with potential criminal nature to law enforcement authorities within 24 hours in accordance with Division Circular # 15, Section IV.
3. Includes that during the course of an investigation, should additional incidents or allegations be discovered, each incident shall be reported in accordance with Division Circular #14 and Administrative Order 2:05.

IX. Health Insurance Portability and Accountability Act (HIPAA):

A. HIPAA: DDD Policy Manual Reference

11.5 Health Insurance Portability and Accountability Act (HIPAA)

Service providers must be in compliance with HIPAA and ensure their staff is trained on HIPAA and all documentation is HIPAA compliant. For example, paper documents/case records must be stored securely with appropriate safeguards, and the individual's written authorization for release of information must be obtained before any protected health information (PHI) can be shared.

17.18.5.12 Documentation Guidelines (Excerpts)

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 release of information must be obtained before any protected health information can be shared.

17.18.5.12.1 Making Corrections to Documents

Paper Documents

- 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.

Electronic Documents (SCAs)

- Documents uploaded/entered into iRecord cannot be altered once submitted. An additional case note explaining the correction must be entered into the system.

B. HIPAA: Required Elements

1. Describes the process for employees to receive trainings on the policies and procedures regarding protected health information (PHI) including a receipt of a Confidentiality Statement and HIPAA Fact Sheet. Process must include staff title responsible and time lines.
2. Includes plan for ensuring confidentiality of individual's served.
3. Includes plan for ensuring access to documents is limited to appropriate staff.
4. Includes plan for release of information from individual/guardian prior to sharing information.
5. Includes plan for corrections to documents/documentation
6. Includes safeguards for paper documents:
   a. Deletions, erasures, and whiting out errors is not permitted;

b. Content can only be changed by the original writer;
c. Corrections must be made by the person who originally wrote the document with one line through the error including initials and date of correction.

7. (**SCAs**) Includes safeguards for electronic documents:
   a. Documents uploaded/entered into iRecord cannot be altered once submitted.
   b. An additional case note explaining the correction must be entered into the system.

X. Emergency Procedures

A. Emergency Procedures: DDD Policy Manual Reference

11.1 Emergency Procedure

Addresses Life Threatening Emergencies (Division Circular #20) Policy and Procedure; staff training, recording incident, etc.; notification practices (the Division, administration, other staff, family, guardians, etc.); evacuation process (if applicable); mechanism to ensure everyone is evacuated and accounted for; staff roles and responsibilities; mechanism to ensure everyone has been moved to a safe location and is accounted for (shelter in place policy, if applicable); completion of UIR and denotes title/role responsible for actions.

17.18.5 Support Coordination Policies/Standards (SCAs)

In addition to the standards set forth in this manual, the service provider and staff must comply with relevant licensing and/or certification standards. Notification to the Division's Support Coordination Unit is expected for operational issues which may have impact on agency operations and/or the individuals served. Back up plans should be included in communications as appropriate. Examples of significant operational issues include, but are not limited to, Agency Head unavailability, Supervisor absence and no back up in place, no Support Coordinator, etc.

B. Emergency Procedures: Required Elements

1. Outlines staff training and preparation related to handling of life threatening emergencies, including time lines and staff responsible for each action.
2. Describes actions to be taken in life threatening emergencies (refer to Division Circular #20) when with an individual and a live threatening emergency occurs.
3. Describes completion of Incident Report and denotes title/role responsible for actions, as well as timelines.
4. Describes any additional documentation required by the provider, if applicable.

5. For **SCAs**, describes coverage and requirement for 24-hour availability and responsiveness.
6. For **SCAs**, describes response plan for staffing shortages.
7. For **SCAs**, outlines plan for notification to the DDD Support Coordination Unit, operational issues which may have impact on agency operations and/or the individuals served, as well description of back up plans for operational breakdown. Examples include, but are not limited to, Agency Head unavailability, Supervisor absence and no back up in place, no Support Coordinator, etc.
8. For **Service Providers**, describes evacuation process (if applicable); mechanism to ensure everyone is evacuated and accounted for; staff roles and responsibilities; mechanism to ensure everyone has been moved to a safe location and is accounted for (shelter in place policy, if applicable).
9. For **Service Providers,** addresses:
    a. Emergency Drills
    b. Emergency Cards
    c. Emergency Consent for Treatment
    d. First Aid Kit *if located in a facility*

XI. Medication Administration (for Service Providers Only)

A. Medication Administration: DDD Policy Manual Reference

11.1 Policy and Procedure Manual

Medication Administration (if medication is distributed while rendering service) – Details the process to store on/off site, procedure for administration of medication, prescribed/OTC medications documentation, staff responsibilities (training requirements / storage), notification if necessary (reporting of errors / definition of errors / UIR completion), notification of administration of PRN/OTC medication, staff training to include practicum; denotes title/role responsible for direct administration, training, and Quality Assurance oversight.

B. Medication Administration: Required Elements

1. Includes a statement of which programs, if any, will distribute medications.
2. Describes procedures for all of the following including the title responsible and timeframes for each:
    a. Storage (include off-site storage)
    b. Administration and documentation
    c. OTC and PRN administration and documentation
    d. Notification, if necessary, of medication and documentation errors / definition of errors / UIR completion.
    e. Staff training (to include practicum)

f. Quality assurance oversight
g. Medication changes and disposal
h. Self-administration
i. Medication refusals

C. Medication Administration: Recommended Elements

1. Includes plan for double locking controlled substances.
2. Includes plan for additional measures to manage controlled substances.

> **Note:** The administration of medication by a provider during service delivery is optional. Additionally, medication administration in a licensed setting or facility-based program has additional requirements related to locked storage. If medication administration is offered, a policy and procedure is required and specialized staff training is mandatory.

XII. Reporting Medicaid Fraud, Waste and Abuse

A. Reporting Medicaid Fraud, Waste and Abuse: DDD Policy Manual Reference

11.1 Policy and Procedure Manual
Reporting Medicaid Waste/Fraud/Abuse (Division Circular #54) –
Adopting standardized policy that addresses definition of Medicaid Fraud/Waste/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, addressing annual training requirement and denotes title/role responsible

B. Reporting Medicaid Fraud, Waste and Abuse: Required Elements

1. Policy includes a definition (from DDD materials) of Medicaid Waste/Fraud/Abuse
2. Includes description of process to identify concerns
3. Articulates who in the organization has the responsibility for reporting Medicaid Waste/Fraud/Abuse.
4. Identifies steps that should be taken when reporting Medicaid Waste/Fraud/Abuse
5. Articulates which entities should be contacted in instances of Medicaid Waste/Fraud/Abuse.
6. Includes information on whistleblower protections.
7. Identifies staff training.

XIII. Human Rights

A. Human Rights: DDD Policy Manual Reference

11.1 Policy and Procedure Manual

Human Rights (Division Circular #5) – Addresses whether the provider will create its own internal Human Rights Committee (HRC) or utilize Division HRC, outlines 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 and addresses agency's assurance of protecting Individual Rights across all operations aspects consistent with Home and Community Based Settings rules and denotes title/role responsible.

15.5.3 Human Rights Committee (HRC)

The Division requires an objective review of Issues that may infringe upon human or civil rights of individuals with Intellectual Developmental Disabilities through a Human Rights Committee review. Approved providers can opt to develop an internal HRC or utilize the Division's established Human Rights Committee. Internal HRC's must align with the requirements outlined in Division Circular #5 https://www.nj.gov/humanservices/ddd/assets/documents/circulars/DC5.pdf and be identified in the agency's approved Behavior Policy and Procedure Manual. All minutes from HRC meetings are required to be submitted to DDD.HRC@dhs.nj.gov for review.

B. Human Rights Policies and Procedures: Required Elements

1. States the responsibilities of staff (by title) and efforts to ensure the human and civil rights of individuals with developmental disabilities are protected.
2. Includes description of how issues that may infringe upon an individual's rights are documented in the individual's record and wherein the individual's record it shall be noted.
3. States the responsibility of the staff within the agency to advocate for and protect the rights of individuals with developmental disabilities.
4. Indicates that all individuals/guardians shall receive a signed copy of the Participant Rights and Responsibilities Participant Rights and Responsibilities.
5. Provides the referral process to the Human Rights Committee (HRC) and ensures any restrictions of individual's rights are documented accordingly by staff.

6. For **Providers**, outlines the membership of the agency's HRC or how agency will utilize the DDD HRC
7. For **Providers**: Identifies roles and responsibilities for HRC and how conflicts, disputes, committee functions, minutes, etc. will be documented.
8. For **SCAs**: Identifies expectations, roles and responsibilities for referrals to the Division's or Service Provider's HRC.

XIV. Financial Management and Billing

A. Financial Management and Billing: DDD Policy Manual Reference

11.1 Policy and Procedure Manual

Financial Management and Billing – Outlines the operational steps for conducting Internal Controls for claim submission, billing process, oversight of recordkeeping, monitoring expenditure controls and addressing Internal Financial controls that help ensure fiscal sustainability, financial reporting, audit requirements and monitoring fiscal sustainability criteria, and clearly defines staff roles and responsibilities.

14 Provider Fiscal Sustainability

The Division is responsible for ensuring that each provider agency is in compliance with the terms and conditions of program participation. Financial measurements complement and inform Division action taken around quality metrics, as well as potentially providing a leading indicator of program performance. Although financial success alone is not an indicator of program quality, the fee-for-service reimbursement model renders it a necessary condition for sustainable and high-quality service delivery.

The requirements in this section are finance specific. Program compliance and performance are addressed in other auditing and reporting requirements.

12.3 Claim Submission

The following factors must be in place prior to claim submission for Medicaid service:

- Compliance with the requirements outlined in Section 12 of this manual;
- Proper documentation of service delivery of service along with any deliverable documents necessary to substantiate the claim in the case of an audit. Services may have specific deliverable documents (such as strategies, time sheets, behavior plans) relevant to delivery of that service. Details about these documents are provided in Section 17;
- The service that was provided has a valid prior authorization;
- The claim must include participant information and service information (such as Medicaid ID, diagnosis, procedure code, rate etc.) which can be found within the service plan and service detail report;
- Staff are properly trained, vetted, and credentialed to deliver services rendered.

** Claims submitted without adherence to standards outlined in this manual will require Medicaid repayment**

Service providers may submit claims for payment through the NJMMIS site (www.njmmis.com) or through a software solution which can perform bulk electronic claim submission.

Training on how to submit claims and track their status through the NJMMIS site can be provided by Gainwell Technologies. Gainwell Technologies provider services can be reached by calling 800-776-6334 or on the NJMMIS website through the option "Contact Provider Services".

Please see DDD policy manuals Section 14 for all requirements related to fiscal management and billing.

B. Financial Management and Billing: Required Elements

1. Describes operational and procedural steps for conducting Internal Controls for claim submissions, billing processes, oversight of recordkeeping, monitoring expenditure controls and addressing Internal Financial controls.
2. Includes procedures clearly define staff roles and responsibilities.

XV. Quality Management Plan

A. Quality Management Plan: DDD Policy Manual Reference

11.1 Policies & Procedures Manual

Quality Management Plan – Outlines system for continuously assessing and improving service delivery, inclusive of internal and external process to measure customer satisfaction, method to evaluate areas for improvement / goals for the year, plan for improvement via Quality Management Report (additional information can be found in Section 15.4).

15.1 Service Provider Quality Management

Quality management in a service provider agency requires a comprehensive strategy that includes planning, implementing, evaluating, and improving on systems and agency practices that lead to enhanced outcomes for 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 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.

15.3.3 Customer Satisfaction Measures

Service providers are be 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.

Customer satisfaction measures must be in line with the CMS Home & Community Based Services (HCBS) Quality Framework, which includes the following seven broad areas:

- Participant access;
- Participant-centered service planning and delivery;
- Provider capacity and capabilities;
- Participant safeguards;
- Participant rights and Responsibilities;
- Participant outcomes and satisfaction;
- System performance.

15.4 Quality Management Plan

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 analysis. This includes detailing quality improvement strategies used in the agency, including staff training, policy updates, and service process improvements. As the Division continues to develop its own overall quality management strategy, examples and additional elements may be provided as necessary to measure common elements across agencies.

B. Quality Management: Required Elements

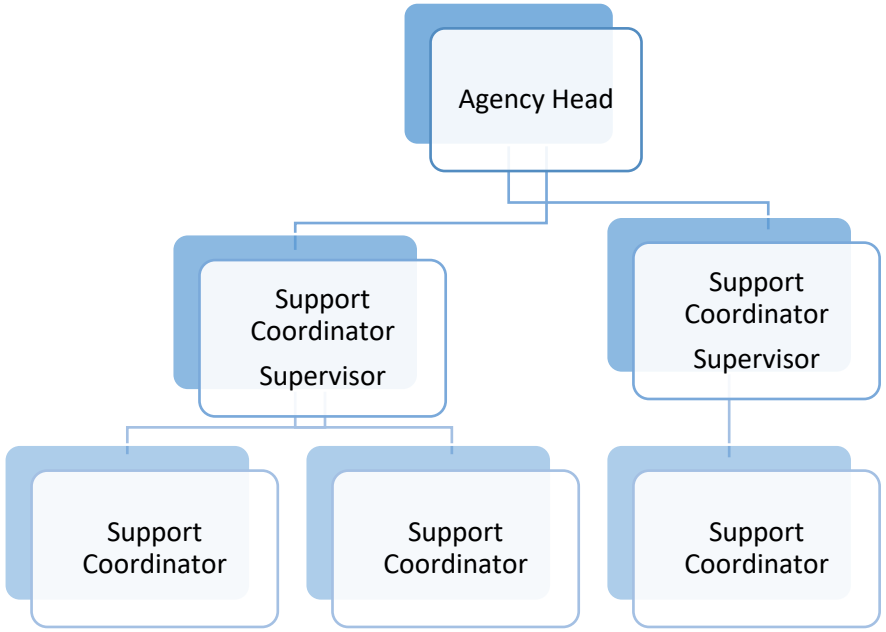
1. Describes a comprehensive plan to continuously evaluate, audit and develop strategies for improvement within the agency.
2. Identifies the staff title responsible for development of an annual quality management plan.
    a. Details annual goals
    b. Details evaluation of strategies
    c. Details indicators of systemic improvements made as a result of analysis.
    d. Describes quality improvement strategies to be used including staff training, policy updates and service improvements.
3. Describes methods for measuring customer satisfaction (may include surveys, complaint and grievance resolution, or other evidence.)
4. Describes customer satisfaction measures in alignment with the CMS Home & Community Based Services (HCBS) Quality Framework, which includes the following seven broad areas:
    a. Participant access
    b. Participant-centered service planning and delivery
    c. Agency capacity and capabilities
    d. Participant safeguards
    e. Participant rights and responsibilities
    f. Participant outcomes and satisfaction
    g. System performance

C. Quality Management: Recommended Elements

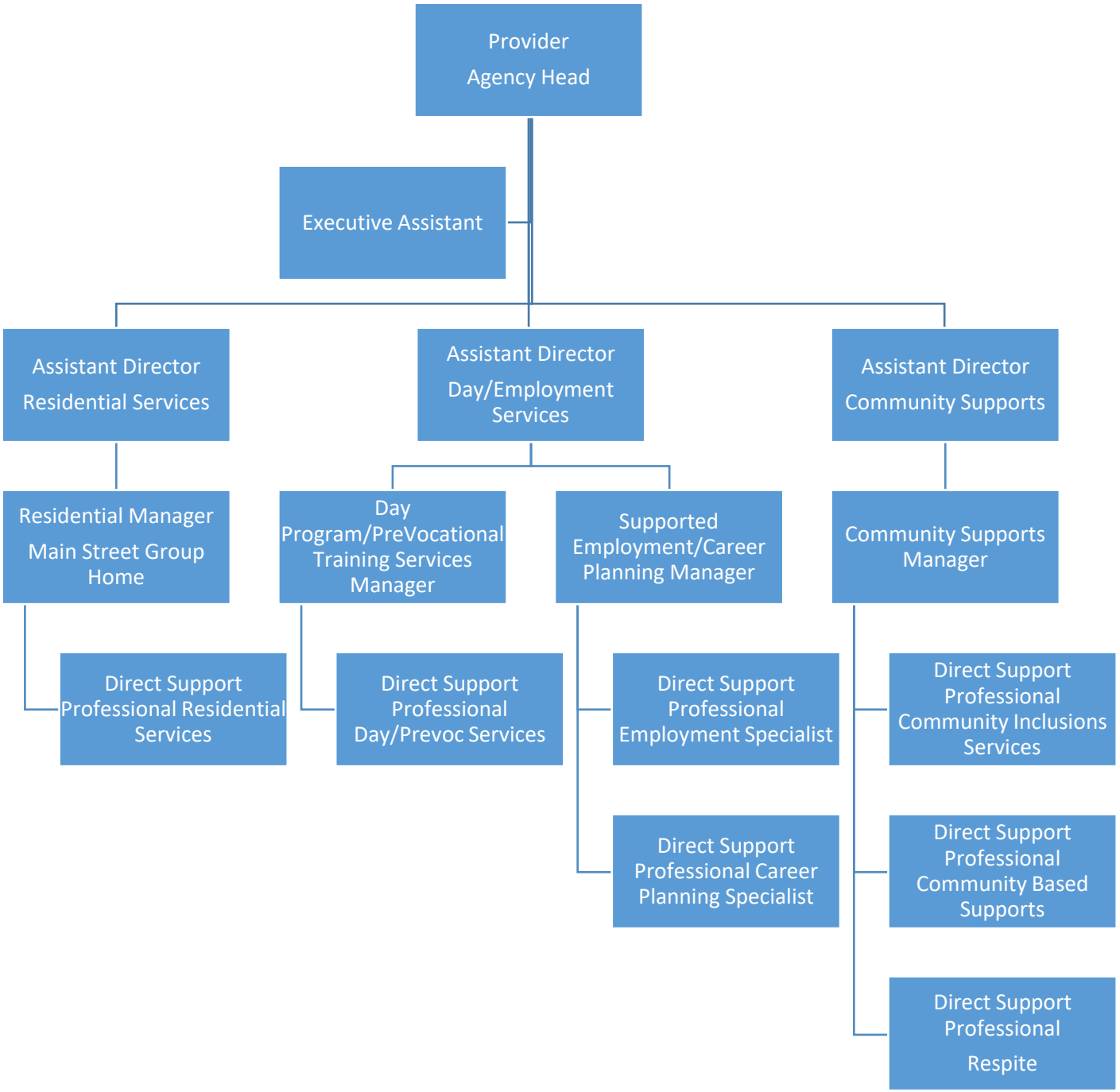
1. Additional quality-related elements that agencies should consider include the following:
    a. Quality Management/Improvement Committee
    b. Designation of Quality Management lead
    c. Approach to quality improvement (for example: Plan-Do-Study-Act methodology)
    d. Plan for reporting within the agency.

Appendix A
Sample Organizational Charts

Support Coordination Agency



Service Provider



NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Policies & Procedures Checklist for Agency Use

Used by Medicaid/DDD approved agencies (Service Providers and Support Coordination Agencies) to confirm that expected elements of required policies and procedures exist, are reviewed at least annually, and are updated as needed.

11.1 Policies & Procedures Manual

All approved agencies must develop, maintain, implement, and be able to produce for Division review at any time, a Policies & Procedures Manual governing their organization. These policies and procedures shall be designed in accordance with the DDD policy manuals and applicable Division Circulars.

Policies & Procedures should be internally consistent, include procedures that are specific, detailed, and include assignment of responsibilities, timeframes and other important details. They should be easy for staff members to read, understand and follow. Policies & Procedures should be reviewed at least annually and updated as needed to reflect current state and federal requirements.

Agency Information	
Agency Name: Enter text. Contact Name: Enter text. Contact Email Address: Enter text.	New DDD Agency Submission Date: Enter a date. DDD Reviewer: Enter text.

General Guidelines	Expectations Met	Comments
Agency Name/Title Page included	☐ Yes ☐ No	Enter text.
Policies include effective and review/revision dates	☐ Yes ☐ No	Enter text.
Table of Contents	☐ Yes ☐ No	Enter text.
Pages are numbered	☐ Yes ☐ No	Enter text.
Policies include sequential numbering system	☐ Yes ☐ No	Enter text.
Policies include a descriptive title unique to permit easy reference and retrieval.	☐ Yes ☐ No	Enter text.
Policies include a purpose statement.	☐ Yes ☐ No	Enter text.
Procedures include sequential steps, identify staff responsible for each step and identify timeframes for each step to be completed.	☐ Yes ☐ No	Enter text.

Appendix S - Quick Guide to Required Content Areas for Provider Policy and Procedures Manuals of the DDD policy manuals provides a listing of content areas required of the agency based on the services the agency is Medicaid/DDD approved to provide. Agencies approved for multiple services must ensure their P&P Manual includes the required areas for any approved services.

Required Policies and Expected Components	Expectations Met	Comments
Organizational Governance **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Introduces the agency's mission/vision statement	☐ Yes ☐ Partially ☐ No	Enter text.
2. Identifies the Governing Authority and outlines responsibilities.	☐ Yes ☒ Partially ☐ No	Enter text.
3. Includes a Table of Organization and Job Descriptions for all titles, including volunteers/interns and other unpaid staff.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Outlines procedures to demonstrate compliance with all legislation and regulations of corporate governance and financial practices as prescribed by the agency's corporate designation (profit, non-profit).	☐ Yes ☐ Partially ☐ No	Enter text.
5. Outlines agency operations and oversight in such a manner as will ensure effective and ethical management and conflict free operations.	☐ Yes ☐ Partially ☐ No	Enter text.
6. Addresses the requirement that all board members'/stock holders' names, affiliations, and any potential conflicts of interest be disclosed and made publicly available if requested.	☐ Yes ☐ Partially ☐ No	Enter text.
7. Describes public availability of board member names, if applicable, on the organization's website.	☐ Yes ☐ Partially ☐ No	Enter text.

Personnel **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
General Requirements	☐ Yes ☐ Partially ☐ No	Enter text.
3. For Service Providers, indicates method of informing the Division of changes to the Agency Head so CMPSU Enrollment can complete required background checks.	☐ Yes ☐ Partially ☐ No	Enter text.
4. For SCAs, indicates methods of informing the Division of all staff changes (new hires, terminations, and promotions) and updating internal processes, if required.	☐ Yes ☐ Partially ☐ No	Enter text.
5. If volunteers/interns are utilized within the agency, it must be outlined. A separate policy regarding volunteers/interns is recommended and should describe how and how often volunteers/interns will be used, vetted, trained and supervised.	☐ Yes ☐ Partially ☐ No ☐ N/A	Enter text.
Education & Experience Requirements	☐ Yes ☐ Partially ☐ No	Enter text.
1. Describes method of verification of staff qualifications and who is responsible.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Identifies staff (by title) responsible to implement and perform the verifications and approvals.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Describes means of maintaining personnel records, and the list of records that are maintained.	☐ Yes ☐ Partially ☐ No	Enter text.
Background Check Requirements	☐ Yes ☐ Partially	Enter text.

	☐ No	
1. Describes method of verification of initial and ongoing checks and who is responsible for each of the following:	☐ Yes ☐ Partially ☐ No	Enter text.
a. Fingerprint check (Federal & State) at the time of hire (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)	☐ Yes ☐ Partially ☐ No	Enter text.
b. Fingerprint archive (every two years) (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.)	☐ Yes ☐ Partially ☐ No	Enter text.
c. Central Registry Status at the time of hire (Completed Employee/Volunteer Consent for Employers to Check Form) and on-going every time a DHS notification of addition to the registry is received. Note: Because the agency does not receive documentation when the Central Registry is checked, the agency must determine its own system of documenting on-going checks. Documentation to be kept on hand must include the date of review, who completed the review and results of the review.	☐ Yes ☐ Partially ☐ No	Enter text.
d. Child Abuse Record Info (CARI)- Per OPIA Bulletin - Updated Employee Onboarding Requirements - 4.1.24, all new employees' completed CARI applications shall be submitted within 10 days of hire. Employees may work without restrictions while the CARI check is conducted.	☐ Yes ☐ Partially ☐ No	Enter text.
e. Drug Testing (Providers – Upon hire, random and for cause.)	☐ Yes ☐ Partially ☐ No ☐ NA	Enter text.
f. Exclusionary Checks - Upon hire and monthly (per Appendix I of DDD policy manuals)	☐ Yes ☐ Partially	Enter text.

	☐ No	
i. State of NJ Debarment	☐ Yes ☐ Partially ☐ No	Enter text.
ii. NJ Treasury Exclusion	☐ Yes ☐ Partially ☐ No	Enter text.
iii. Federal Exclusions Database	☐ Yes ☐ Partially ☐ No	Enter text.
iv. NJ Division of Consumer Affairs	☐ Yes ☐ Partially ☐ No	Enter text.
v. Dept. of Health	☐ Yes ☐ Partially ☐ No	Enter text.
g. Drivers Abstract (If applicable)	☐ Yes ☐ Partially ☐ No	Enter text.
2. Describes how all background check records will be filed and maintained.	☐ Yes ☐ Partially ☐ No	Enter text.
Staff Training & Professional Development	☐ Yes ☐ Partially ☐ No	Enter text.
1. Identifies staff (by title) responsible for oversight of training process of all staff inclusive of specifics and timeframes to provide necessary orientation/training and the timeframes.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Identifies staff (by title) responsible for providing necessary orientation/training and the timeframes.	☐ Yes ☐ Partially ☐ No	Enter text.

3. Describes documentation and storage methods in staff personnel records.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Identifies required trainings and their time frames in compliance with DDD policy manuals Appendix E.	☐ Yes ☐ Partially ☐ No	Enter text.
5. Acknowledges need to identify at least two College of Direct Support (CDS) administrators.	☐ Yes ☐ Partially ☐ No	Enter text.
Admission (Service Providers) **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1) Describes criteria for admission to include time frames and who is responsible for each of the following:	☐ Yes ☐ Partially ☐ No	Enter text.
a. Pre-admission (will there be a tour?)	☐ Yes ☐ Partially ☐ No	Enter text.
b. Outline criteria for acceptance	☐ Yes ☐ Partially ☐ No	Enter text.
c. Communication of determination to prospective individual/family/guardian.	☐ Yes ☐ Partially ☐ No	Enter text.
d. Appeal process / grievance procedure	☐ Yes ☐ Partially ☐ No	Enter text.
e. Waiting list process for admissions	☐ Yes ☐ Partially ☐ No	Enter text.
f. Method to establish level of supervision	☐ Yes	Enter text.

	☐ Partially ☐ No	
g. Identification of items (policies, procedures, agency handbook, documents, etc.) to be reviewed and provided to the individual/family/guardian.	☐ Yes ☐ Partially ☐ No	Enter text.
h. A detailed process and orientation of new individuals to the agency.	☐ Yes ☐ Partially ☐ No	Enter text.
Admission (Support Coordination Agencies) **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Describes criteria for admission (enrollment) into the agency, (i.e. DDD eligible, Medicaid Eligible, etc.), timeframes and includes who is responsible for each of the following:	☐ Yes ☐ Partially ☐ No	Enter text.
2. Describes criteria for determining when to open agency capacity and county capacity.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Includes the timeframe for the SCA to identify/assign a SC.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Includes the timeframe when contact needs to be made with the individual/family/legal guardian after assignment.	☐ Yes ☐ Partially ☐ No	Enter text.
5. Ensures the individual has access to or is provided a copy of the DDD policy manuals.	☐ Yes ☐ Partially ☐ No	Enter text.
6. Establishes timeframe for informing the individual/family about the Participant Enrollment Agreement and obtaining a signed copy from the individual/guardian.	☐ Yes ☐ Partially ☐ No	Enter text.
7. Outlines a detailed planning process and orientation of new individuals to the agency.	☐ Yes	Enter text.

	☐ Partially ☐ No	
8. The policy indicates that the agency will serve all individuals that meet the requirements for support coordination.	☐ Yes ☐ Partially ☐ No	Enter text.
Suspension (Service Providers) – Residential Providers and Support Coordination Agencies are not required to have a suspension policy, as Residential Providers cannot suspend individuals from residential sites and suspensions do not occur with SCAs. **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No ☐ N/A	Enter text.
1. Describes process for making determination, the time frames and who is responsible for each of the following:	☐ Yes ☐ Partially ☐ No	Enter text.
a) Reasons for suspension (examples)	☐ Yes ☐ Partially ☐ No	Enter text.
b) Warning Process	☐ Yes ☐ Partially ☐ No	Enter text.
c) Notification of suspension	☐ Yes ☐ Partially ☐ No	Enter text.
d) Timeline to return to services	☐ Yes ☐ Partially ☐ No	Enter text.
e) Appeal process	☐ Yes ☐ Partially ☐ No	Enter text.
Discharge (Service Providers)	☐ Yes	Enter text.

Effective Date Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Partially ☐ No	
1. Describes process for making determinations, list timeframes and title of position responsible for each step.	☐ Yes ☐ Partially ☐ No	Enter text.
a) Involuntary Discharge	☐ Yes ☐ Partially ☐ No	Enter text.
i. Process for making determination	☐ Yes ☐ Partially ☐ No	Enter text.
ii. Reasons for discharge (examples)	☐ Yes ☐ Partially ☐ No	Enter text.
iii. IDT meeting	☐ Yes ☐ Partially ☐ No	Enter text.
iv. Communication/notification including signature	☐ Yes ☐ Partially ☐ No	Enter text.
v. Documentation of process i. (Discharge from residential setting if applicable)	☐ Yes ☐ Partially ☐ No	Enter text.
vi. Appeal Process	☐ Yes ☐ Partially ☐ No	Enter text.
vii. Readmission to program, if applicable	☐ Yes ☐ Partially ☐ No	Enter text.
b) Voluntary Discharge	☐ Yes ☐ Partially ☐ No	Enter text.

i. Notification to agency (including timeframes)	☐ Yes ☐ Partially ☐ No	Enter text.
ii. Roles and Responsibilities	☐ Yes ☐ Partially ☐ No	Enter text.
iii. Process to return to services	☐ Yes ☐ Partially ☐ No	Enter text.
Discharge (Support Coordination Agencies) **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Policy includes that the agency may not discharge individuals from their Support Coordination roster.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Outlines an internal process, time lines and staff responsible to assist individuals who are being discharged from DDD for any of the following: a) They no longer meet the functional criteria necessary to be eligible for the Division. b) They choose to no longer receive services from the Division. c) They do not maintain Medicaid eligibility. d) They no longer resides in the State of New Jersey. e) They do not comply with DDD policy manuals or waiver program requirements.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Outlines an internal process, time lines and staff responsible to address if an individual is not accessing SP/CCP services other than Support Coordination for greater than 90 days and is facing Waiver disenrollment.	☐ Yes ☐ Partially ☐ No	Enter text.
Reporting Incidents	☐ Yes	Enter text.

Effective Date Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Partially ☐ No	
1. Defines incidents and detailed descriptions regarding actions that the agency will take if an incident occurs.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Clear indication of response plan for incidents, including investigation procedures, lead responsible for investigation and reporting.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Identifies person responsible for investigation and reporting.	☐ Yes ☐ Partially ☐ No	Enter text.
Complaint/Grievance Resolution or Appeals Process **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Describes the sequential steps for individuals/families/guardians to report/file complaint or grievance.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Describes flow of how the agency will review complaints/grievances indicating the staff responsible for each phase of the complaint/grievance and appeal process and time frames.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Describes each level of appeal available to individuals/families/guardians, including one that involves the Agency Head.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Describes all related documentation and the communication of the final decision.	☐ Yes ☐ Partially ☐ No	Enter text.
Complaint Investigation **Effective Date** Enter a date.	☐ Yes ☐ Partially	Enter text.

Reviewed/Revised Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ No	
1. Describes the sequential steps for the agency to complete an investigation to include staff titles responsible, time frames, and potential disciplinary actions.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Includes that administrative staff conducting the investigation shall immediately report incidents with potential criminal nature to law enforcement authorities within 24 hours in accordance with Division Circular # 15, Section IV.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Includes that during the course of an investigation, should additional incidents or allegations be discovered, each incident shall be reported in accordance with Division Circular #14 and Administrative Order 2:05.	☐ Yes ☐ Partially ☐ No	Enter text.
HIPAA & Protected Health information (PHI) **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Describes the process for employees to receive trainings on the policies and procedures regarding protected health information (PHI) including a receipt of a Confidentiality Statement and HIPAA Fact Sheet. Process must include staff title responsible and time lines.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Includes plan for ensuring confidentiality of individuals served.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Includes plan for ensuring access to documents is limited to appropriate staff.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Includes plan for release of information from individual/guardian prior to sharing information.	☐ Yes ☐ Partially ☐ No	Enter text.

5. Plan for corrections to documents.	☐ Yes ☐ Partially ☐ No	Enter text.
6. Plan includes safeguards for paper documents. a. Deletions, erasures, and whiting out errors is not permitted; b. Content can only be changed by the original writer; c. Corrections must be made by the person who originally wrote the document with one line through the error including initials and date of correction.	☐ Yes ☐ Partially ☐ No	Enter text.
7. (**SCAs**) Includes safeguards for electronic documents. a. Documents uploaded/entered into iRecord cannot be altered once submitted. b. An additional case note explaining the correction must be entered into the system.	☐ Yes ☐ Partially ☐ No	Enter text.
Emergency Procedures **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Outlines staff training and preparation related to handling of life threatening emergencies, including time lines and staff responsible for each action.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Describes actions to be taken in life threatening emergencies (refer to Division Circular #20) when with an individual and a live threatening emergency occurs.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Describes completion of Incident Report and denotes title/role responsible for actions as well as timelines.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Describes any additional documentation required by the agency, if applicable.	☐ Yes ☐ Partially ☐ No	Enter text.

	☐ NA	
5. For **SCAs**, describes coverage and requirement for 24-hour availability and responsiveness.	☐ Yes ☐ Partially ☐ No	Enter text.
6. For **SCAs**, describes response plan for staffing shortages.	☐ Yes ☐ Partially ☐ No	Enter text.
7. For **SCAs**, outline plan for notification to the DDD Support Coordination Unit, operational issues which may have impact on agency operations and/or the individuals served, as well description of back up plans for operational breakdown. Examples include, but are not limited to, Agency Head unavailability, Supervisor absence and no back up in place, no Support Coordinator, etc.	☐ Yes ☐ Partially ☐ No	Enter text.
8. For **Service Providers**, describes evacuation process (if applicable); mechanism to ensure everyone is evacuated and accounted for; staff roles and responsibilities; mechanism to ensure everyone has been moved to a safe location and is accounted for (shelter in place policy, if applicable).	☐ Yes ☐ Partially ☐ No ☐ N/A (SCA)	Enter text.
9. For **Service Providers** addresses: a. Emergency Drills b. Emergency Cards c. Emergency Consent for Treatment d. First Aid Kit *if located in a facility*	☐ Yes ☐ Partially ☐ No ☐ N/A (SCA)	Enter text.
Medication Administration – (Service Providers only, if medication is distributed while rendering service) **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Includes a statement of which programs will distribute medications.	☐ Yes ☐ Partially	Enter text.

	☐ No	
2. Describes procedures for all of the following including the title responsible and timeframes for each:	☐ Yes ☐ Partially ☐ No	Enter text.
a. Storage (include off-site storage)	☐ Yes ☐ Partially ☐ No	Enter text.
b. Administration and documentation	☐ Yes ☐ Partially ☐ No	Enter text.
c. OTC and PRN administration and documentation	☐ Yes ☐ Partially ☐ No	Enter text.
d. Notification, if necessary, of medication and documentation errors / definition of errors / UIR completion.	☐ Yes ☐ Partially ☐ No	Enter text.
e. Staff training (to include practicum)	☐ Yes ☐ Partially ☐ No	Enter text.
f. Quality assurance oversight	☐ Yes ☐ Partially ☐ No	Enter text.
g. Medication changes and disposal	☐ Yes ☐ Partially ☐ No	Enter text.
h. Self-administration	☐ Yes ☐ Partially ☐ No	Enter text.
i. Medication refusals	☐ Yes ☐ Partially ☐ No	Enter text.
Reporting Medicaid Fraud/Waste/Abuse	☐ Yes ☐ Partially	Enter text.

Effective Date Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ No	
1. Policy includes a definition (from DDD materials) of Medicaid Waste/Fraud/Abuse.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Describes process to identify concerns.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Articulates who in the organization has the responsibility for reporting Medicaid Waste/Fraud/Abuse.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Identifies steps that should be taken when reporting Medicaid Waste/Fraud/Abuse.	☐ Yes ☐ Partially ☐ No	Enter text.
5. Articulation of which entities should be contacted in instances of Medicaid Waste/Fraud/Abuse.	☐ Yes ☐ Partially ☐ No	Enter text.
6. Identifies staff training.	☐ Yes ☐ Partially ☐ No	Enter text.
Human Rights **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. States the responsibilities of staff (by title) and efforts to ensure the human and civil rights of individuals with developmental disabilities are protected.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Includes description of how issues that may infringe upon an individual's rights are documented in the individual's record. This shall include the staff responsible (by title) to document and wherein the individual's record it shall be noted.	☐ Yes ☐ Partially ☐ No	Enter text.

3. States the responsibility of the staff (by title) within the agency to advocate for and protect the rights of individuals with developmental disabilities.	☐ Yes ☐ Partially ☐ No	Enter text.
4. Indicates that all individuals/guardians shall receive a signed copy of the Participant Rights and Responsibilities Participant Rights and Responsibilities.	☐ Yes ☐ Partially ☐ No	Enter text.
5. Provides the referral process to the Human Rights Committee (HRC) and ensures any restrictions of individual's rights are documented accordingly by staff.	☐ Yes ☐ Partially ☐ No	Enter text.
6. For **Providers**, outline the membership of the agency's HRC or how agency will utilize the DDD HRC.	☐ Yes ☐ Partially ☐ No ☐ N/A (SCA)	Enter text.
7. For **Providers**: Identify roles and responsibilities for HRC and how conflicts, disputes, committee functions, minutes, etc. will be documented.	☐ Yes ☐ Partially ☐ No ☐ N/A (SCA)	Enter text.
Financial Management and Billing **Effective Date** Enter a date. **Reviewed/Revised** Enter a date. **Compliance Date/DDD Staff Initials:** Enter text.	☐ Yes ☐ Partially ☐ No	Enter text.
1. Describes procedural steps for conducting Internal Controls for claim submissions, billing processes, oversight of recordkeeping, monitoring expenditure controls and addressing Internal Financial controls.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Procedures clearly define staff roles and responsibilities.	☐ Yes ☐ Partially ☐ No	Enter text.
Quality Management Plan **Effective Date** Enter a date. **Reviewed/Revised** Enter a date.	☐ Yes ☐ Partially ☐ No	Enter text.

Compliance Date/DDD Staff Initials: Enter text.		
1. Describes methods to a comprehensive plan to continuously evaluate, audit and develop strategies for improvement within the agency.	☐ Yes ☐ Partially ☐ No	Enter text.
2. Identifies the staff title responsible for development of an annual quality management.	☐ Yes ☐ Partially ☐ No	Enter text.
a. Details annual goals	☐ Yes ☐ Partially ☐ No	Enter text.
b. Details the evaluation of strategies.	☐ Yes ☐ Partially ☐ No	Enter text.
c. Details indicators of systemic improvements made as a result of analysis.	☐ Yes ☐ Partially ☐ No	Enter text.
d. Details quality improvement strategies to be used including staff training, policy updates and service improvements.	☐ Yes ☐ Partially ☐ No	Enter text.
3. Describes methods for measuring satisfaction (may include surveys, complaint and grievance resolution, or other evidence.)	☐ Yes ☐ Partially ☐ No	Enter text.
4. Describes customer satisfaction measures in alignment with the CMS Home & Community Based Services (HCBS) Quality Framework, which includes the following seven broad areas:	☐ Yes ☐ Partially ☐ No	Enter text.
a. Participant access	☐ Yes ☐ Partially ☐ No	Enter text.
b. Participant-centered service planning and delivery	☐ Yes ☐ Partially ☐ No	Enter text.
c. Agency capacity and capabilities	☐ Yes	Enter text.

	☐ Partially ☐ No	
d. Participant safeguards	☐ Yes ☐ Partially ☐ No	Enter text.
e. Participant rights and responsibilities	☐ Yes ☐ Partially ☐ No	Enter text.
f. Participant outcomes and satisfaction	☐ Yes ☐ Partially ☐ No	Enter text.
g. System performance	☐ Yes ☐ Partially ☐ No	Enter text.