SUPPORT COORDINATION AGENCY EVALUATION GUIDEBOOK

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

September 2024

NEW JERSEY HUMAN SERVICES

DDD

Division of Developmental Disabilities

Support Coordination Unit

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Section 1: Purpose

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

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

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

The Support Coordination Unit evaluation will be the predominate evaluation for most SCAs. Although this guidebook is designed to assist SCAs in improving overall quality and performance, and may assist in preparation for any audit, it outlines the evaluation plans, process and evaluation indicators of the Division's Support Coordination Unit specifically and serves as a companion guide in reviewing and further understanding information provided in the *Support Coordination Agency Evaluation Report* (Appendix G).

As indicators are changed or added to the Support Coordination Unit reviews, the Evaluation Guidebook will be revised. SCAs are strongly encouraged to become familiar with evaluation indicators and to set up internal processes to ensure that requirements are being met. SCA internal audits are highly encouraged.

Section 2: Evaluation Overview

The Support Coordination Unit has conducted evaluation work over the past few years, revising internal processes, refining communications and procedures related to SCA work, as well as developing robust evaluation reports. SCAs that undergo the evaluation process will receive detailed feedback so that corrections can be made where needed, and successes celebrated where appropriate.

The Support Coordination Unit selects SCAs based on a variety of factors. The selection of an SCA for evaluation is at the discretion of the Division of Developmental Disabilities, and is not negotiable.

Significant portions of the Support Coordination Unit reviews are completed directly through iRecord. In addition, the SCA will be asked to submit documents they are required to have on file and available per DDD's policy manuals. There are some additional documents created for the purpose of demonstrating compliance with Medicaid requirements that cannot otherwise be measured, which will be provided by the SCU at the time of evaluation notification. A secure portal is utilized for the upload of these required documents. A detailed list of all documents and instructions on how and where to upload is provided to the SCA when the Evaluation Selection Letter is sent. If the SCA does not provide a document or evidence of a requirement, the Division will conclude that it does not exist.

The *Support Coordination Agency Evaluation Report* (Appendix G) is used to communicate all findings at the conclusion of an evaluation. A Summary of Evaluation Results, located at the beginning of the report, provides a snap shot of findings for all indicators, indicating whether Division requirements were met, partially met, or not met, and identifies any actions required by the SCA. Following the Summary, is a Detailed Evaluation Report that contains comprehensive

information on all evaluation findings. In the event that significant or highly problematic ("red flag") issues are noted during the course of evaluation, the SCA will be notified immediately, prior to receiving the *Support Coordination Agency Evaluation Report*.

The following provides a brief overview of the Support Coordination Unit evaluation process. Additional detail for all phases of evaluation are included within this guidebook in Section 8: Evaluation Timelines.

Overview of the Support Coordination Unit Evaluation Process

Support Coordination Unit identifies SCAs for evaluation

⬇

SCAs receive Evaluation Selection Letter
(Letter includes timeline, required documents, and portal upload instructions)

⬇

Support Coordination Unit begins evaluation work on documentation and operational indicators

⬇

SCAs upload required documents to secure portal

⬇

Support Coordination Unit notifies SCA of any preliminary issues, missing components and/or "red flag" issues as soon as they are learned, as apropriate.

⬇

Support Coordination Unit completes full evaluation and compiles findings to a *Support Coordination Agency Evaluation Report.*

⬇

Support Coordination Unit meets with each SCA to review findings

⬇

If needed, SCA begins Corrective Action Plan process

Section 3: Definitions

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

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

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

Conflict Free Care Management – Conflict Free Care Management ensures that there is a separation of both care management and eligibility determination from direct services provision; and anyone who is conducting independent evaluations, assessments and the plan of care cannot be related by blood or by marriage to the individual or any of their paid caregivers.

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

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

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

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

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

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

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

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

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

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

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

Section 4: Division Oversight & Quality Monitoring

Per Chapter 15.5 of DDD's policy manuals, the Division is required to implement oversight and monitoring of Division approved service providers. As such, all SCAs are subject to audits and formal reviews of fiscal and programmatic functions. The Division will evaluate services and require corrective action when necessary. Evaluative strategies and actions by the Division include, but are not limited to:

- Monitoring and addressing characteristics and behaviors affecting the health and safety of individuals
- Monitoring the use of restrictive interventions and unusual incidents
- Monitoring and preventing instances of abuse, neglect, and exploitation of service recipients
- Evaluating appropriate level of care and access to services
- Monitoring of deliverables and related documentation required by service type
- Monitoring of credentialing requirements by service type
- Monitoring training requirements
- Monitoring of service plans, including assessed needs met and revisions made when necessary
- Monitoring service delivery in accordance with service plans
- Monitoring individual choice and trends in referrals by SCAs
- Monitoring individual and family satisfaction with services
- Monitoring individual outcomes and goal attainment
- Trend analysis of issues identified on monitoring tools and required follow up
- Involuntary capacity closure for services not being rendered in compliance with Division standards
- Monitoring and auditing Medicaid claims data
- Monitoring service provider Quality Management Plans and required data reporting

Section 5: Indicators for Evaluation

Support Coordination Unit evaluations are intended to review compliance and quality under the identified categories of SCA documentation, operations, overall quality and staff qualifications.

Categories of Indicators for Evaluation

Documentation Indicators	Operations Indicators	Quality Indicators	Staff Qualification Indicators
SC Monitoring Tools Individualized Service Plan Person Centered Planning Tool Retroactive Change Requests NJCAT Reassessments Care Management Follow-up Field Visit Notification Follow-up Second Waiver Service	Policies & Procedures Manual 24-Hour Availability and Response Conflict Free Care Management iRecord Utilization Staff Conflict of Interest Adherence Census Plan (if less than 60)	Quality Management Plan / Quality Assurance Plan Customer Satisfaction Measurements Satisfaction Calls (by the Division)	Initial Background Checks Ongoing Background Checks Staff Education Requirements Staff Experience Requirements Staff Training Requirements Annual Professional Development

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

    I. Support Coordinator Monitoring Tool (MT) Review
    II. Face-to-Face (F2F) Visit and Quarterly Requirement Review
    III. Individualized Service Plan (ISP) Status Review
    IV. Individualized Service Plan (ISP) Quality Review
    V. Person Centered Planning Tool (PCPT) Quality Review
    VI. Claims Review
    VII. Verification of a Waiver Service Other Than Support Coordination
    VIII. 24-hour Availability and Responsiveness
    IX. Field Visit Findings
    X. Conflict Free Care Management
    XI. iRecord Attestation
    XII. Organizational Governance
    XIII. Staff Qualifications: Background Check Review
    XIV. Staff Qualifications: Education & Experience Review
    XV. Staff Qualifications: Staff Training and Professional Development
    XVI. Policies & Procedures (P&P) Manual Review
    XVII. Quality Management Plan (QMP) Review
    XVIII. Census Plan Review
    XIX. Satisfaction Calls Completed by the Division
    XX. Care Management Performance and Follow-up

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

Section 6: Support Coordination Unit Evaluation Methods for Each Indicator

This section highlights each indicator to provide detail on Division and waiver expectations, describe how each indicator is evaluated, and if applicable, how it is scored. Evaluation Report "snapshots" are included, where applicable, to demonstrate how scoring appears within the evaluation report.

The listed order of indicators below is the same as in the *Support Coordination Agency Evaluation Report* (Appendix G). SCAs may find this section helpful as a companion guide when reviewing the report. Additional important resources available to aide in understanding the expectations for each evaluation indicator are provided in Appendix A: Evaluation Indicator Resources.

I. **Support Coordinator Monitoring Tool (MT) Review -** The SCA is responsible for ensuring ongoing monitoring of all individuals on its roster. Information gathered and observed by the Support Coordinator during each monitoring contact must be documented in a MT and uploaded in iRecord. The April 2024 updated Community Care Program and Supports Program policy manuals require MTs to be uploaded no later than the last day of the following month. Claiming should not occur before the deliverable, contact and documentation that fulfills the requirement of a SC Deliverable, have been met. Support Coordinator monitoring requirements are monthly and include telephone contacts and at least quarterly face-to-face (F2F) contacts. Each year, F2F contacts must include a minimum of one annual home visit and one visit to the location in which an individual is receiving a service for more than 16 hours per week on a regular basis. At this time, there is a MT for monthly contacts and a MT for quarterly/annual contacts.

The evaluation of Support Coordinator Monitoring Tools (MT) is completed to ensure:

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

During the evaluation process, the Support Coordination Unit determines a sample size of Monitoring Tools reviewed. Sample sizes range from 10%-100%. The *Support Coordination Agency Evaluation Report* indicates the number of individual records that were reviewed and the total number of Monitoring Tools that compiled the sample size. For each Monitoring Tool reviewed, each indicator in compliance is awarded one (1) point based on quality and completion. If issues required follow up, MTs are reviewed to ensure the follow up occurred. If follow up was not needed because issues, on-call or incident reports were not noted, the MT is assessed as being in compliance.

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

> **100% compliance is expected for the Support Coordinator Monitoring Tool. Evaluation scores under 86% will result in required corrective action.**

II. **Face-to-Face (F2F) Visit and Quarterly Requirement Review** - The documentation within Monitoring Tools is reviewed for evidence of F2F requirements met within the review period. The evaluation will verify the number of individuals that received a required F2F visit and the number that did not receive a required F2F visit. For visits that are recorded to have been declined, a review occurs to determine if the Support Coordinator appropriately documented efforts to complete a visit and outreached to the Division if the individual/family continued to decline F2F visits, as such visits are a Division requirement. If a F2F visit could not be completed due to declination of the individual/family and documentation is in place, as well as any necessary follow-up completed, the MT is assessed as being in compliance.

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

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

Evaluation Report Snapshot

> **100% compliance is expected for the Face-to-Face Visit Requirement. Evaluation scores under 86% will result in required corrective action.**

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

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

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

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

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

Evaluation Report Snapshot

Other ISP Indicators Reviewed		
Number of Retroactive Change Requests due to SCA error		Comments: *Click here to enter text.*
Late Plans due to NJCAT Reassessments		Comments: *Click here to enter text.*
Plans Submitted After Previous Plan Expired		Comments: *Click here to enter text.*

100% compliance is required for the ISP Status Review.

IV. **Individualized Service Plan (ISP) Quality Review** – The Support Coordination Unit conducts a sample ISP Quality review of the agency's most current service plans to verify that all required elements and quality metrics as outlined in the ISP Plan Reviews: Guidance for SCA document are present. For each ISP reviewed, nine (9) indicators are evaluated. Each indicator is worth 3 possible points, totaling a possible 27 points per ISP.

The nine (9) ISP Quality indicators are:

- Outcomes
- Employment
- Services
- Health & Nutrition
- Safety & Supports
- Person Centeredness
- Writing Quality
- Budget Accuracy
- Plan Development and Submission

To meet quality expectations in this area, the agency must achieve a minimum overall compliance rate of 86% or better and adequately address required health and safety needs components. The requirement of addressing health and safety needs is determined by calculating the average of the Health and Nutrition indicator score and the Safety and Supports indicator score.

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

ISP Category	Unacceptable 1 point	Needs Improvement 2 points	Meets Minimum Standard 3 points	Score and Compliance Rate
Outcomes	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Employment	x 1 =	x 2 =	x 3 =	Total =

Evaluation Report Snapshot

				Compliance rate = %
Services	x 1 =	x 2 =	x 3 =	Total =
				Compliance rate = %
Health and Nutrition	x 1 =	x 2 =	x 3 =	Total =
				Compliance rate = %
Safety and Supports	x 1 =	x 2 =	x 3 =	Total =
				Compliance rate = %
Person Centeredness	x 1 =	x 2 =	x 3 =	Total =
				Compliance rate = %
Writing Quality	x 1 =	x 2 =	x 3 =	Total =
				Compliance rate = %
Budget Accuracy	x 1 =	x 2 =	x 3 =	Total =
				Compliance rate = %
Plan Development & Submissions	x 1 =	x 2 =	x 3 =	Total =
				Compliance rate = %

Total Possible ISP Quality Score	Achieved ISP Quality Score	Addressing Health & Safety Needs
27 points (per ISP) x (# of ISPs reviewed) =	Sum of all Totals = Overall Compliance Rate = %	Sum of all Totals = Overall Compliance Rate = %

100% compliance is expected for the ISP quality review. Evaluation scores under 86% will result in required corrective action.

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

The eight (8) PCPT Indicators:

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

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

PCPT Category	Unacceptable 1 point	Needs Improvement 2 points	Meets Minimum Standard 3 points	Score and Compliance Rate
Relationships	x 1 =	x 2 =	x 3 =	Total = Compliance
Strengths & Qualities	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Important To	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Hopes & Dreams	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Supporter Qualities	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Community Integration	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Communication Styles	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Annual Review of Changes	x 1 =	N/A	x 3 =	Total = Compliance rate = %

(Overlay label: Evaluation Report Snapshot)

100% compliance is expected for the PCPT quality review. Evaluation scores under 86% will result in required corrective action.

VI. **Claims Review** - The Support Coordination Unit completes compliance reports on SC deliverables, capturing data related to missing monitoring tools (MTs) for greater than 60 days, overdue Individualized Service Plans (ISPs), and overdue legacy plans for initial individual assignments. A claims review is conducted to ensure the SCA is following proper claiming practices as outlined in Section 12.3 and Section 17.18 of DDD's policy manuals. The scope of this claims review is limited to the months where a monthly deliverable was delayed or not met and not an exhaustive list of all claiming information for the agency. The SCA is responsible for notifying Gainwell Technologies of any claims submitted without adherence to standards outlined in the manual and coordinating the repayment of funds at the discretion of the funding source. Evaluation findings related to claims issues may also result in additional Division action, including but not limited to, the reporting of findings to Medicaid.

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

Evaluation Report Snapshot

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

VII. **Verification of a Waiver Service Other than Support Coordination** - As per section 5.4 of DDD's policy manuals, and as outlined in the Participant Enrollment Agreement (PEA), remaining on a DDD waiver is contingent on accessing at minimum of two waiver services (Support Coordination being one). Individuals may be dis-enrolled from a waiver if a second service other than Support Coordination is not accessed for greater than 90 days.

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

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

Indicator	Findings	Notes
Number of ISPs greater than 90 days without a second service		DDD IDs: Click here to enter text.
Over the past 90 days, number of ISPs that reflect SCA conversations related to service exploration, identified barriers, follow-up attempts, and/or pending service additions?		Comments: Click here to enter text.
Overall Compliance: Number of ISPs greater than 90 days without a second service vs. the number of ISPs that reflect SCA conversations and related follow up.	/	**Overall Compliance Rate:** %

Required Actions and Recommendations to SCA
SCs should ensure that individuals and families are aware of the Medicaid requirement for an ongoing waiver service. All conversations related to available services and service identification must be documented in iRecord.

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

VIII. **Field Visit Findings** - Support Coordinators are expected to ensure the ISP is always up to date through monthly contacts that include questions regarding changes to support needs and through the receipt and review of ISP Worksheets to/from providers. As part of the Stephen Komninos' Law, the Department of Human Services completes unannounced field visits to licensed residential providers. If findings suggest a support need is missing from the ISP, notification is sent to the SCA.

The Support Coordination Unit completes an evaluation of the issue to determine where responsibility for the error lies:
- An error is attributed to the Support Coordinator if documentation in monitoring tools and/or ISP Worksheets indicates that the Support Coordinator was advised of a support need that was not entered in the ISP.
- An error is partially attributed to the Support Coordinator if there was no ISP Worksheet uploaded into iRecord and efforts to obtain an ISP Worksheet are not documented.
- The Support Coordinator is determined not accountable for the error if there were documented efforts to obtain the ISP Worksheet and there is no other evidence of the support need being communicated to the Support Coordinator.

The Support Coordination Unit also reviews whether the Support Coordinator completed expected follow up after being notified of a field visit finding:
- Is documentation available (case note or MT) indicating that the SC contacted the residential provider to review the issue?
- Is documentation available indicating that a planning team meeting was held to address the issue?
- Was the ISP revised in response to the issue, if needed?
- Timeframe for ISP revision completion, if needed.

Date of SCU Contact to SC Agency	Type of Error		Field Visit Findings	SCA Follow-up to Findings				Evaluation Report Snapshot
	SC Error	Partial SC Error		Is documentation available indicating that the SC contacted the residential provider to review the issue?	Is documentation available indicating that a planning team meeting was held to address the issue?	Was the ISP revised in response to the issue?	Timeframe for ISP revision completion or 'not resolved'	
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.	

100% compliance is expected with field visit findings. Scores under 86% will require corrective action.

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

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

The four (4) evaluation components of 24-hour Availability and Responsiveness are:
- Live response to phone call
- SCA's response included direction to appropriate resources and services
- SCA's response demonstrated an effective emergency response plan
- SCA's response included a plan to hold a meeting the next day to develop a contingency

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

100% compliance is required for SCA live response.
Evaluation scores lower than 86% for other components of this indicator will result in corrective action requirements.

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

Part One of Evaluation of Indicator: Referrals to subsidiary or affiliated companies of SCAs are not allowed. SCAs cannot make direct service referrals to any service provider which is owned or shared by a parent/subsidiary/affiliated company in which the SCA has any financial interest.

The evaluation of conflict free care management includes a review of the Support Coordination Agency's letter of intent, completed SCA Conflict Free Care Management Attestation Form, trends in provider referrals, and geographic area to determine if Division requirements are being met.

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

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

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

The **SCA Conflict Free Care Management Attestation** will confirm:
- Support Coordination Supervisors are not related by blood or marriage to anyone whose plan they will supervise or sign off on.
- Support Coordination Supervisors and Support Coordinators are not related by blood or marriage to an individual or their paid caregivers.
- If the SCA employs staff who are related by blood or marriage, a back-up plan is determined and will be implemented should the assigned/unrelated SCS be unavailable to approve the plan. The Agency is requested to provide details of the back-up plan.
- The SCA does not employ any entity that is a provider of an individual's personal care services or any other direct services under the Community Care Program or Supports Program.
- If the SCA does employ an entity that is a provider of an individual's personal care services and/or other direct services under the Community Care Program or Supports Program, there is separation of care management from direct services provision. The Agency is requested to provide details of an action plan.

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

Evaluation Report Snapshot

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

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

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

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

The iRecord Attestation Form was created as a mechanism for the Agency Head to confirm that uniform practices have been established and attest that the Agency adheres to the requirements and responsibilities of iRecord usage. While the Support Coordination Unit evaluation is not specifically reviewing records to determine inappropriate iRecord use, overall iRecord activity is reviewed and any instances of inappropriate use (for example, log in by a person different from document signer) will be noted as part of the evaluation findings.

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

The *iRecord Attestation Form* confirms:

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

Evaluation Results

☐ **Meets Expectations**

    ☐ The iRecord Attestation form was submitted, included all staff, and met signature requirements.

Evaluation Report Snapshot

☐ **Partially Meets Expectations** (Check all that apply)

    ☐ The iRecord Attestation form was submitted but did not include all staff.

    ☐ The iRecord Attestation form was submitted, included all staff, but did not meet signature requirements.

☐ **Does Not Meet Expectations**

    ☐ The iRecord Attestation form was not submitted.

Review Summary and Required Actions
Click here to enter text.

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

XII. **Organizational Governance** - As per 11.2 of DDD's policy manuals, all approved service providers, regardless of their designation as for-profit or not-for-profit, must:
1. Maintain and be able to produce for the Division's review at any time document(s) that outline the organization's governance that oversees the operations of the organization in such manner as will assure effective and ethical management;
2. If requested, disclose and make public all Board members/stockholders, names, affiliations, and any potential conflicts of interest. This must include the requirement that, at a minimum, all board members/stockholders names be made publically 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).

Per 15.1.2 not all not-for-profit SCAs are expected to ensure that board members are not excluded from working with individuals with developmental disabilities in accordance with the newsletter found in Appendix I of DDD's policy manuals.

> **2024 Support Coordination Unit evaluations will examine the SCA's organizational governance policy to ensure agency policy alignment with Division requirements.**

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

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

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

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

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

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

Because the Agency does not receive any sort of confirmation or documentation when the exclusionary databases are checked, the agency must determine its own system for completing and documenting monthly checks, as well as outline its procedures within the Agency's Policy & Procedure Manual. The

documentation of monthly checks must include the date of review, who completed the review and results of each review. The use of a monthly exclusionary Log is recommended. Agencies may also explore other resources/websites to assist with completing all required database checks utilizing one website.

Refer to the SCA Staff Qualification Requirements Quick Reference Guide in Appendix C of this guidebook for additional guidance on this requirement.

Staff Member Name	Completed fingerprint check at time of hire (Federal & State)	Completed fingerprint archive (every two years)	Central Registry Check Status	Child Abuse Record Information (CARI) background check at time of hire
	☐ Evidence present ☐ Evidence present, but late ☐ Evidence missing ☐ Staff has had a name change and requires re-fingerprinting. ☐ Fingerprint results indicate an issue. Staff member does not meet qualifications and may not work in Support Coordination.	☐ Evidence present ☐ Evidence present, but late ☐ Evidence missing ☐ N/A: Not yet due	☐ Clear ☐ Name appears on list. Staff member precluded from working.	☐ Evidence present ☐ Evidence present but late ☐ Evidence missing ☐ Other: Click to enter text. Evaluation Report Snapshot

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

XIV. **Staff Qualification: Education & Experience Review** - Prior to hiring, SCAs must ensure that candidates considered for the positions of Support Coordination Supervisor and Support Coordinator meet the educational and experience qualifications listed in DDD's policy manuals. SCAs are required to maintain a copy of all records in the employee's personnel file, which should be available for Division review at any time.

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

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

- Evidence of a Bachelor's Degree or higher in any field. (Please note that degrees and/or transcripts issued by a college or university outside of the United States must be evaluated by a reputable evaluation service and documentation of such review must be provided to the Division)
- 1 year of experience working with individuals with intellectual and/or developmental disabilities (I/DD):
  - The experience must be the equivalent of a year of full-time documented experience working with individuals with I/DD
  - This experience can include paid employment, volunteer experience, and/or being a family caregiver of an individual with I/DD

o   If a job applicant has experience with a different population but some percentage includes individuals with intellectual and/or developmental disabilities, the SCA may determine that this experience meets the requirement of one year full-time experience working with individuals with I/DD.

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

Evaluation Report Snapshot

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

XV.   **Staff Qualifications: Staff Training and Professional Development –** Support Coordination Supervisors and Support Coordinators are required to complete trainings according to Division requirements specified in Appendix E of DDD's policy manuals and outlined below. SCAs are required to maintain a copy of all records in the employee's personnel file, which should be available for Division review at any time. If the required trainings occurred while the staff member was not employed with the SCA, it is the responsibility of the SCA to obtain documentation of required trainings.

Each Support Coordination Supervisor and Support Coordinator will be evaluated by the Support Coordination Unit through a review of submitted training records, which may include training certificates, College of Direct Support (CDS) transcripts and/or attendance records, to ensure that all staff are in compliance with Division requirements. In addition, Appendix E indicates that within 90 days of hire, the SCA must provide an orientation for all Support Coordination Supervisors and Support Coordinators. The SCA may develop orientation materials, utilize the College of Direct Support (CDS) modules and/or implement a combination of both. The evaluation of orientation compliance includes the review of a provided *Support Coordination Agency Orientation Plan for New Employees* completed and submitted by the Agency Head. The *Support Coordination Agency Orientation Plan for New Employees* is included in Appendix D of this guidebook and is sent to the SCA at the time that the SCA is selected for evaluation.

Training Requirements for Support Coordinators and Support Coordination Supervisors

Required Trainings and Orientation	Timeline	Trainer
Support Coordination Orientation - Prerequisite Orientation Lessons CDS Listing: SC Orientation • Welcome to Support Coordination (Lesson 1) • Overview of DDD systems (Lesson 2)	Prior to delivering services	College of Direct Support

• Policies/Practices for Support Coordination (Lesson 3) • Support Coordination Documentation (Lesson 4) • Support Coordination Supports & Resources (Lesson 5)		
Support Coordination Orientation - Training • Person-Centered Planning & Connection to Community Supports (2 day live Boggs training)	Prior to delivering services	The Boggs Center on Developmental Disabilities
DDD System Mandatory Training Bundle • DDD Life Threatening Emergencies - Danielle's Law • DDD Stephen Komninos Law Training *(developed/added to CDS in May 2018)*	Prior to working with individuals	College of Direct Support
Provider Developed Incident Reporting	Prior to working with individuals	Service Provider

DDD System Mandatory Training Bundle
• DDD Shifting Expectations - Changes in Perception, Life Experience & Services
• Prevention of Abuse, Neglect & Exploitation
CDS Listing: Maltreatment Prevention and Response
    o Overview of Direct Support Professional Role (Lesson 1)
    o What is Abuse? (Lesson 3)
    o What is Neglect? (Lesson 4)
    o What is Exploitation? (Lesson 5)
    o The Ethical Role of the DSP (Lesson 7)
	Within 90 days of hire	College of Direct Support

Prevention of Abuse, Neglect & Exploitation Practicum (on-site competency assessment after completing Prevention of Abuse, Neglect & Exploitation modules listed above)	Not being evaluated at this time	Service Provider
Provider Developed Orientation • Overview of the Agency • Mission, philosophy, goals, services and practices • Personnel policies • Safety *(required for staff hired <u>after</u> August 2023)* • Supporting Healthy Lives *(required for staff hired <u>after</u> August 2023)* • Individualized Service Plan Process and Documentation *(required for staff hired <u>after</u> August 2023)* • Individual Support Plans, Progress and Personal Goals *(required for staff hired <u>after</u> August 2023)* • Cultural Competence • Individual Rights • Working with Families • Documentation & record keeping	Within 90 days of hire Orientation requirements were revised in August 2023. Orientation records of staff hired before August 2023, may reflect the orientations that were required at the time of their hire, which include: • Training in Health & Safety • Understanding Service Plans & Individualizing services	Service Provider AND/OR College of Direct Support

Medicaid Training for Support Coordinators • DDD: Medicaid 101	Within 90 days of hire	College of Direct Support
Support Coordination NJISP Related Modules CDS Listing: DDSC: NJISP Related • New Jersey Comprehensive Assessment Tool (NJCAT) and Person-Centered Planning Tool (PCPT) Overview • Employment Expectations and Overview • Service Entry and iRecord Overview • Individualized Service Plan Process and Documentation	Within 90 days of hire	College of Direct Support
SC's Guide to Navigating the Employment Service System CDS Listing: SCEmp • The Importance of Employment for People with I/DD (Lesson 1) • NJ's Commitment to Employment First (Lesson 2) • NJ's Employment Services System for People with I/DD (Lesson 3) • Employment Supports to Assist in Finding & Keeping Employment (Lesson 4) • Using the PCPT to Identify Employment Outcomes and Goals (Lesson 5) • Employment within the ISP (Lesson 6) • Overview of the VR Eligibility Determination and Non Referral Forms (Lesson 7) • Assist Individuals and Families to see Employment as a Viable Option (Lesson 8)	Within 90 days of hire	College of Direct Support
Cultural Competence CDS Listing: Cultural Competence • What is Cultural Competence? • Understanding You Own Culture • The Culture of Support Services • The Continuum • Cross-Cultural Communication • Cultural Competence in Daily Support • Direct Support Professional Roles in Culturally Competent Organizations	Within 90 days of hire	College of Direct Support
Annual Professional Development Training Mandated Trainings, Orientation, Seminars, Webinars, In-service, College of Direct Support, and Conferences all count Documentation of training must include the training hours in order to be counted toward the professional development training requirement.	12 hours per calendar year • Prorated at 1 hour per month for full time staff hired after Jan 1. • Prorated to 6 hours per-year for part-time staff (less than 30 hours a week).	Various Trainers

XVI. **Policies & Procedures (P&P) Manual Review -** As per Section 11.1 of DDD's policy manuals, all SCAs 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 DDD's policy manuals and applicable Division Circulars.

All 14 required categories of the agency's Policies & Procedures Manual are reviewed, evaluated, and scored using the quantitative assessment described in SCA Policies & Procedures Guidebook. Each category is worth 3 possible points; totaling a possible 42 points.

The 14 required categories are:

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

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

Policies and Procedures Manual Evaluation Results			
Total Points = out of 42 **Total Score** = % 86% or better is the desired benchmark	☐ SCA Policies & Procedures Manual Meets Expectations	☐ SCA Policies & Procedures Manual Partially Meets Expectations	☐ SCA Policies & Procedures Manual Does Not Meet Expectations / Was Not Submitted	☐ SCA Policies & Procedures Manual Was Not Reviewed

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

(Evaluation Report Snapshot)

100% compliance is expected for the Policies & Procedures review. Evaluation scores under 86% will result in required corrective action.

XVII. **Quality Management Plan (QMP) Review –** Chapter's 11.1, 15.1 and 15.4 of DDD's policy manuals, state that SCAs are required to have an annual Quality Management Plan which includes a process to measure customer satisfaction (which may include survey, complaint and grievance resolution, or other evidence), a method to evaluate areas for improvement/goals for the year, and a plan for improvement. It is necessary to include a comprehensive strategy that includes planning, implementing, evaluating, and improving on systems and agency practices that lead to enhanced outcomes for individuals served, as well as, quality improvement strategies that include staff training, policy updates, and service process improvements.

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

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

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

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

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

Evaluation Report Snapshot

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

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

XVIII. **Census Plan Review –** The Division released the revised DDD's policy manuals, Version 6.0, in April 2024. In the latest iteration, the Division added important information about Support Coordination Agency census requirements, including:

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

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

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

- Policy and Procedures, which address admission practices, **and include language related to census planning**
- Quality Management Plans or Quality Management Meeting Minutes, which address census as a quality indicator and include a plan for achieving a census of 60 or more
- Business/Marketing/Enrollment plan that addresses census goals and timeline
- Separate document indicating a plan for achieving census of 60 or more
- Emails/documents/letters that indicate plans for merger with other SCAs to achieve census requirements

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

Evaluation Report Snapshot

> **Support Coordination Agencies should be aware that the Division plans full census requirement enforcement by April 2025.**

XIX. **Satisfaction Calls Completed by the Division -** The evaluation of Care Management Quality is partially determined through satisfaction calls made by Support Coordination Unit using a standardized script to a sample of individuals and families served. The purpose of these calls is to verify the quality of services being provided by the SCA. Informant information will remain anonymous and is not disclosed in the evaluation report. The agency is expected to utilize these findings in quality improvement activities, as appropriate.

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

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

- Individuals/families are provided a final copy of the service plan
- Individuals/families feel the SCA is meeting expectations

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

Evaluation Report Snapshot

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

The review of care management performance will include:
- SOS Form Submissions and Division Notification
- Incident Report Submissions
- Communication and Responsiveness
- Other Care Management Performance

Evaluation Indicator	Division Expectations	Review Summary
SOS Form Submissions and Division Notification	Support Coordination Agencies are expected to submit a Seeking Out Support (SOS) form to the Support Coordination Help Desk to report urgent situations, request assistance, or troubleshoot involved cases with the Support Coordination Unit's Care Management Team in addition to following the notification requirements as outlined in Section 6 (Care Management) of the Division's waiver manuals.	Click here to enter text. Evaluation Report Snapshot
Incident Report Submissions	Support Coordination Agencies are responsible for ensuring the health and safety of all individuals served, reporting all incidents in accordance to Division Circular #14, following all Division established protocols for notification, and completing all follow-up responsibilities in a timely manner.	Click here to enter text.
Communication and Responsiveness	Support Coordination Agencies are expected to operate in accordance to Section 12.1 (Service Provider Responsibilities) of the Division's	Click here to enter text.

	waiver manuals and be responsive to Division outreach and requests.	
Other Care Management Performance	Support Coordination Agencies are responsible for operating in accordance to and meeting all requirements as outlined in Section 6 (Care Management) of the Division's waiver manuals. Agencies are also expected to meet training requirements and remain up to date with Division policy and process changes.	Click here to enter text.
Required Actions and Recommendations to SCA		
Click here to enter text.		

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

Section 7: Division Oversight, Corrective Action Plans, Sanctions and Disenrollment

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

The reviews completed by the Support Coordination Unit are described in detail within this evaluation guide and as described, following the evaluation process, feedback is outlined in the *Support Coordination Agency Evaluation Report* (Appendix G) to inform the SCA of areas where expectations and benchmarks are met and areas that require improvement. In the event that significant or highly problematic issues are noted during the course of evaluation, the SCA will be notified immediately, prior to receipt of the *Support Coordination Agency Evaluation Report*.

Division's Response to Underperforming SCAs

Through the Support Coordination Unit's review and evaluation of SCAs' performance on identified indicators, benchmarks of minimally acceptable practice have been established. Some indicators hold the expected benchmark of 100% and are specified within this guide as well as the *Support Coordination Agency Evaluation Report*, other indicators require 86% or better. When benchmarks are not met, improvement is not demonstrated and/or issues are identified, the Agency is subject to sanctions or exclusionary actions including to disenrollment, based on the severity of the circumstance.

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

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

- **Technical Assistance**- provided by the SCU to SCA to correct issues identified before initiating the involuntary provider disenrollment process unless fraudulent activity or other serious issue is discovered. Technical Assistance may be in the form of additional training and/or guidance documents.
- **Corrective Action**- SCAs' written corrective action planning response to remediate the deficiencies noted by the SCU.
- **Sanctions**- which may include, limiting the location of service, including any expansion; closing capacity to new assignments; a reduction in census; limiting the acuity level of individuals served; and/or suspension of claiming ability for all or particular services. Sanctions may also include recommendations for agency closure and loss of provider status.
- **Suspensions of Payments**- which include, an effective date a suspension is imposed; the reason(s) for suspension or a statement declining to give such reasons; a statement that the suspension is temporary pending an investigation and any legal proceedings; and advise of the opportunity for a hearing, if so requested.
- **Disenrollment**- in which:
    1. The SCA will be notified by the Office of Provider Enrollment, DMAHS, with a notice for disenrollment that includes:
        a) Reason for the disenrollment;
        b) Provider's right to request an appeal with time frames and procedures;
        c) Effective date of the impending disenrollment; and/or
        d) That a request for an appeal of the decision for disenrollment does not preclude the determined disenrollment from being implemented.
    2. The provider may be required to participate in a plan for transition of services, including return of individual files, as defined by the Division, and once the transfer is complete, Medicaid will close the provider number.
    3. The Office of Provider Enrollment at DMAHS will copy the Division on the notice for the provider disenrollment and terms.

Corrective Action Plan (CAP)

If areas of agency performance have been determined to require improvement, the Support Coordination Agency may have the opportunity for corrective action. If a SCA is identified as requiring a Corrective Action Plan, the agency will be expected to provide a corrective action response.

Chapter 16.2.1.2.1 of DDD's policy manuals outline the corrective action process including the time frames and expectations:

- The Division will advise the provider of any deficiencies in writing and a corrective action response from the provider is due within 10 business days of receipt.
- A copy of the deficiency notice will be forwarded to the Office of Provider Enrollment, Division of Medical Assistance and Health Services (DMAHS). DMAHS will forward a letter to the provider notifying them that their provider number is in jeopardy.
- The provider will be given **up to** 90 days to implement the corrective action response. The Division will document all verbal communication during this time period and all decisions, direction, and mandates will be documented via written communication.
- If the provider fails to implement the corrective action plan either timely, or to the satisfaction of the Division, the Director of the Waiver and Quality Unit (DDD) and the Office of Provider Enrollment (DMAHS) will be notified in writing by the Division designated staff coordinating agency approvals and the decision to move the provider to suspension and/or disenrollment will be made.

Expectations of Corrective Action

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

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

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

The *Support Coordination Agency CAP Quarterly Report Form* (Appendix F) shall include:

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

Additional Corrective Action Plan Expectations

A. When an SCA has been assigned a *Corrective Action Plan*, all agency staff are required to attend trainings related to areas of underperformance as well as CAP-related trainings. These training requirements will be identified in the Corrective Action Plan notification to the Agency. The Agency Head must be involved in the corrective action process due to their responsibility for overall agency performance and for ensuring that all requirements are met.

B. Agency Heads are required, and other SCA staff are encouraged, to attend trainings available through the [College of Direct Support](#) regarding Corrective Action Plans. Those trainings are:
   - **Corrective Action Plans (CAPS) -** Assists Support Coordination leadership in identifying the role of the Division in SCA oversight, reviews the submission of a quality CAP and aids in understanding the process.
   - **Corrective Action Plan (CAP) Quarterly Reports** - Assists Support Coordination leadership by reviewing Division expectations and discusses the importance of supporting documentation in submission of CAP Quarterly Report.

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

Disenrollment

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

Per Section 16 of DDD's policy manuals, providers may be immediately dis-enrolled, including additional sanctions, whenever it is determined that the agency has:

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

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

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

Section 8: Evaluation Timelines

DRAFT General Evaluation Timeline

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

Day	Evaluation Action	Timeframe	Notes
Day 1	Evaluation Notification letter emailed to SCA Agency Head. Letter includes evaluation elements and directions for uploading documents to a secure portal.	SCA has **30 calendar days** to upload all required documents.	• SCAs are selected by the Division for evaluation at the discretion of the Division. • It is the long term goal of the Support Coordination Unit to evaluate 100% of SCAs. • Documents requested are all linked to specific manual requirements, so it is not expected that SCAs are creating documents during this period, only uploading what already exists. • Directions for uploading documents will be provided, including user name and password for agency head. • Documents do not need to be uploaded all at one time.
Day 1	Division begins documentation reviews (PCPT, ISP, SC Monitoring Tools, notes).	Division goal is to complete documentation reviews within **45 calendar days.**	• Reviews are via iRecord. SCA does not need to submit documents for this portion of the review.
Day 3	SCAs check SCU portal log in		• SCAs are strongly encouraged to log in to SCU portal to ensure log in is working appropriately.
Day 30	SCA uploads completed staff list, all staff qualification documents, and all remaining required documents to Division secure portal.	100% of requested documents must be uploaded by day 30, the exact date will be indicated in the letter.	• SCAs are STRONGLY encouraged to check and double check document uploads to ensure all required items are present in the portal. Incomplete or missing documents

			may result in staff immediately being unable to work.
Day 30-40	Initial uploads reviewed by Support Coordination Unit to determine if any documents are missing or if there are inconsistencies in staff list provided.	Division will notify SCA of issues and missing documents.	• The Support Coordination Unit will review documents as quickly as possible to ensure all required documents are present.

Day 31-40	SCA has 3 business days to respond to request for issues and inconsistencies.
	
	Missing documents. "red flag" items and report inconsistencies will be noted on final report.
		SCA has **3 business days** to provide clarification and/or requested documentation.	• "Red flag" issues will be communicated to the SCA immediately. "Red flag" items are items which preclude continued SCA operations and include, but are not limited to the following:
			   o Staff qualifications – criminal background not complete or with issues, and staff member must cease work immediately.
			   o Staff qualifications – required education or experience documentation is not provided and staff member must cease work immediately.
			• It is possible that some red flag issues are resolvable with additional documentation, but SCAs should be clear that the work stoppage must occur until documentation of requirements has occurred.
			• Missing documents will automatically result in a Corrective Action Plan for the indicator and may result in sanctions.

Day 31-60	Division review of additional documents from SCA. "Red flag" issues communicated to SCA via letter sent through email.	Division will communicate "red flag" items **as quickly as possible.**	• Not all SCA evaluations are expected to include the issues of "red flag items" or need for additional documentation.
Day 31-90	Division review of all submitted documents and iRecord for documentation elements.	Division goal is to complete all reviews and produce all final reports within **120 calendar days after upload.**	• It is not expected that SCAs will be contacted during the formal review period.
Day 60-90	Final report prepared by Division		
Day 60-90	Division to send final letter and final report to SCA.	n/a	• The Division letter will outline, if appropriate, the following:

			o Corrective Action Plan (CAP) submission deadline
			o Indicators to be included in CAP
			o Quarterly CAP reporting requirements
Division will also include in letter, if appropriate, related to Corrective Action Plan (CAP) items and expectations.			o Training list for CAP-related items.
Day 65-95	Evaluation review meetings with SCAs	Division goal is to complete all evaluation review meetings **within 5 business days** of SCAs receiving report.	• Agency Head must attend the evaluation meeting. Support Coordinators are not permitted to attend the evaluation meeting.
For Support Coordination Agencies with Corrective Action Plan (CAP) Requirements			
Day 65 -95	Division to report findings to *Office of Provider Enrollment, Division of Medical Assistance and Health Services (DMAHS). DMAHS will forward a letter to the provider notifying them that their provider number is in jeopardy,* as appropriate		
Day 65-75	SCAs to attend CAP related trainings		
Day 65-75	SCAs to submit Corrective Action Plan, if required	Corrective Action Plan must be submitted by SCA to Division **within 10 business days** (Manual requirement, not flexible)	• SCAs are required to attend specific trainings, based on evaluation findings and CAP trainings that must be attended by the Agency Head that include: o Developing a Corrective Action Plan o Corrective Action Plan Quarterly Reports • Trainings have been developed to support the SCA in the creation of a CAP that can be approved promptly. Additional trainings are required as it relates to specific CAP indicators.
Day 75-85	Division review of submitted CAP, and completion of CAP evaluation form.	Division will complete CAP review within **10 business days** and send CAP evaluation form to SCA.	
Day 85	CAP resubmission. If required.	SCA has **10 business days** to resubmit CAP.	• The CAP Evaluation Form will indicate the reason(s) why the CAP cannot be accepted and include very specific feedback and suggestions for improvement.

Day 86-95	Division review of revised CAP.	Division will complete CAP second review within **10 business days** and send revised CAP evaluation form to SCA.	• SCAs have two opportunities to submit a CAP that can be approved. An unapproved CAP after two submissions will result in sanctions to the SCA.
85 and ongoing	Implementation of Corrective Action Plan by SCA	Per DDD's policy manuals, SCAs have up to 90 days to demonstrate progress.	• Those SCAs that have been assigned a CAP for documentation and new areas of underperformance have been identified will face progressive sanctions if positive progress has not been made in 90 days.
Ongoing	Submission of CAP Quarterly Report	The CAP Quarterly Report is due on the following dates, beginning with the next quarterly period, for as long as the CAP is open: **Jan 31** **April 30** **July 31** **October 31**	• Report periods and report expectations are reviewed in the CAP Quarterly Report training.
To be determined	CAP closure	After all indicators have been corrected and sustained, the CAP can be closed.	• Documentation indicator improvements, as well as others, need to be demonstrated for 3 quarters. Some indicators can be closed immediately after correction (for example, policy and procedure updates). • SCAs that are unreleased may be able to make improvements such that they may achieve released status at the time of CAP closure. • SCAs that continue to underperform while on CAP will face progressive sanctions, up to and including, Division closure.

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

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

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

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

| | | • Using the ISP Individualized Service Plan Worksheet for Residential and Day Habilitation Providers and Support Coordinators |

		17.18.5.10 Coverage

CDS Trainings
• Ensuring Support Coordination Agency Availability and Responsiveness: Receive, Respond and Report (anticipated in August 2024) |
| **6.3**
17.18.5.4 | Field Visits Findings | Support Coordinator Information Page
• June 2022 Webinar Slides
• June 2022 Webinar Recording

Form
• Addressing Enhanced Needs Form

CDS Trainings
• Mealtime Safety and Documentation
• Using the ISP Worksheet for Residential, Day Hab Providers and SCAs
• Using the Addressing Enhanced Needs Form (AENF) in Plan Development |
| **17.18.4**
17.18.5.7 | Conflict Free Care Management | Guidance Document
• SCA Conflict Free Policy

Support Coordinator Information Page
• April 2022 Webinar Slides
• April 2022 Webinar Recording

CDS Trainings
• Support Coordination Agency (SCA) Staff Qualification Requirements
• Preparing for Support Coordination Unit Evaluation: A Training for Support Coordination Agencies |
| **11.2**
16.2 | Board Qualifications | Section 11.2 Waiver Manual

CDS Trainings
• Support Coordination Agency (SCA) Staff Qualification |
| **11.3**
15.1.2
17.18.4
Appendix I | Staff Qualifications: Criminal History Review | Support Coordinator Information Page
• August 2022 Webinar Slides
• August 2022 Webinar Recording

Guidance Documents
• Current Fingerprinting Procedure
• Division Circular #40 |

		CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements • Preparing for Support Coordination Unit Evaluation: A Training for Support Coordination Agencies
17.18.4	Staff Qualifications: Education & Experience Review	Support Coordinator Information Page • August 2022 Webinar Slides • August 2022 Webinar Recording CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements
11.4 **17.18.4** **Appendix E**	Staff Qualifications: Training and Orientation Review	Support Coordinator Information Page • August 2022 Webinar Slides • August 2022 Webinar Recording CDS Trainings • Support Coordination Agency (SCA) Staff Qualification Requirements • SCA Staff Qualifications (Oct. 2022)
17.18.4 **17.18.5**	iRecord Attestation	Guidance Document • iRecord User Guide
11.1	Policies & Procedures (P&P) Manual Review	Guidance Documents • SCA Policies & Procedures Guidebook CDS Trainings • Policies and Procedures Manuals
11.1 **15.1** **15.4**	Quality Management Plan (QMP) Review	Support Coordinator Information Page • June 2022 Webinar Slides • June 2022 Webinar Recording CDS Trainings • Quality Improvement: Plans, Processes, and Reporting
17.18.5.8	Census Plan	Support Coordinator Information Page • Support Coordination Agency Census Enforcement Fact Sheet • Support Coordination Agency Census Enforcement FAQ • Support Coordination Agency Mergers and Acquisitions Fact Sheet • Enforcement of SCA Census Requirements – A Brief Summary • Past Support Coordination Update Webinars CDS Trainings

		• Support Coordination Agencies (SCAs) Considering Operational Options and Sustainability
6.3, 6.4 **15.5** **17.18.5.3** **17.18.5.4** **17.18.5.5**	Satisfaction Calls Completed by the Division	Guidance Document HCBS Quality Framework
6.3, 6.4 **15.5** **17.18.5.3** **17.18.5.4** **17.18.5.5**	Care Management Performance and Follow Up	Form Seeking Out Support SOS Form Mailbox DDD.ProviderHelpdesk@dhs.nj.gov CDS Trainings • Overview of Housing Subsidy Program • Housing Subsidy Program Questions and Answers • Incident Reporting Requirements and Death Verification Process • Community Care Program Waiting List • Overview of Division of Disability Services (DDS) • Overview of the DDD Medicaid Eligibility Helpdesk and Medicaid Eligibility

Support Coordination Agency Conflict Free Care Management Attestation Form

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

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

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

Further, Support Coordinators cannot be:

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

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

Supervisory Relationships. CHOOSE ONE:

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

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

Enter text.

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

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

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

Enter text.

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

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

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

Enter text.

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

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

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

Division of Developmental Disabilities

Quick Reference Guide to Support Coordination Agency Staff Requirements

If documentation of a staff person's experience, background checks, and/or training records has a name different from the staff person's current name (e.g., maiden name), the agency must also have documentation on file that verifies that all previously-used names belong to that same staff person (e.g., copy birth certificate, marriage license).

Education

Agencies are required to ensure that all providers of support coordination, including supervisors, meet educational requirements as a condition of employment.

Timeline	Requirement	Expected Documentation
At time of hire	**Bachelor's degree or higher in any field** There are no exceptions to the educational requirement. A nursing certificate or lesser degree is not accepted in place of a Bachelor's Degree.	Copy of college degree or final transcript Degrees or transcripts issued by a college or university outside of the United States must be evaluated by a reputable service to establish the U.S. equivalency. One such service for international academic credential evaluations is WES.

Experience

Agencies are required to ensure that all providers of support coordination, including supervisors, have required experience as a condition of employment.

Timeline	Requirement	Expected Documentation
At time of hire	**One year of full-time experience working with individuals with I/DD**. Experience may be paid, volunteer or caring for a family member with I/DD. *If an applicant has experience working in a setting where a percentage of the individuals had I/DD, the SCA may determine that the experience meets the equivalent of one year, full-time experience working with individuals with I/DD.*	A resume clearly describing the equivalence of at least one year of full-time, paid or volunteer experience working with individuals with I/DD or caring for a family member with I/DD.

Mandatory Background Checks

Agencies are required to conduct background checks on all employees, and potential employees (which includes any consultants, interns, volunteers and seasonal employees) who have direct contact with persons served.

Timeline	Requirement	Required Documentation
At time of hire	**Fingerprint-based Criminal History Record Information (CHRI) check**	CHRI clearance letter – available through Fingerprint Approval Retrieval Application (FARA) portal; to download the letter from FARA, the user will need: Transaction Control Number (TCN) from IdentoGO website where initial fingerprint appointment was scheduled Contributor's Case # – specific to the agency, found on the agency's IdentoGO Fingerprint Service Code Form Date of fingerprinting
Every 2 years from month of initial fingerprinting	**Fingerprint-based Archive CHRI check** *Agencies are not responsible for archive CHRI checks for agency heads, as DDD Provider Performance & Monitoring Unit (PPMU) completes and maintains these.*	CHRI clearance letter – available through Fingerprint Approval Retrieval Application (FARA) portal; to download the letter from FARA, user will need: Transaction Control Number (TCN) from CHRI Mailbox in response to archive request Contributor's Case # – specific to the agency, found on the agency's IdentoGO Fingerprint Service Code Form Date archive request was submitted to CHRI Mailbox
At time of hire; Ongoing when prompted by email from DHS	**Central Registry of Offenders Against Individuals with Developmental Disabilities** (Central Registry)	**At time of hire:** copy of Central Registry Check Consent Form showing initial check result **Ongoing:** Internal agency documentation should show the following: The date each check was performed The person who completed the review The results of the check
At time of hire (for employees hired after 7/16/2018)	**Child Abuse Record Information (CARI) check** *Agencies are not responsible for CARI check documentation for agency heads, as PPMU maintains this.*	Initial email received showing employee's clearance and/or the printable record available through NJ CARI Portal.

Mandatory Background Checks – Exclusionary Database Checks

Agencies are required to check that staff, board members, and contracted vendors are not excluded from working with individuals with I/DD or for a Medicaid provider agency (see Appendix I, DDD policy manuals). Agencies may wish to explore other resources/websites that offer "one-stop shop" help completing all required database checks.

Timeline	Requirement	Expected Documentation
At time of hire; Monthly thereafter	**NJ Medicaid Fraud Division Ineligible Provider Report** NJ Medicaid Fraud Division Ineligible Provider Report	In the Ineligible Provider Report, which is updated monthly, use the search function to verify employees are not debarred (ineligible). Agency documentation should include: Date check was performed Person who completed the check Results of the check
At time of hire; Monthly thereafter	**NJ Treasury Debarment Search** NJ Treasury Debarment Search	Select "Professional Debarment Search." Enter employee first or last name and "Start Search." Agency documentation should include: Date check was performed Person who completed the check Results of the check
At time of hire; Monthly thereafter	**Federal Exclusions Database** Federal Exclusions Database	Enter employee first and/or last name Agency documentation should include: Date check was performed Person who completed the check Results of the check
At time of hire; Monthly thereafter	**NJ Division of Consumer Affairs License Verification System** NJ Consumer Affairs Licensure Database	Select **person search** and enter First and Last Name of employee. Agency documentation should include: Date check was performed Person who completed the check Results of the check
At time of hire; Monthly thereafter	**NJ Department of Health Licensee Database** NJ Department of Health Licensee Database	Enter employee's information and search. Agency documentation should include: Date check was performed Person who completed the check Results of the check

Mandatory Training (see Appendix E, DDD policy manuals)

Agencies are required to ensure that all providers of support coordination, including supervisors, successfully complete all support coordination staff training within required timelines.

Timeline	Requirement	Expected Documentation
Prior to delivering services	**SC Orientation: 5 Prerequisite Orientation Lessons**	College of Direct Support Transcript
Prior to delivering services	**SC Orientation Training: Person-Centered Planning & Connection to Community Supports** (two-day live training)	Boggs Center Certificate and/or Transcript
Prior to working with individuals	**DDD Life Threatening Emergencies – Danielle's Law**	College of Direct Support Transcript
Prior to working with individuals	**DDD Stephen Komninos' Law Training**	College of Direct Support Transcript
Prior to working with individuals	**Provider Developed Incident Reporting**	Provider Developed Documentation
Within 90 days of hire	**DDD Shifting Expectations – Changes in Perception, Life Experience & Services**	College of Direct Support Transcript
Within 90 days of hire	**Prevention of Abuse, Neglect & Exploitation:** Modules 1, 3, 4, 5 and 7	College of Direct Support Transcript
Within 90 days of hire	**Provider Developed Orientation** Overview of the Agency Mission, philosophy, goals, services and practices Personnel policies Safety *(if hired after August 2023)* Supporting Healthy Lives *(if hired after August 2023)* Individualized Service Plan Process and Documentation *(if hired after August 2023)* Individual Support Plans, Progress and Personal Goals *(if hired after August 2023)* Cultural Competence Individual Rights Working with Families Documentation & record keeping	Provider Developed Documentation and/or College of Direct Support Transcript
Within 90 days of hire	**Medicaid Training for Support Coordinators** (DDD: Medicaid 101)	College of Direct Support Transcript
Within 90 days of hire	**Support Coordination NJISP Related Modules** CDS Listing: DDSC: NJISP Related New Jersey Comprehensive Assessment Tool (NJCAT) and Person-Centered Planning Tool (PCPT) Overview Employment Expectations and Overview Service Entry and iRecord Overview Individualized Service Plan Process and Documentation	College of Direct Support Transcript
Within 90 days of hire	**SC's Guide to Navigating the Employment Service System:** 8 lessons	College of Direct Support Transcript

Timeline	Requirement	Expected Documentation
Within 90 days of hire	**Cultural Competence Training:** 8 lessons	College of Direct Support Transcript
	Professional Development Training **Full-time staff – 12 hours per calendar year** **Part-time staff – 6 hours per calendar year** *(Hours may be prorated based on month of hire.)* *(Full-time is defined as working 30 or more hours per week.)*	Various Trainers - Documentation must include: Staff name Title of training Length of training Date of training Name of trainer/agency

NEW JERSEY **HUMAN SERVICES**

Division of Developmental Disabilities

Support Coordination Agency
Orientation Plan for New Employees

Identifying Information	
Support Coordination Agency Name: Enter text.	**Name of Support Coordination Agency Head**: Enter text.

DDD Policy Manual Requirements

Appendix E indicates that within 90 days of hire, the Agency must provide an Orientation for all Support Coordination Supervisors and Support Coordinators. The Agency may develop orientation materials, utilize the College of Direct Support (CDS) modules and/or implement a combination of both.

Instructions

1. For each of the required orientation topics, the Agency is to indicate their orientation plan below by identifying the specific names of Agency developed orientations and/or the CDS Modules used.
2. Upload this form to the SCU Quality Review Portal. Documentation of completed orientations/modules for each staff is submitted separately per the upload instructions. For Agency developed orientations, a certificate of completion **or** other documentation clearly noting the orientation name, date of orientation and signatures of the person providing and person receiving the orientation is acceptable.

Required Orientation	Name of Agency Developed Orientation and/or CDS Module
Overview of the Agency	Enter text.
Mission, Philosophy, Goals, Services and Practices	Enter text.
Personnel Policies	Enter text.
***Supporting Healthy Lives	Enter text.

(Staff hired after August 2023)	
***Individualized Service Plan Process and Documentation (Staff hired after August 2023)	Enter text.
***Individual Support Plans, Progress and Personal Goals (Staff hired after August 2023)	Enter text.
Cultural Competence	Enter text.
Individual Rights	Enter text.
Working with Families	Enter text.
Documentation & Record Keeping	Enter text.

***Important:
1. DDD policy manuals, revised in August 2023, reflect changes to the required components of Provider Developed Orientation.

2. Documentation of the following orientations, completed within 90 days of hire, is required for staff hired **prior** to August 2023.
   - **Training in Health & Safety**
   - **Understanding Service Plans & Individualizing Services**

3. Documentation of the following orientations, completed within 90 days of hire, is required for staff hired **after** August 2023.
   - **Supporting Healthy Lives**
   - **Individualized Service Plan Process and Documentation**
   - **Individual Support Plans, Progress and Personal Goals**

NEW JERSEY **HUMAN SERVICES**

Division of Developmental Disabilities

Support Coordination Agency
iRecord Attestation Form

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

iRecord User Usage Attestation

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

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

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

PROHIBITED ACTIVITIES

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

As a user of the Site, you agree not to:
1. Make any unauthorized use of the Site, including collecting usernames and/or email addresses of users by electronic or other means for the purpose of sending unsolicited email, or creating user accounts by automated means or under false pretenses.
2. Circumvent, disable, or otherwise interfere with security-related features of the Site, including features that prevent or restrict the use or copying of any Content or enforce limitations on the use of the Site and/or the Content contained therein.
3. Engage in unauthorized framing of or linking to the Site.
4. Trick, defraud, or mislead us and/or other users, especially in any attempt to learn sensitive account information such as user passwords.

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

The Disclosure on Confidentiality and Protected Health Information

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

This document indicates the following:

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

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

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

NEW JERSEY HUMAN SERVICES

Division of Developmental Disabilities

Support Coordination Agency Census Plan Form

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

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

Division Manual Requirements Re: SCA Census

17.18.5.8 Caseloads and Capacity

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

Support Coordination Agency Census Plan

☐ It has not been 12 months since the Support Coordination Agency began service provision.

☐ The Support Coordination Agency does not have a plan for achieving a census of 60.

☐ The Support Coordination Agency has a plan for achieving a census of 60, as described in the Agency's:

<Select at least one and ensure upload to the SCU Quality Review Portal >

☐ Policy and Procedures, which speak to admission practices, and include language related to census planning.

☐ Quality Improvement Plans or Quality Improvement Meeting Minutes, which address census as a quality indicator and address, plans for achieving a census of 60 or more.

☐ Business/Marketing/Enrollment plan that addresses census goals and timeline.

☐ Separate document indicating a plan for achieving census of 60 or more.

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

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

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

NEW JERSEY **HUMAN SERVICES**

Division of Developmental Disabilities

Support Coordination Agency Corrective Action Plan

Identifying Information					
Support Coordination Agency Name:		**Agency Released Status:**		**Division Quality Assurance Specialist:**	
Enter text.		Choose an item.		Enter text.	
Agency Head Name:		**Agency Capacity Status:**		**Date CAP Issued by DDD:**	
Enter text.		Choose an item.		Enter text.	
Agency Head Email:		**Current Census:**		**Date CAP Due to DDD:**	
Enter text.		Enter text.		Enter text.	

Support Coordination Agencies are required to submit a Corrective Action Plan (CAP) to specify what internal processes and strategies will be used to address each identified issue and the dates by which these strategies will be implemented. The plan for monitoring must specify what tracking and auditing measures will be used and what type of data will be submitted to the Division to verify that the monitoring has occurred.

Issue Identified	Expectation/Goal	SCA Corrective Action Plan *(SCA completion): Please indicate all planned activities, interventions, trainings, quality improvement approaches, methods for staff oversight, etc.*	Implementation Dates(s) *(SCA completion)*	Plan for Monitoring *(SCA completion)*
Enter text.	Enter text.	Enter text.	Enter a date.	Enter text.
Enter text.	Enter text.	Enter text.	Enter a date.	Enter text.

Please note the above due date. Once received, the Division will review and provide a notification as to whether the CAP can be approved or if further revisions are required.

Completed by (Name & Title): Enter text.   **Date submitted to DDD:** Enter text.

NEW JERSEY HUMAN SERVICES

Division of Developmental Disabilities

Support Coordination Agency CAP Quarterly Report Form

Agency	Enter text.	Current Census	Enter text.
Agency Head	Enter text.	Capacity Status?	Enter text.
DDD Assigned QAS	Enter text.	Released Status	Enter text.

Date CAP Issued	Date CAP was Approved by DDD	Report Review Period & Due Date	Date CAP Quarterly Report Submitted to DDD
Enter text.	Enter text.	☐ January – March; **Due April 30th** ☐ April – June; **Due July 31st** ☐ July – September; **Due October 31st** ☐ October – December; **Due January 31st**	Enter text.

Your Corrective Action Plan (CAP) has been reviewed and approved. You are hereby required to submit to the Division evidence of CAP compliance by the above due dates. Additional submissions will be required if results are not achieved by timeframes.

SCA Corrective Action Plan *(Copy/paste from column 3 on approved CAP)*	Plan for Monitoring *(Copy/paste from column 5 on approved CAP)*	Activities, Outcomes, and Auditing Results Completed with Dates	Supporting Documents Included with Report
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.
Enter text.	Enter text.	Enter text.	Enter text.

Instructions

1. SCA to complete column one and two of this report by copy/pasting <u>all</u> corresponding information contained within their approved CAP.
2. SCA to enter in column three all activities completed, outcomes, and dates of completion.
3. SCA to list all supporting documents that were submitted as appendixes to this report. (See approved types of documents below.)
4. SCA to submit their completed CAP Quarterly Report Form along with all accompanying documents to their QAS per the provided schedule.

Reporting Schedule for CAP Quarterly Report Submissions

Date Report is Due to Division	Report on Activities and Data for Review Period Below
January 31st	October - December
April 30th	January - March
July 31st	April - June
October 31st	July - September

Types of Documentation: While there is some flexibility to the types of CAP-related supporting documentation, the following are considered appropriate:

Types of CAP Activities	Documentation to be Submitted	Frequency
Staff training	Attendance list for training completed Training slide deck (or other training materials) Evidence of having attended training (i.e. certificate, continuing education credit, etc.). Orientation-related documents (signed and dated)	Quarter when training is completed.
Internal Audits by Support Coordination Agency	Itemized spreadsheet of audit findings (i.e. confirmation of MMT on time uploads for each individual in agency, with date of upload) Cumulative data for audit findings Quality improvement committee reports which reference audit findings	For each quarter CAP is open.
Other documents which may be appropriate	Policy and procedure manual Communications to individuals/families Communications to staff	As appropriate

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

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

SUMMARY OF EVALUATION RESULTS

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

		☐ 100% of individuals served must receive a required face-to-face quarterly visit that is well documented on the MT by Enter Due Date.. ☐ SCA must upload a report or an Excel Spreadsheet listing the date and location of the last face-to-face visit for all individuals served to the SCU Quality Review by Enter Due Date.. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Documentation: Individualized Service Plan Status	Choose an item.	☐ No formal action required – Benchmark achieved
		
		 ☐ Action required
		      ☐ 100% of service plans currently overdue or out of compliance must be approved within 10 days.
		      ☐ SCA must submit a Retroactive Change Request (RCR) for any plan containing a service gap by Enter Due Date..
		
		 ☐ Other action required – Click or tap here to enter text.
		
		 ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Documentation: Individualized Service Plans and Person-Centered Planning Tools	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Claims Review	Choose an item.	☐ No formal action required – Benchmark achieved
		
		 ☐ Action required
		      ☐ SCA must upload the completed Claims Recoupment Form to the SCU Quality Review Portal by Enter Due Date..
		      ☐ SCA must upload an action plan that address all claiming issues identified during the evaluation which also outlines the agency's internal controls process and includes results of the agency's internal review by Enter Due Date..
		
		 ☐ Other action required – Click or tap here to enter text.

		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Verification of a Waiver Service Other Than Support Coordination	Choose an item.	☐ No formal action required ☐ Benchmark achieved. ☐ Action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Field Visit Findings	Choose an item.	☐ No formal action required – Benchmark achieved
		
		☐ Action required
		    ☐ All ISP revisions marked as "Not Resolved" must be completed by Enter Due Date..
		    ☐ While all identified errors are now resolved, the SCA must upload an action plan that addresses and prevents non-compliance in the area of Field Visit Findings moving forward to the SCU Quality Review Portal by Enter Due Date..
		
		☐ Other action required – Click or tap here to enter text.
		
		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

24-Hour Availability & Responsiveness	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – SCA must upload an action plan that addresses all identified concerns related to 24-hour availability to the SCU Quality Review Portal by Enter Due Date. ☐ Immediate action was directed at the time of review and completed by SCA prior to the distribution of this report to resolve concerns related to 24-hour availability. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Conflict Free Care Management	Choose an item.	☐ No formal action required – Benchmark achieved

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

		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Organizational Governance	Choose an item.	☐ Indicator not reviewed ☐ No formal action required 　☐ Benchmark achieved for all staff. 　☐ SCA is for-profit, therefore, board requirement do not apply. ☐ Action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – CAP document issued by the Division for specifics
Staff Qualifications: Background Check	Choose an item.	☐ No formal action required 　☐ Benchmark achieved for all staff. 　☐ While some requirements were completed late, requirements are now met for all staff. ☐ Action required 　☐ SCA must upload copies of the FARA clearance letters for all staff who were found to be out of compliance with 2 year fingerprint archives to the SCU Quality Review Portal by Enter Due Date.. 　☐ Staff who were identified as having a name change must be re-fingerprinted. SCA must upload documentation of a fingerprint check under the new name to the SCU Quality Review Portal by Enter Due Date.. 　☐ SCA must provide verification of completed CARI checks for all staff identified as out of compliance to the assigned Division QAS as soon as results are available. The completion of CARI checks is often a lengthy process. SC Agency Heads should monitor the CARI electronic system by logging into their account at https://www.njportal.com/dcf/cari. If the SC Agency Head needs assistance, please contact the DHS Employment Controls and Compliance Unit (ECCU) at 609-292-0207. 　☐ SCA completed immediate required actions prior to the distribution of the final Evaluation Report. Although resolved, the SCA must upload an action plan that addresses and prevents non-compliance in the area of Background Check moving forward to the SCU Quality Review Portal by Enter Due Date.. This action plan must align with the agency's Policies and Procedures Manual.

		☐ Immediate action was directed at the time of review and completed by SCA prior to the distribution of this report:
		☐ SCA was instructed to upload the Criminal History Record Information (CHRI) clearance letter for all staff identified as being out of compliance. SCA was advised that staff were not able to work until evidence of CHRI clearance was submitted to the Division.
		☐ SCA was advised that staff who appear on the DHSNJ Central Registry list were prohibited from working with individuals with developmental disabilities effective immediately.
		☐ SCA was instructed to upload proof of the <u>application</u> for CARI checks for all staff identified as being out of compliance and was advised to provide verification of completed CARI checks to the assigned Division QAS as soon as results are available.
		☐ SCA was advised that staff who appear on the NJDCF – CARI registry list were prohibited from working as a Support Coordinator or Support Coordinator Supervisor effective immediately.
		☐ Other action required: Click to enter text.
		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Staff Qualifications: Education & Experience	Choose an item.	☐ No formal action required
		☐ Benchmark achieved for all staff.
		☐ While some requirements were completed late, requirements are now met for all staff.
		☐ Action required – SCA completed immediate required actions prior to the distribution of the final Evaluation Report. Although resolved, the SCA must upload an action plan that addresses and prevents non-compliance in the area of Staff Education and Experience moving forward to the SCU Quality Review Portal by Enter Due Date.. This action plan must align with the agency's Policies and Procedures Manual.
		☐ Immediate action was directed at the time of review and completed by SCA prior to the distribution of this report:
		☐ SCA was advised that staff who do not meet the educational requirements as defined in DDD's policy manuals (17.18.4) were unable to work as a Support Coordinator or Support Coordination Supervisor effective immediately.

		☐ SCA was instructed to upload a completed Staff Experience Attestation Form for all staff whose resume did not describe the experience requirements as defined in DDD's policy manuals (17.18.4). ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Staff Qualifications: Staff Training Prior to Working with Individuals	Choose an item.	☐ No formal action required
		    ☐ Benchmark achieved for all staff.
		    ☐ While some requirements were completed late, requirements are now met for all staff.
		
		☐ Action required – Staff who have not completed all required trainings must do as soon as possible. SCA must upload evidence of training completion for each identified staff to the SCU Quality Review Portal by Enter Due Date..
		
		☐ Other action required: Click to enter text.
		
		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Staff Qualifications: Staff Training Within 90 Days of Date of Hire	Choose an item.	☐ No formal action required
		    ☐ Benchmark achieved for all staff.
		    ☐ While some requirements were completed late, requirements are now met for all staff.
		
		☐ Action required – Staff who have not completed all required trainings must do as soon as possible. SCA must upload evidence of training completion for each identified staff to the SCU Quality Review Portal by Enter Due Date..
		
		☐ Other action required: Click to enter text.
		
		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Staff Qualifications: Professional Development Training Hours for Previous Calendar Year	Choose an item.	☐ No formal action required
		    ☐ Benchmark achieved for all staff.
		    ☐ No current staff hired during previous calendar year or before.
		
		☐ Action required – Documentation of all required professional development hours were not accounted for. Although the SCA cannot go back to complete

		professional development trainings, the SCA must upload an action plan that outlines what procedures will be put in place to ensure requirements are met moving forward to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required: Click to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Policies and Procedures Manual	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Indicator not reviewed. The agency's Policies and Procedures Manual was reviewed or is currently under review by the Division's Provider Performance and Monitoring Unit. ☐ Action required – SCA must upload a revised Policies and Procedures Manual to the SCU Quality Review Portal by Enter Due Date.. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Quality Management Plan	Choose an item.	☐ No formal action required – Benchmark achieved
		
		☐ Action required
		    ☐ SCA must upload a revised Quality Management Plan to the SCU Quality Review Portal by Enter Due Date..
		    ☐ SCA must upload a revised Customer Satisfaction Measurement Plan and/or survey documentation to the SCU Quality Review Portal by Enter Due Date..
		
		☐ Other action required: Click to enter text.
		
		☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics

Census Plan	Choose an item.	☐ No formal action required
		    ☐ Benchmark achieved
		    ☐ SCA's current census is 60 or greater
		
		☐ Action required – SCA must upload a revised Census Plan to the SCU Quality Review Portal by Enter Due Date..

		☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Satisfaction Calls Completed by the Division	Choose an item.	☐ No formal action required – Benchmark achieved ☐ Action required – SCA must upload an action plan that addresses all identified concerns related to the satisfaction calls completed by the Division to the SCU Quality Review Portal by Enter Due Date. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Care Management Performance and Follow Up	Choose an item.	☐ Indicator not reviewed ☐ No formal action required – Benchmark achieved ☐ Action required – SCA must upload an action plan that addresses all identified concerns related to Care Management Performance and Follow Up to the SCU Quality Review Portal by Enter Due Date. ☐ Other action required – Click or tap here to enter text. ☐ Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
OVERALL EVALUATION		☐ **No formal actions required – Benchmark achieved for all indicators** ☐ **Action(s) required – See above for specifics** ☐ **Corrective Action Plan (CAP) required for one or more indicators – See above and CAP document issued by the Division for specifics**

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

DETAILED EVALUATION REPORT

I. SUPPORT COORDINATOR MONITORING TOOL (MT) REVIEW

Section I and II of this report provide results from a documentation review for monthly monitoring that occurred during the dates indicated above. This review included the following items:

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

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

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

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

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

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

C. Date of MT Upload

   By the end of the same month of contact

   By the end of the following month

   Greater than one month following the date of contact

   Monitoring Tools missing

   Monitoring Tools uploaded for the wrong individual

   Monitoring Tools uploaded again from a previous month

   Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented

   Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

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

D. MT Completed By

   Assigned Support Coordinator

   A different Support Coordinator; With an explanation why they were covering

   A different Support Coordinator; No explanation why they were covering

   SC Supervisor; With an explanation why they were covering

   SC Supervisor; No explanation why they were covering

   Unknown

   Monitoring Tools missing

   Monitoring Tools uploaded for the wrong individual

   Monitoring Tools uploaded again from a previous month

   Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented

   Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

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

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

   Telephone Icon which was confirmed in the narrative

   Telephone Icon but per narrative a Face to Face or Home Visit occurred

   Face to Face or Home Icon which was confirmed in the narrative

   Face to Face or Home Icon but per narrative a telephone contact occurred

   Monitoring Tools missing

   Monitoring Tools uploaded for the wrong individual

   Monitoring Tools uploaded again from a previous month

   Monitoring Tools reflect no contact made; SC's efforts to reach are well-documented

   Monitoring Tools reflect no contact made; SC documentation of attempts are insufficient

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

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

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

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

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

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

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

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

> **Yes, there was follow-up to On-Call/IR Notes**
> No, there was no follow-up to On-Call/IR Notes
> **Not applicable, there were no On-Call/IR Notes requiring follow up**
> Total = _____   # in Compliance = _____   **Compliance rate = _____ %**

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

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

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

  The number of individuals who received a required F2F visit

  The number of individuals who did not receive a required F2F visit

  Unable to determine – Content was unclear

  F2F attempted but did not occur (i.e. hospitalization, incarceration, refusal, etc.)

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

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

  Yes; at least one Quarterly MT Tool was used within the review period

  No; no Quarterly MT Tools were used within the review period

  Total =   # in Compliance =   Compliance rate =   %

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

  Yes, noted HCBS restrictions are documented in the ISP

  No, documentation reflects SC's efforts to resolve

  No, documentation does not reflect SC's efforts to resolve

  Not applicable, No HCBS restrictions noted

  Unable to determine, no Quarterly MT Tool were used within the review period

  Total =   # in Compliance =   Compliance rate =   %

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

MT Areas That Require Improvement

- [ ] PRESENCE OF MTs
- [ ] DATE OF CONTACT
- [ ] DATE OF UPLOAD
- [ ] MT COMPLETED BY
- [ ] ALL INDICATORS MEET THE MINIMUM EXPECTED BENCHMARK OF 86% OR BETTER

- [ ] ICON USAGE IN IRECORD
- [ ] FACE-TO-FACE VISIT REQUIREMENT
- [ ] QUARTERLY MT REQUIREMENT
- [ ] NO MTs AVAILABLE FOR REVIEW

- [ ] MT CONTENT/FOLLOW-UP TO REQUESTS
- [ ] FOLLOW UP TO ON-CALL AND IR NOTES
- [ ] HCBS GUIDELINES

Review Summary and Required Actions

Click here to enter text.

III. INDIVIDUALIZED SERVICE PLAN (ISP) STATUS REVIEW

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

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

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

IV.   INDIVIDUALIZED SERVICE PLAN (ISP) QUALITY REVIEW

The Support Coordination Unit conducted a sample ISP Quality review of the agency's service plans to verify that all required elements and quality metrics as outlined in the ISP Plan Reviews: Guidance for SCA document are present. Compliance for nine (9) Indicators were used to evaluate the most current plan year for the individuals listed below. Each indicator is worth 3 possible points, totaling a possible 27 points per ISP. To meet quality expectations in this area, the agency must achieve each of the following: a minimum overall compliance rate of 86% or better and adequately address required health and safety needs components. The requirement of addressing health and safety needs is determined by calculating the average of the Health and Nutrition indicator score and the Safety and Supports indicator score. Section IV provides the data and results from this review.

Number of ISPs Reviewed: Click here to enter text.

DDD ID #s Reviewed: Click here to enter text.

ISP Category	Unacceptable 1 point	Needs Improvement 2 points	Meets Minimum Standard 3 points	Score and Compliance Rate
Outcomes	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Employment	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Services	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Health and Nutrition	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Safety and Supports	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Person Centeredness	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Writing Quality	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Budget Accuracy	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Plan Development & Submissions	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %

Total Possible ISP Quality Score	Achieved ISP Quality Score	Addressing Health & Safety Needs
27 points (per ISP) x (# of ISPs reviewed) =	Sum of all Totals = Overall Compliance Rate = %	Sum of all Totals = Overall Compliance Rate = %

ISP Areas That Require Improvement

☐ OUTCOMES   ☐ HEALTH AND NUTRITION   ☐ WRITING QUALITY

☐ EMPLOYMENT   ☐ SAFETY AND SUPPORTS   ☐ BUDGET ACCURACY

☐ SERVICES   ☐ PERSON CENTEREDNESS   ☐ PLAN DEVELOPMENT & SUBMISSIONS

☐ ALL INDICATORS MEET THE MINIMUM EXPECTED BENCHMARK OF 86% OR BETTER

Review Summary and Required Actions

Click here to enter text.

V. PERSON CENTERED PLANNING TOOL (PCPT) QUALITY REVIEW

The Support Coordination Unit conducted a sample PCPT Quality review of the agency's service plans to verify that all required elements and quality metrics as outlined in the ISP Plan Reviews: Guidance for SCA document were present. Compliance for eight (8) Indicators were used to evaluate the most current plan year for the individuals listed below. Each indicator is worth 3 possible points; totaling a possible 24 points per PCPT. Section V provides the data and results from this review.

Number of PCPTs Reviewed: Click here to enter text.

DDD ID #s Reviewed: Click here to enter text.

PCPT Category	Unacceptable 1 point	Needs Improvement 2 points	Meets Minimum Standard 3 points	Score and Compliance Rate
Relationships	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Strengths & Qualities	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Important To	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Hopes & Dreams	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Supporter Qualities	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Community Integration	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Communication Styles	x 1 =	x 2 =	x 3 =	Total = Compliance rate = %
Annual Review of Changes	x 1 =	N/A	x 3 =	Total = Compliance rate = %

Total Possible PCPT Quality Score	Achieved PCPT Score
24 points (per PCPT) x (# of PCPTs reviewed) =	Sum of all Totals = Overall Compliance Rate = %

PCPT Areas that Require Improvement		
☐ RELATIONSHIPS	☐ HOPES & DREAMS	☐ COMMUNICATION STYLES
☐ STRENGTHS & QUALITIES	☐ SUPPORTER QUALITIES	☐ ANNUAL REVIEW
☐ IMPORTANT TO	☐ COMMUNITY INTEGRATION	
☐ ALL INDICATORS MEET THE MINIMUM EXPECTED BENCHMARK OF 86% OR BETTER		

Review Summary and Required Actions

Click here to enter text.

VI.   CLAIMS REVIEW

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

Time Period of Review: Click here to enter text.

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

VII.   VERIFICATION OF A WAIVER SERVICE OTHER THAN SUPPORT COORDINATION

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

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

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

VIII.   FIELD VISIT FINDINGS

As part of the Stephen Komninos' Law, the Department of Human Services completes unannounced visits to licensed residential providers. If findings suggest a support need is missing from the ISP, notification is made to the Support Coordination Agency and the Support Coordination Unit completes an evaluation of the issue. SCs are expected to ensure the ISP is always up to date through monthly contacts that include questions regarding changes to support needs and through the receipt and review of ISP Worksheets. An error is attributed to the Support Coordinator if documentation in monitoring tools and/or ISP Worksheets indicates that the Support Coordinator was advised of a support need that was not entered in the ISP. An error is partially attributed to the Support Coordinator if there was no ISP Worksheet uploaded into iRecord and efforts to obtain an ISP Worksheet are not documented. Section VIII provides the data and summary of findings for the field visit notifications received for the agency.

Time Period of Data Collection: Click here to enter text.

Date of SCU Contact to SC Agency	Type of Error		Field Visit Findings	SCA Follow-up to Findings			
	SC Error	Partial SC Error		Is documentation available indicating that the SC contacted the residential provider to review the issue?	Is documentation available indicating that a planning team meeting was held to address the issue?	Was the ISP revised in response to the issue?	Timeframe for ISP revision completion or 'not resolved'
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	☐	☐	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.

Assessment of Error	Findings	Notes
Number of Errors Attributed to the SC		Comments: Click here to enter text.
Number of Errors Partially Attributed to the SC		Comments: Click here to enter text.
Total Number of SC Attributed Errors		Comments: Click here to enter text.

Field Visit Evaluation Results

☐ **Meets expectations**
    ☐ There were no errors attributed all or in part to the SC.

☐ **Partially meets expectations** (Both of the following conditions must be met)
    ☐ Number of errors is less than 14% when compared to census.
    ☐ Documentation was available in most cases indicating that the SCA followed-up in a timely manner to correct the issue.

☐ **Does not meet expectations** (Check all that apply)
    ☐ More than one error is attributed to the SC as documentation indicates the SC was advised of a support need that was not entered in the ISP.
    ☐ More than one error is partially attributed to the SC as there is no documentation of efforts to obtain the ISP Worksheet from the provider.
    ☐ More than one ISP was not revised despite notification to the SCA of the error.
    ☐ Number of errors is more than 14% when compared to census.

IX. 24-HOUR AVAILABILITY AND RESPONSIVENESS

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

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

Scoring Criteria and Results	

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

24-Hour Availability and Response Evaluation Results

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

X. CONFLICT FREE CARE MANAGEMENT

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

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

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

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

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

XI.   IRECORD ATTESTATION

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

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

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

XII.   ORGANIZATIONAL GOVERNANCE

As per section 11.2 of DDD's policy manuals, all approved service providers, regardless of their designation as for-profit or not-for-profit, must maintain and be able to produce for the Division's review at any time document(s) that outline the organization's governance that oversees the operations of the organization in such manner as will assure effective and ethical management; disclose and make public all Board members/stockholders, names, affiliations, and any potential conflicts of interest if requested (this must include the requirement that, at a minimum, all board members/stock holders names be made publically available on the organization's website), and must demonstrate compliance with all legislation and regulations of corporate governance and financial practices as prescribed by the organization's corporate designation (profit, non-profit).

Per 15.1.2 all not-for-profit Support Coordination Agencies are expected to ensure that board members are not excluded from working with individuals with developmental disabilities in accordance with the newsletter found in Appendix I of DDD's policy manuals.

Indicators for board member/stock holder requirements are expected in the future.

XIII.   STAFF QUALIFICATIONS: BACKGROUND CHECK REVIEW

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

- Evidence of completed fingerprint check at the time of hire (Federal & State)
- Evidence of completed fingerprint archive (every two years)
- Documentation of Central Registry check at the time of hire and ongoing.
- Documentation of Child Abuse Record Information (CARI) background check

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

Summary of Staff Qualifications: Background Check Findings

Indicator	Total Number of Staff Reviewed	Total Number of Staff in Compliance (including those for whom requirements were met after hire/late)	% of Staff in Compliance
Completed fingerprint check at the time of hire (Federal & State)	Click to enter text.	Click to enter text.	Click to enter text.
Completed fingerprint archive (every two years)	Click to enter text.	Click to enter text.	Click to enter text.
Central Registry Check Status	Click to enter text.	Click to enter text.	Click to enter text.
Child Abuse Record Information (CARI) background check	Click to enter text.	Click to enter text.	Click to enter text.

Detailed Report for Staff Qualifications: Background Check Findings

Staff Member Name	Completed fingerprint check at time of hire (Federal & State)	Completed fingerprint archive (every two years)	Central Registry Check Status	Child Abuse Record Information (CARI) background check
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Review Summary and Required Actions

Click to enter text.

XIV. STAFF QUALIFICATIONS: EDUCATION & EXPERIENCE REVIEW

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

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

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

Summary of Staff Qualifications: Education & Experience Review Findings

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

Detailed Report for Staff Qualifications: Education & Experience Findings

Staff Member Name	Documentation of a Bachelor's degree or higher in any field at the time of hire	Documentation of required experience at the time of hire
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.

Review Summary and Required Actions
Click to enter text.

XV.   STAFF QUALIFICATIONS: STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

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

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

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

Summary of Staff Qualifications: Staff Training & Professional Development

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

Completion of Required Trainings Within 90 Days of Hire	Total Number of Staff Reviewed	Number of Staff in Compliance (including those for whom trainings were completed late)	% of Staff in Compliance
DDD Shifting Expectations Training - Changes in Perception, Life Experience & Services	Click to enter text.	Click to enter text.	Click to enter text.
Prevention of Abuse, Neglect & Exploitation: Maltreatment Prevention and Response Modules 1, 3, 4, 5, and 7	Click to enter text.	Click to enter text.	Click to enter text.
Provider Developed Orientation	Click to enter text.	Click to enter text.	Click to enter text.
NJISP Related Trainings	Click to enter text.	Click to enter text.	Click to enter text.
Medicaid Training for Support Coordinators DDD: Medicaid 101	Click to enter text.	Click to enter text.	Click to enter text.
Support Coordinator's Guide to Navigating the Employment Service System	Click to enter text.	Click to enter text.	Click to enter text.
Cultural Competence Training	Click to enter text.	Click to enter text.	Click to enter text.

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

Detailed Report for Staff Qualifications: Staff Training Prior to Working with Individuals

Staff Member Name	Support Coordination Orientation Prerequisite Orientation Lessons	Support Coordination Orientation Training - Person-Centered Planning & Connection to Community Supports	DDD Life Threatening Emergencies - Danielle's Law	DDD Stephen Komninos Law Training	Provider Developed Incident Reporting
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Review Summary and Required Actions

Click to enter text.

Detailed Report for Staff Qualifications: Staff Training Within 90 Days of Date of Hire

Staff Name (Hired more than 90 Days)	DDD Shifting Expectations Training - Changes in Perception, Life Experience & Services	Prevention of Abuse, Neglect & Exploitation: Maltreatment Prevention & Response	Provider Developed Orientation	NJISP Related Trainings	Medicaid Training for Support Coordinators DDD: Medicaid 101	Support Coordinator's Guide to Navigating the Employment Service System	Cultural Competence Training
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
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Review Summary and Required Actions
Click to enter text.

Detailed Report for Staff Qualifications: Professional Development

Staff Name Hired from Previous Calendar Year or Before	Employment Status and Date of Hire	# of Months Employed from Previous Calendar Year	Professional Development Training Completion from Previous Calendar Year
Click to enter text.	Employment Status: Click to enter text. Date of Hire: Click to enter text.	Enter # of Months	Click to enter text.
Click to enter text.	Employment Status: Click to enter text. Date of Hire: Click to enter text.	Enter # of Months	Click to enter text.
Click to enter text.	Employment Status: Click to enter text. Date of Hire: Click to enter text.	Enter # of Months	Click to enter text.
Click to enter text.	Employment Status: Click to enter text. Date of Hire: Click to enter text.	Enter # of Months	Click to enter text.
Click to enter text.	Employment Status: Click to enter text. Date of Hire: Click to enter text.	Enter # of Months	Click to enter text.
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Click to enter text.	Employment Status: Click to enter text. Date of Hire: Click to enter text.	Enter # of Months	Click to enter text.
Click to enter text.	Employment Status: Click to enter text. Date of Hire: Click to enter text.	Enter # of Months	Click to enter text.

Review Summary and Required Actions
Click to enter text.

XVI.   POLICIES & PROCEDURES MANUAL REVIEW

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

Scoring Criteria	

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

Policies and Procedures Manual Evaluation Results			
Total Points = out of 42 **Total Score** = % 86% or better is the desired benchmark	☐ SCA Policies & Procedures Manual Meets Expectations	☐ SCA Policies & Procedures Manual Partially Meets Expectations	☐ SCA Policies & Procedures Manual Does Not Meet Expectations / Was Not Submitted	☐ SCA Policies & Procedures Manual Was Not Reviewed

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

Review Summary and Comments	
General Requirements	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Organizational Governance	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Personnel	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Admission/Assignment	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Discharge/Disenrollment	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Reporting Incidents (Division Circular #14)	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Complaint/ Grievance Resolution or Appeals Process	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Complaint Investigation (Division Circular #15)	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
HIPAA & Protected Health Information (PHI)	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Emergency Procedure	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	

Reporting Medicaid Waste/Fraud/Abuse (Division Circular #54)	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Human Rights (Division Circular #5)	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Financial Management and Billing	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	
Quality Management	*Click or tap here to enter text.*
Comments: *Click here to enter text.*	

XVII.   QUALITY MANAGEMENT PLAN REVIEW

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

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

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

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

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

XVIII.   CENSUS PLAN REVIEW

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

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

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

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

XIX.   SATISFACTION CALLS COMPLETED BY THE DIVISION

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

Number of Calls Attempted	Number of Calls Completed	Number of Unsuccessful Contacts; phone number was disconnected or incorrect	Number of Unsuccessful Contacts; unable to reach informant after two attempts	Number of Refusals	Number of individuals who expressed interest in changing SCAs

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

Individual/family was provided a final copy of the service plan	%	%	%	Click here to enter text.
Individual/family feels SCA is meeting expectations	%	%	%	Click here to enter text.

Required Actions and Recommendations to SCA

Click here to enter text.

XX.   CARE MANAGEMENT PERFORMANCE AND FOLLOW UP

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

Time Period of Review: Click here to enter text.

Evaluation Indicator	Division Expectations	Review Summary
SOS Form Submissions and Division Notification	Support Coordination Agencies are expected to submit a Seeking Out Support (SOS) form to the Support Coordination Help Desk to report urgent situations, request assistance, or troubleshoot involved cases with the Support Coordination Unit's Care Management Team in addition to following the notification requirements as outlined in Section 6 (Care Management) of DDD's policy manuals.	Click here to enter text.
Incident Report Submissions	Support Coordination Agencies are responsible for ensuring the health and safety of all individuals served, reporting all incidents in accordance to Division Circular #14, following all Division established protocols for notification, and completing all follow-up responsibilities in a timely manner.	Click here to enter text.
Communication and Responsiveness	Support Coordination Agencies are expected to operate in accordance to Section 12.1 (Service Provider Responsibilities) of DDD's policy manuals and be responsive to Division outreach and requests.	Click here to enter text.
Other Care Management Performance	Support Coordination Agencies are responsible for operating in accordance to and meeting all	Click here to enter text.

	requirements as outlined in Section 6 (Care Management) of DDD's policy manuals. Agencies are also expected to meet training requirements and remain up to date with Division policy and process changes.	
Required Actions and Recommendations to SCA		
Click here to enter text.		