

SUPPORT COORDINATION AGENCY EVALUATION GUIDEBOOK

New Jersey Department of Human Services
Division of Developmental Disabilities

Support Coordination Unit

AUGUST 2023



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.

Table of Contents

Section 1: Purpose	2
Section 2: Evaluation Overview	2
Section 3: Definitions	3
Section 4: Division Oversight and Quality Monitoring	4
Section 5: Indicators of Evaluation	5
Section 6: Support Coordination Unit Evaluation Method for Each Indicator	6
Support Coordinator Monitoring Tool (MT) Review	6
Face-to-Face (F2F) Visit Requirement Review	7
Individualized Service Plan (ISP) Status Review	7
Individualized Service Plan (ISP) Quality Review	8
Person Centered Planning Tool (PCPT) Quality Review	10
Summary of ISP and PCPT Quality Review Results	11
Verification of a Waiver Service Other than Support Coordination	12
24-Hour Availability and Responsiveness	13
Field Visit Findings	14
Conflict Free Care Management	15
iRecord Attestation	17
Organizational Governance	18
Staff Qualifications: Background Check	18
Staff Qualifications: Education & Experience Review	19
Staff Qualifications: Training and Training and Professional Development Review	20
Policies & Procedures (P&P) Manual Review	23
Quality Management Plan (QMP) Review	24
Census Plan Review	25
Care Management Quality: Satisfaction Calls	26
Care Management Performance	26
Section 7: Division Oversight, Corrective Action Plans, Sanctions and Disenrollment	27
Section 8: Evaluation Timelines	29
Appendix A: Evaluation Indicator Resources	33
Appendix B: Relationship Attestation Form	37
Appendix C: Exclusionary Check Appendix I Fact Sheet	39
Appendix D: iRecord Attestation Form	41
Appendix E: Blank Corrective Action Plan	44
Appendix F: Blank Corrective Action Plan (CAP) Quarterly Report	45
Appendix G: Support Coordination Agency Evaluation Report	47

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, the Division, and the individuals served all benefit from evaluation activity as it promotes high quality services, sound deliverables and compliance with Division and Medicaid requirements and expectations.

There are multiple entities which may conduct evaluations of Support Coordination Agencies, including:

- DDD Support Coordination Unit – Conducts ongoing reviews
- DDD Waiver & Quality Compliance Unit - Conducts ongoing reviews
- Division of Medical Assistance & Health Services (DMAHS), administers New Jersey’s Medicaid program
 - Internal Medicaid auditor - Quality Management Unit (QMU) – Completes annual audits on random sample
 - External contracted auditor – Mercadien – Completes annual audits on random sample
- The Office of the Inspector General (OIG) – Completes random audits and may look at records from up to three years ago

This **Support Coordination Agency Evaluation Guidebook** was created for the purpose of providing Support Coordination Agencies with a transparent overview of the Support Coordination Unit’s evaluation process and the indicators being evaluated. Although this guidebook is designed to assist Support Coordination Agencies in improving overall quality and performance, and may assist in preparation for any audit, it specifically addresses the evaluation plans of the Division’s Support Coordination Unit only. The Support Coordination Unit evaluation will be the predominate evaluation for most Support Coordination Agencies.

Section 6 of this guidebook walks through the indicators reviewed by the Support Coordination Unit following the order listed in the **Support Coordination Agency Evaluation Report** (included as Appendix G) and may serve as a companion guide in reviewing and further understanding information provided in the **Support Coordination Agency Evaluation Report**. As indicators are added to the Support Coordination Unit reviews, the Guidebook will be revised.

Support Coordination Agencies are strongly encouraged to become familiar with evaluation indicators and to set up internal processes to ensure that requirements are being met. Support Coordination Agency internal audits are highly encouraged.

Section 2: Evaluation Overview

The Support Coordination Unit has piloted evaluation work over the past few years, revising internal processes, refining communications and procedures related to Support Coordination Agencies, as well as developing robust report plans. Support Coordination Agencies 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 Support Coordination Agencies 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.

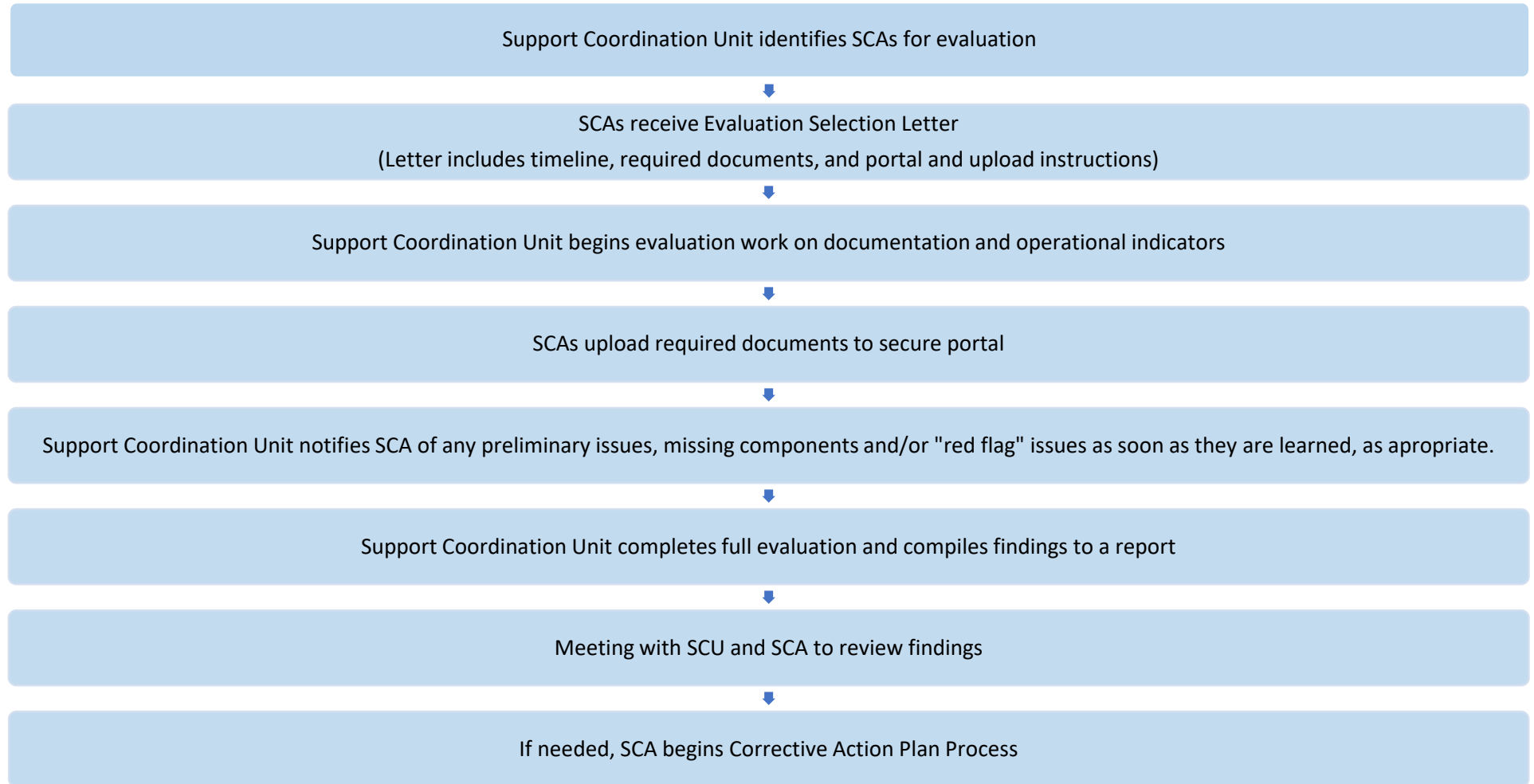
A significant portion of the Support Coordination Unit reviews are completed directly through iRecord. In addition, the Support Coordination Agency will be asked to submit documents they are required to have on file and available per the Waiver manuals. There are some additional documents created for the purpose of demonstrating compliance with Medicaid requirements that cannot otherwise be measured, which will be provided 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 Support Coordination Agency when the Evaluation Selection Letter is sent. If the Support Coordination Agency 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 a review. The report opens with a Summary of Evaluation Results. The Summary provides a snap shot of findings for all indicators, indicating whether Division expectations were met, partially met, or not met, and identifies any actions required by the Support Coordination Agency. Following the Summary, is a Detailed Evaluation Report that contains

comprehensive information on all evaluation findings. In the event that significant or highly problematic issues are noted during the course of evaluation, the Support Coordination Agency 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



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 staff member available for responding 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 expectations 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 Division waiver manuals, the Division is required to implement oversight and monitoring of Division approved service providers. As such, all Support Coordination Agencies 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 support coordination agencies
- 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 Support Coordination Agency 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 Criminal 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 Tools (MT) Review
- II. Face-to-Face (F2F) Visit 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. Summary of ISP and PCPT Quality Review Results

- 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: Criminal History Review
- XIV. Staff Qualifications: Education & Experience Review
- XV. Staff Qualifications: Training and Professional Development
- XVI. Policies & Procedures (P&P) Manual Review
- XVII. Quality Management Plan (QMP) Review
- XVIII. Census Plan Review
- XIX. Care Management Quality: Satisfaction Calls
- XX. Care Management Performance

Support Coordination Agencies 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 is the same as in the **Support Coordination Agency Evaluation Report** (Appendix G). Support Coordination Agencies 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) Reviews** - The Support Coordination Agency is responsible for ensuring ongoing monitoring of all individuals assigned to the Support Coordination Agency. Information gathered and observed by the Support Coordinator during each contact must be documented in the MT and uploaded in iRecord. The Monitoring Tool is a documentation deliverable required in order for the Support Coordination Agency to claim for services. At this time, there is a MT for monthly contacts and a MT for quarterly/annual contacts. 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.

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

- Presence/absence of MTs - Are MTs uploaded for each month of the review period and was the correct version used?
- Timeliness of MT uploads - Are MTs uploaded within the same month of contact or the following month, or later?
- Whether monitoring deliverables were met - Does content confirm that contact occurred?
- 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) - Is the correct Contact Type Icon used?
- Whether necessary follow up on issues documented in MTs occurred - Does content in the MT demonstrate follow up to service/support/resource requests?
- Whether necessary follow up on on-call reports/incident report (IR) notes occurred, if applicable - Does content in the MT demonstrate follow up to on-call notes/Incident Reports, if applicable?
- Whether Home and Community Based Services (HCBS) guidelines are adhered to - Are noted HCBS restrictions documented in the ISP, if applicable?

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 Evaluation Report calculates a total score and compliance rate cumulative of all Monitoring Tools reviewed.

100% compliance is required for the Support Coordinator Monitoring Tool, as this is the monthly required deliverable. Evaluation scores under 86% will result in required corrective action.

- II. **Face-to-Face (F2F) Visit 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 of individuals 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 manual 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 Full Evaluation Report calculates a total score and cumulative compliance rate of all Face-to-Face visits completed.

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



100% compliance is required for the Face-to-Face Visit Requirement as this is the monthly required deliverable. 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 waiver 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 Support Coordination Agency 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 be because of plans that are late, gaps in needed services, incorrect procedure codes, service types, unit types, and rates at the incorrect tier. Most of these 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, 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.



100% compliance is required for with the ISP Status Review.

IV. **Individualized Service Plan (ISP) Quality Review** – The ISP is developed based on assessed needs identified through the NJ Comprehensive Assessment Tool (NJCAT), the preferences of the individual gathered through the Person Centered Planning Tool (PCPT), and additional documents as needed. It identifies the individual’s outcomes and describes the services needed to assist the individual in attaining the outcomes identified in the plan. The ISP must be in the best interests of the individual served and also must empower individuals. The plan must be centered upon the strengths, resources, and needs of the individual.

[ISP Plan Reviews: Guidance for SCAs](#) was developed by the Support Coordination Unit as a resource for Support Coordination Agencies to use and reference during plan development and supervisory review. The plan submission and review criteria described in [ISP Plan Reviews: Guidance for SCAs](#) is the same


criteria used by Support Coordination Unit staff when reviewing and assessing the quality of ISPs. The guidance document offers a quantitative assessment of nine ISP components, allowing the scoring of each component ranging from 1 (unacceptable), 2 (Needs Improvement) and 3 (Meets Minimum Standard).

The nine (9) components of the ISP are:

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

All ISP's submitted during the review months are reviewed, evaluated and scored using the quantitative assessment described in [ISP Plan Reviews: Guidance for SCAs](#). For each ISP, all nine (9) components are evaluated. Each component is worth 3 possible points, totaling a possible 27 points for each ISP. The Support Coordination Agency Full Evaluation Report identifies the total number of ISPs evaluated and provides the DDD ID# associated with each plan review allowing the Support Coordination Agency to refer to the ISPs submitted.

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 = Compliance rate = %
Services	x 1 =	x 2 =		Total = Compliance rate = %
Health and Nutrition	x 1 =	x 2 =		Total = Compliance rate = %
Safety and Supports	x 1 =	x 2 =		Total = Compliance rate = %
Person Centeredness	x 1 =	x 2 =		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
27 points (per ISP) x (# of ISPs reviewed) =	Sum of all Totals = Overall Compliance Rate = %

86% compliance or better is required for the ISP quality review.

V. **Person Centered Planning Tool (PCPT) Quality Review** – The PCPT is a mandatory discovery tool used to guide the person-centered planning process. It is designed to be a strength-based document that focuses on the individual’s positive attributes and qualities rather than areas where support is needed, as these are covered in detail in the NJISP. Information gathered in the PCPT informs the outcomes written in the NJISP. The Support Coordinator writes the PCPT as part of the initial plan and reviews it each year with the individual/guardian and planning team to identify changes. The PCPT must be comprehensive and updated annually.

As with the ISP, [ISP Plan Reviews: Guidance for SCAs](#) details the review criteria used to evaluate the PCPT and offers a quantitative assessment of eight PCPT components using a 3 point system ranging from 1 (Unacceptable), 2 (Needs Improvement) and 3 (Meets Minimum Standard).

The eight (8) components of the PCPT are:

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

For each PCPT, all eight (8) components are evaluated. Each component is worth 3 possible points; totaling a possible 24 points for each PCPT. The Evaluation Report identifies the total number of PCPTs evaluated and includes the DDD ID# associated with each plan review allowing the Support Coordination Agency to refer to the PCPTs.

The **Support Coordination Agency Full Evaluation 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 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 = %

86% compliance or better is required for the PCPT quality review.

VI. **Summary of ISP and PCPT Quality Review Results** - The results of ISP Status, ISP Quality and PCPT Quality are highlighted in the report with particular attention paid to the overall Health & Safety score of ISP reviews, to ensure that documentation of health and safety needs is occurring. Even if the Support Coordination Agency achieves an overall combined compliance score of 86% or better for these components, a score of 86% or better on the Health & Safety indicator is required to meet expectations.

The total score of the quality of the ISP and PCPT is identified within three (3) categories:

- Meets Expectations - Meets minimum expectation of 86% or better and required health and safety components are addressed.
- Partially Meets Expectations - Meets minimum expectation of 86% or better but required health and safety components are not adequately addressed.
- Does Not Meet Expectations - Does not meet minimum expectation of 86% or better.

Results of ISP Status Review	Evaluation Report Snapshot	/	%	<input type="checkbox"/> Meets minimum expectation of 86% or better
Results of ISP Quality Review		/	%	<input type="checkbox"/> Meets minimum expectation of 86% or better Required Health & Safety needs are addressed <input type="checkbox"/> Yes <input type="checkbox"/> No
Results of PCPT Quality Review		/	%	<input type="checkbox"/> Meets minimum expectation of 86% or better

TOTAL ISP / PCPT SCORE	/	%	<input type="checkbox"/> Meets Expectations – Meets minimum expectation of 86% or better and required health and safety components are addressed. <input type="checkbox"/> Partially Meets Expectations – Meets minimum expectation of 86% or better but required health and safety components are not adequately addressed. <input type="checkbox"/> Does Not Meet Expectations – Does not meet minimum expectation of 86% or better.
-------------------------------	---	---	---

86% compliance or better is required for the ISP Status Review and ISP and PCPT Quality Reviews AND 86% or better for Health & Safety criterion.

VII. **Verification of a Waiver Service Other than Support Coordination** - As per section 5.4 of the Division’s waiver manuals, and as outlined in the Participant Enrollment Agreement (PEA), remaining on the waiver is contingent on accessing, at minimum, two waiver services (Support Coordination being one). Individuals may be disenrolled from their assigned waiver if a second service 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. All conversations related to available services and service identification must be documented in iRecord.

Communication related to second service compliance occurs prior the Support Coordination Unit Evaluation.

- Every 2 months, SCAs will receive correspondence from the Support Coordination Unit related to individuals on the SCA’s roster that do not have a second service entered into the plan.
- Support Coordinators should complete outreach to individuals/families/guardians of the people identified.
- Support Coordinators should update ISPs and/or add notes to iRecord, as appropriate.

In the Support Coordination Agency Full Evaluation, verification of a waiver service other than Support Coordination is completed to determine if an individual is accessing services through the utilization of their budget, to avoid disenrollment. The evaluation consists of a review of the Support Coordination Agency roster to determine if this waiver requirement was met. Upon completion of the evaluation and SCA receipt of the Support Coordination Agency Full Evaluation Report, the Support Coordination Agency 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: %
--	---	-----------------------------------

Comments

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. **24-Hour Availability and Responsiveness** - According to 17.18.5.10 of the Division’s waiver manuals, Support Coordination Agencies 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 timely contact to a Support Coordinator or Support Coordinator Supervisor or Agency Head, available to respond to the issue for which outreach was made.

The evaluation of 24-Hour Availability and Responsiveness is to determine the Support Coordination Agencies’ 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 evaluation of 24-Hour Availability and Responsiveness includes five components.

The five (5) components of 24-Hour Availability and Responsiveness are:

- SCA availability 24 hours, 7 days per week
- Live response to phone call
- SCA’s response included appropriate response and direction to 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

SCA’s response included a plan to hold a meeting the next day to develop a contingency plan to address the issue. Scoring Criteria and Results

<p>Compliance for five (5) indicators were used to evaluate each call. Each indicator is worth 3 possible points.</p> <p>Total Points = out of 60</p> <p>Total Score = %</p> <p>Evaluation Results = Choose an item.</p>	<p>Points are assigned as follows:</p> <p>3 = Expectations met</p> <p>2 = Expectations partially met</p> <p>1 = Expectations not met</p> <p>0 = Unsuccessful contact; phone number was disconnected or incorrect</p>
---	--



24-Hour Availability and Response Evaluation Results				
Indicator	Call #1	Call #2	Call #3	Call #4
	Date: Time:	Date: Time:	Date: Time:	Date: Time:
SCA was available 24 hours, 7 days per week	Choose an item.	Choose an item.	Choose an item.	Choose an item.
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.
Comments				
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.**


IX. **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 information provided in ISP Worksheets. The Department of Human Services completes unannounced visits to licensed Residential Providers. If field visit findings suggest a support need is missing from the ISP, a review occurs. An error is attributed to the Support Coordinator if documentation in monitoring tools and/or ISP Worksheets indicate 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 an ISP Worksheet is missing in iRecord and there are no documented efforts to obtain it. 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 evaluation of field visit findings is to:

- identify if missing ISP documentation of a known support need, noted by DHS field staff, is due or due in part, to Support Coordinator error
- review if the Support Coordinator completed the expected follow up after being notified of a field visit finding

The four (4) areas of follow up that are expected from the Support Coordinator following notification are:

- 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			
	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.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.

100% compliance is required for the Field Visit Finding reviews for ongoing monitoring, follow up on reported issues and ISP revision, if applicable.

- X. **Conflict Free Care Management** - Support Coordination Agencies are responsible for adhering to the Division’s Conflict Free Care Management requirements as outlined in chapter 17.18.5.7 and 17.18.4 of the CCP and SP Policies & Procedures 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

Part One of Evaluation of Indicator: Adherence to the Conflict Free Requirement is determined through the evaluation of the Support Coordination Agency’s compliance indicated in the Agency’s Letter of Intent which submitted via the Provider Helpdesk at DDD.ProviderHelpdesk@dhs.nj.gov. The evaluation will determine if the Support Coordination Agency meets Division requirements.

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 meets 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 **Relationship Attestation Form** completed and submitted by the Agency Head that confirms steps are in place to ensure that Division requirements are being met. The Relationship 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 **Relationship 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.



SCA Chosen Service Delivery Option	
<input type="checkbox"/>	Option One – Intent to provide Support Coordination Services Only
<input type="checkbox"/>	Option Two – Intent to provide Support Coordination and other services, but in distinct geographic areas
<input type="checkbox"/>	Option Three – Request for Exception to provide both Support Coordination and other Division-funded services in the same geographic region
Evaluation Results	
<input type="checkbox"/> Meets Expectations (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Letter of intent/Conflict free policy is present and contains all required elements. <input type="checkbox"/> The Relationship Attestation form was submitted, included all staff, and met signature requirements. 	
<input type="checkbox"/> Partially Meets Expectations (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Letter of intent/Conflict free policy is present but requires updating. <input type="checkbox"/> The Relationship Attestation form was submitted but did not include all staff. <input type="checkbox"/> The Relationship Attestation form was submitted, included all staff, but did not meet signature requirements. 	
<input type="checkbox"/> Does Not Meet Expectations (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> There is no separation of care management (Support Coordination) from direct services provision. <input type="checkbox"/> Someone providing the plan of care appears to be related by blood or marriage to the individual or a paid caregiver. <input type="checkbox"/> Findings revealed SC Supervisor(s) reviewing/approving service plans for staff that appear to be related by blood or marriage <input type="checkbox"/> Service recipients were impacted as a result of conflict free policy violation. <input type="checkbox"/> The Relationship Attestation form was not submitted. <input type="checkbox"/> The Relationship Attestation form did not include a back-up plan if the need for one was indicated. 	
Comments	
Click here to enter text.	


It is required that that the Letter of Intent and Relationship Attestation form are submitted, accurate, include required elements, and align with agency operations.

XI. **iRecord Attestation** – All staff within a Support Coordination Agency must maintain their iRecord login information securely. Staff may not share passwords or login information, under any circumstance, or allow another person to log into their iRecord account. These actions are considered fraud and are a violation of HIPAA. Support Coordination Agencies are responsible to confirm and secure the use of iRecord and to inform the Division of any staff changes. Prior to being granted access to iRecord, all iRecord Users must sign a Disclosure on Confidentiality and Protected Health Information. Additionally, a Terms of Use link populates with each iRecord login to serve as a reminder. The ultimate responsibility of ensuring compliance with HIPAA and iRecord Terms of Agreement falls to the Agency Head to establish uniform practices and procedures within the Support Coordination Agency. 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	
<input type="checkbox"/> Meets Expectations <input type="checkbox"/> The iRecord Attestation form was submitted, included all staff, and met signature requirements.	
<input type="checkbox"/> Partially Meets Expectations (Check all that apply) <input type="checkbox"/> The iRecord Attestation form was submitted but did not include all staff. <input type="checkbox"/> The iRecord Attestation form was submitted, included all staff, but did not meet signature requirements.	
<input type="checkbox"/> Does Not Meet Expectations <input type="checkbox"/> The iRecord Attestation form was not submitted.	
Comments	
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 the Division’s waiver 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. All board members/stock holders, names, affiliations, and any potential conflicts of interest must be disclosed and made publicly available, if requested. All board members/stock holder’s names be made publically available on the organization’s website. And the service provider 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 not 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 the waiver manuals.

2023 Support Coordination Unit evaluations will examine the SCA’s organizational governance policy but do not include specific indicators. It is expected that indicators related to organizational governance compliance will be included as indicators in future evaluation plans.

VIII. **Staff Qualifications: Background Check** - At the time of hire and ongoing, Support Coordination Agencies 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 the waiver 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 report provided from NJ-DHS Employment Controls and Compliance Unit (ECCU). 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
- Fingerprint archive (every two years)
- Central Registry Status at the time of hire and ongoing
- Child Abuse Record Information (CARI) check (for employees hired after July 16, 2018) at the time of hire

In addition, as per Appendix I of the Division’s waiver manuals, Support Coordination Agencies are responsible to verify that any current or prospective employees (regular or temporary) are not excluded from being allowed to participate in State or federally-funded health benefit programs, such as Medicaid, by searching the following databases 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 \(psiexams.com\)](#)

Support Coordination Agencies will be required to submit evidence of having met the above requirements during evaluation. Refer to the **Exclusionary Checks Appendix I Fact Sheet** 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 (for employees hired after July 16, 2018) at time of hire
	<input type="checkbox"/> Evidence present <input type="checkbox"/> Evidence present, but late <input type="checkbox"/> Evidence missing <input type="checkbox"/> Staff has had a name change and requires re-fingerprinting. <input type="checkbox"/> Fingerprint results indicate an issue. Staff member does not meet qualifications and may not work in Support Coordination.	<input type="checkbox"/> Evidence present <input type="checkbox"/> Evidence present, but late <input type="checkbox"/> Evidence missing <input type="checkbox"/> N/A: Not yet due	<input type="checkbox"/> Clear <input type="checkbox"/> Name appears on list. Staff member precluded from working.	<input type="checkbox"/> Evidence present <input type="checkbox"/> Evidence present but late <input type="checkbox"/> Evidence missing <input type="checkbox"/> Other: Click to enter text.



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** - Prior to hiring, Support Coordination Agencies must ensure that candidates considered for the positions of Support Coordination Supervisor and Support Coordinator meet the educational and experience qualifications listed in the waiver manuals. 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.

To ensure the Support Coordination Agency staff are in compliance with the Division’s education and experience qualifications, the Support Coordination Agency 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)
- 1 year of experience working with individuals with intellectual and/or developmental disabilities (I/DD):
 - The experience must be the equivalent of a year of full-time documented experience working with individuals with I/DD
 - This experience can include paid employment, volunteer experience, and/or being a family caregiver of an individual with I/DD
 - If a job applicant has experience with a different population but some percentage includes individuals with intellectual and/or developmental disabilities, the SCA may determine that this experience meets the requirement of one year full-time experience working with individuals with I/DD.

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.	<input type="checkbox"/> Evidence present <input type="checkbox"/> Evidence present but dated after hire <input type="checkbox"/> Evidence missing <div data-bbox="756 370 1041 532" style="text-align: center; border: 1px solid orange; border-radius: 50%; padding: 10px; background-color: #f4a460; color: white; font-weight: bold;"> Evaluation Report Snapshot </div>	<input type="checkbox"/> Documentation present <input type="checkbox"/> Documentation missing: Experience requirements are not evident at the time of hire, however, appear to be in place now. <input type="checkbox"/> Documentation missing: Experience with individuals with I/DD is described, but does not specify adults. <input type="checkbox"/> Documentation missing: Experience requirements are not clearly described on resume.

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: Training and Professional Development** – Support Coordination Supervisors and Support Coordinators are required to complete trainings according to Division requirements specified in Appendix E of the waiver manuals and outlined below. 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. 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.

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 <ul style="list-style-type: none"> • Welcome to Support Coordination (Lesson 1) • Overview of DDD systems (Lesson 2) • Policies/Practices for Support Coordination (Lesson 3) • Support Coordination Documentation (Lesson 4) • Support Coordination Supports & Resources (Lesson 5) 	Prior to delivering services	College of Direct Support

Support Coordination Orientation - Training <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> DDD Life Threatening Emergencies - Danielle's Law DDD Stephen Komninos Law Training 	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 <ul style="list-style-type: none"> DDD Shifting Expectations - Changes in Perception, Life Experience & Services Prevention of Abuse, Neglect & Exploitation CDS Listing: Maltreatment Prevention and Response <ul style="list-style-type: none"> Overview of Direct Support Professional Role (Lesson 1) What is Abuse? (Lesson 3) What is Neglect? (Lesson 4) What is Exploitation? (Lesson 5) 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 <ul style="list-style-type: none"> Overview of the Agency Mission, philosophy, goals, services and practices Personnel policies Supporting Healthy Lives (hired after August 2023) Individualized Service Plan Process and Documentation (hired after August 2023) Individual Support Plans, Progress and Personal Goals (hired after August 2023) Cultural Competence Individual Rights Working with Families Documentation & record keeping 	Within 90 days of hire August 2023 CCP/SP Manuals no longer include: <ul style="list-style-type: none"> Training in Health & Safety Understanding Service Plans & Individualizing services New staff hired after August 2023, shall receive orientations per the revised list (on left) within 90 days of hire.	Service Provider AND/OR College of Direct Support
Medicaid Training for Support Coordinators <ul style="list-style-type: none"> DDD: Medicaid 101 	Within 90 days of hire	College of Direct Support
Support Coordination NJISP Related Modules CDS Listing: DDSC: NJISP Related <ul style="list-style-type: none"> New Jersey Comprehensive Assessment Tool (NJCAT) and Person-Centered Planning Tool (PCPT) Overview Employment Expectations and Overview 	Within 90 days of hire SC Modules identified in Manuals in January 2023.	College of Direct Support

<ul style="list-style-type: none"> • Service Entry and iRecord Overview • Individualized Service Plan Process and Documentation 	<p>Expectation of full compliance for existing staff by 12/31/23, and within 90 days of hire for new staff.</p>	
<p>SC's Guide to Navigating the Employment Service System CDS Listing: SCEmp</p> <ul style="list-style-type: none"> • 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) 	<p>Within 90 days of hire</p>	<p>College of Direct Support</p>
<p>Cultural Competence CDS Listing: Cultural Competence</p> <ul style="list-style-type: none"> • 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 	<p>Within 90 days of hire</p>	<p>College of Direct Support</p>
<p>Annual Professional Development Training Mandated Trainings, Orientation, Seminars, Webinars, In-service, College of Direct Support, and Conferences all count</p> <p>Documentation of training must include the training hours in order to be counted toward the professional development training requirement.</p>	<p>12 hours per calendar year</p> <ul style="list-style-type: none"> • 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). 	<p>Various Trainers</p>

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


XVI. **Policies & Procedures (P&P) Manual Review** - 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. These policies and procedures shall be designed in accordance with waiver manuals and applicable Division Circulars.

The [SCA Policies & Procedures Guidebook](#) was developed by the Support Coordination Unit as a resource for Support Coordination Agencies to aid in the continued review and development of Division compliant policies and procedures by providing insight to the Division’s expectations for each policy and procedure. The criteria described in the guidebook is the same criteria used by Support Coordination Unit staff when reviewing and assessing the quality of the fourteen (14) required components of the Agency’s Policies & Procedures Manual.

The 14 required components 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 Policies & Procedures Manual is reviewed, evaluated and scored using the quantitative assessment described in [SCA Policies & Procedures Guidebook](#). All 14 components are evaluated; each component is worth 3 possible points; totaling a possible 42 points.

Policies and Procedures Manual Evaluation Results			
Total Points =	out of 42	<input type="checkbox"/> SCA Policies & Procedures Manual Meets Expectations	<input type="checkbox"/> SCA Policies & Procedures Manual Partially Meets Expectations
Total Score =	%		<input type="checkbox"/> SCA Policies & Procedures Manual Does Not Meet Expectations / Was Not Submitted
86% or better is the desired benchmark			

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.

86% compliance or better is required for the Policies & Procedures review.

XVII. **Quality Management Plan (QMP) Review** – Chapter’s 11.1, 15.1 and 15.4 of the Division’s waiver manuals, state that 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.

To ensure the Support Coordination Agency has and uses an Annual Quality Management Plan that is in compliance with manual requirements, the Support Coordination Agency will be requested to submit documentation to the Division.

The documentation components submitted may include the following:

- 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.
Comments	
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.
Comments	
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** - A Support Coordination Agency must provide services in at least one county and for a minimum of 60 individuals. Support Coordination Agencies that serve less than 60 individuals are directed to take steps to meet that minimum number. It is expected that all Support Coordination Agencies have some type of documentation related to this issue, given that it is a manual requirement.

The evaluation of Census Plans for Support Coordination Agencies with a census below 60 individuals, is to determine if the Agency is capable of meeting the Division’s census requirement. Support Coordination Agencies, 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 the appendix 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 includes 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

The Census Plan is included as part of the Support Coordination Unit Full Evaluation, but will not be scored in 2023, as the Division is not yet enforcing this requirement.

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.
Recommendations to SCA:		
Click here to enter text.		



Support Coordination Agencies should be aware that the Division plans to enforce census requirements in 2024.

XIX. **Care Management Quality: Satisfaction Calls** - The evaluation of Care Management Quality will be determined through the method of satisfaction calls made by Support Coordination Unit staff to families and individuals. The calls will be completed to verify the quality of services being provided by the Support Coordination Agency. The information gathered will be carefully reviewed to evaluate the overall quality of service. Results of general call outcomes will be shared with the SCA as part of the evaluation process.

Satisfaction calls by the Division are made at the discretion of the Support Coordination Unit and will be routinely included in future evaluations.

XX. **Care Management Performance** - Monitoring and follow up to ensure delivery of quality services and that services are provided in a safe manner, in full consideration of the individual's rights, is the responsibility of the Support Coordination Agency. The evaluation of case specific care management performance consists of various indicators, such as timeliness, justification, communication, documentation, and follow-up when issues arise. Support Coordination Agencies are expected to complete a [Seeking Out Support \(SOS\) Form](#) and submit their inquiry to the Support Coordination Unit's Care Management Team through the SC Help Desk at: DDD.SCHelpdesk@dhs.nj.gov 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 to troubleshoot involved cases.

The Support Coordination Unit will evaluate the timeliness and need for submission of SOS forms as well as the communication and follow up of specific cases. When evaluation of specific cases are completed, the Care Management Team will convey their findings with the Evaluation, Quality & Compliance (EQC) Team. The EQC Team will present the findings with the Agency to ensure correct procedures are followed, and individual involved received support through their Support Coordinator.

Indicators for SCA Care Management Performance are made at the discretion of the Support Coordination Unit and will be routinely included in future evaluations.

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, Support Coordination Agencies 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 Support Coordination Agencies 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 Support Coordination Agency 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 Support Coordination Agency 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 Support Coordination Agencies' 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 in addition to disenrollment based on the severity of the circumstance.

It is the responsibility and obligation of the Division to respond to Support Coordination Agencies that do not meet established expectations or benchmarks. The Division's response to Support Coordination Agencies 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; reducing census; limiting the acuity level of individuals served; and/or suspension of claiming ability for all or particular services.
- **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)

The involuntary provider disenrollment process may begin with the opportunity for corrective action. If a Support Coordination Agency 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 the Division's waiver 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 Support Coordination Agency is notified and is issued a **Corrective Action Plan** (Appendix E). Through the **Corrective Action Plan**, the Support Coordination Agency shall respond by documenting their plan to come into compliance with issues identified as deficient.

The Support Coordination Agency'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 Support Coordination Agency 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 Support Coordination Agency 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 Support Coordination Agency'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 a Support Coordination Agency has been assigned a **Corrective Action Plan**, 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. Support Coordination Agencies should note that Agency Head involvement is required if the SCA has a Corrective Action Plan requirement.
- B. Support Coordination Agencies are also 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 Support Coordination Agency 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.

Disenrollment

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

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

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

The provider is responsible for complying with all Division standards during the disenrollment process, whether voluntary or involuntary. Failure to do so could 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.	<ul style="list-style-type: none"> • SCAs are selected by the Division for evaluation based on Division selection criteria. • 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 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 .	<ul style="list-style-type: none"> 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		<ul style="list-style-type: none"> 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.
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 for inclusion. SCAs will be notified in the order that the reviews were complete.
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.	<p>“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:</p> <ul style="list-style-type: none"> Staff qualifications – criminal background not complete or with issues, and staff member must cease work immediately. Staff qualifications – required education or experience documentation is not provided and staff member must cease work immediately. <p>It is possible that some red flag issues are resolvable with additional documentation, but SCAs should be clear that the work stoppage must occur while issues are being sorted out.</p> <p>Missing documents will automatically result in a Corrective Action Plan for the indicator and may result in sanctions.</p>
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 60 calendar days after upload.	It is not expected that SCAs will be contacted during the formal review period.
Day 60-90	Final report prepared by Division		
Day 60-90	Division to send final letter and final report to SCA. Division will also include in letter, if appropriate, related to Corrective Action Plan (CAP) items and expectations.	n/a	The Division letter will outline, if appropriate, the following: <ul style="list-style-type: none"> • Corrective Action Plan (CAP) deadline for submission • Indicators to be included in CAP • Quarterly CAP reporting requirements • 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.	<ul style="list-style-type: none"> • Agency Head must attend the evaluation meeting. Support Coordinators are not permitted to attend the evaluation review meeting.
For Support Coordination Agencies with Corrective Action Plan (CAP) Requirements			
Day 65 -95	Division to report findings to <i>Office of Provider Enrollment, Division of Medical Assistance and Health Services (DMAHS)</i> . <i>DMAHS will forward a letter to the provider notifying them that their provider number is in jeopardy, as appropriate</i>		
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. There is a “bundle” of CAP trainings that must be attended by the Agency Head that include: <ul style="list-style-type: none"> • Developing a Corrective Action Plan • Corrective Action Plan Quarterly Reports <p>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.</p>
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 Division 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 indicators 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) It is the Division's hope that SCAs that are unreleased can 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.

Appendix A
Evaluation Indicator Resources

In addition to the CCP/SP Waiver Manuals, a number of trainings, webinars, forms, and guidance documents, are available to support and assist Support Coordination Agencies 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
<p>6.3 13.1 15.5 17.18.5.4, 17.18.5.5</p>	<p>Support Coordinator Monitoring Tool (MT) Review Face-to-Face (F2F) Visit Requirement Review</p>	<p>Forms</p> <ul style="list-style-type: none"> • SC Monitoring Tool Monthly • SC Monitoring Tool Quarterly Annual • SC Monitoring Tool Work Instructions <p>CDS Trainings</p> <ul style="list-style-type: none"> • Writing Effective Monitoring Tools • Support Coordinator Monitoring Tools (Coming soon to CDS) • Best Practice in Documentation (Coming soon to CDS)
<p>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</p>	<p>Individualized Service Plan (ISP) Status Review Individualized Service Plan (ISP) Quality Review Summary of ISP and PCPT Quality Review Results</p>	<p>Guidance Documents</p> <ul style="list-style-type: none"> • ISP Plan Reviews: Guidance for SCAs • ISP Review Checklist for Support Coordination Supervisors • Developing Effective PCPTs & NJISPs (rutgers.edu) <p>CDS Trainings</p> <ul style="list-style-type: none"> • Charting the Life Course: A Method of Ensuring Person-Centeredness • Putting Home and Community Based Services (HCBS) Rules into Practice (coming soon to CDS) • Writing Effective Outcomes and Meeting Benchmarks • DDD Support Coordination - ISP: NJCAT and PCPT [Jan2022] • DDD Support Coordination - ISP Process and Documentation [Jan2022] • DDD Support Coordination - ISP: Employment Outcomes and Forms [Jan2022] • Employment within the ISP (Lesson 6 - DDD) • Writing an Individualized Service Plan (ISP): Supporting the Vision by Connecting Conversations, Tools and Assessments
<p>7.5 – 7.5.9 7.9</p>	<p>Retroactive Change Request</p>	<p>Guidance Document</p> <ul style="list-style-type: none"> • Retroactive Change Request Process

<p>8.4.2 17.18.5.5</p>		<p>Form:</p> <ul style="list-style-type: none"> • Retroactive Change Request Form <p>CDS Trainings</p> <ul style="list-style-type: none"> • Service Entry and iRecord Overview
<p>7.4.1.1.2</p>	<p>Person Centered Planning Tool (PCPT) Quality Review Summary of ISP and PCPT Quality Review Results</p>	<p>Guidance Documents</p> <ul style="list-style-type: none"> • ISP Plan Reviews: Guidance for SCAs • Developing Effective PCPTs & NJISPs (rutgers.edu) <p>CDS Trainings</p> <ul style="list-style-type: none"> • Person Centered Planning • Using the PCPT to Identify Employment Outcomes-Goals (Lesson 5 - DDD)
<p>5.4 - 5.4.1</p>	<p>Verification of Waiver Service Other than Support Coordination</p>	<p><u>Support Coordinator Information Page:</u></p> <ul style="list-style-type: none"> • June 2022 Webinar Slides • June 2022 Webinar Recording • August 2022 Webinar Slides • August 2022 Webinar Recording <p>CDS Trainings</p> <ul style="list-style-type: none"> • Service Utilization - Waiver Requirement
<p>17.18.5.10</p>	<p>24-Hour Availability and Responsiveness</p>	<p>Resources</p> <p>April 2022 Webinar Slides</p> <p>April 2022 Webinar Recording</p> <p>Waiver Manual Language</p> <p>17.18.5.10 Coverage</p>
<p>6.3 17.18.5.4</p>	<p>Field Visits Findings</p>	<p><u>Support Coordinator Information Page</u></p> <p>June 2022 Webinar Slides</p> <p>June 2022 Webinar Recording</p> <p>Form</p> <p>Addressing Enhanced Needs Form</p> <p>CDS Trainings</p> <ul style="list-style-type: none"> • Mealtime Safety and Documentation • Using the ISP Worksheet for Residential Day Hab Providers and SCAs
<p>17.18.4 17.18.5.7</p>	<p>Conflict Free Care Management</p>	<p>Guidance Document</p> <p>SCA Conflict Free Policy</p>

		Support Coordinator Information Page April 2022 Webinar Slides April 2022 Webinar Recording CDS Trainings Support Coordination Agency (SCA) Staff Qualification Requirements
11.2 16.2	Board Qualifications	Section 11.2 Waiver Manual CDS Trainings <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Support Coordination Agency (SCA) Staff Qualification Requirements
17.18.4	Staff Qualifications: Education & Experience Review	Support Coordinator Information Page August 2022 Webinar Slides August 2022 Webinar Recording CDS Trainings <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Policies and Procedures Manuals

<p>11.1 15.1 15.4</p>	<p>Quality Management Plan (QMP) Review</p>	<p>Support Coordinator Information Page April 2022 Webinar Slides April 2022 Webinar Recording</p> <p>CDS Trainings</p> <ul style="list-style-type: none"> • Quality Improvement: Plans, Processes, and Reporting
<p>17.18.5.8</p>	<p>Census Plan</p>	<p>Support Coordinator Information Page June 2022 Webinar Slides June 2022 Webinar Recording</p> <p>CDS Trainings</p> <ul style="list-style-type: none"> • Support Coordination Agencies (SCAs) Considering Operational Options and Sustainability
<p>6.3, 6.4 15.5 17.18.5.3 17.18.5.4 17.18.5.5</p>	<p>Care Management Quality: Satisfaction Calls</p>	<p>Guidance Document HCBS Quality Framework</p>
<p>6.3, 6.4 15.5 17.18.5.3 17.18.5.4 17.18.5.5</p>	<p>Care Management Performance</p>	<p>Form Seeking Out Support SOS Form</p> <p>Mailbox DDD.ProviderHelpdesk@dhs.nj.gov</p> <p>CDS Trainings</p> <ul style="list-style-type: none"> • Guidance on Referrals used in Care Management • Housing Subsidy Program • Incident Reporting Requirements and Death Verification Process • Waiting List Process and Self Directed Options • Guardianship Services • Overview of DDS



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

Relationship Attestation Form

Identifying Information	
Support Coordination Agency Name Click to enter text.	Name of Support Coordination Agency Head Click to enter text.
SC Supervisor Names (Use the 'Enter' key to list all) Click to enter text.	SC Names (Use the 'Enter' key to list all) Click to enter text.
<p style="text-align: center;">Relationship Attestation</p> <p>The Supports Program and Community Care Program waiver manuals, sections 17.18.4 and 17.18.5.7, specify that Support Coordination Supervisors are not related by blood or marriage to anyone whose plan they will supervise or sign off on and Support Coordination Supervisors and Support Coordinators are not related by blood or marriage to an individual or their paid caregivers.</p> <p>The SCA Head's signature attests:</p> <p>Supervisory Relationships. CHOOSE ONE:</p> <p><input type="checkbox"/> There are no familial relationships between Support Coordination Supervisor staff and Support Coordinator staff within the Support Coordination Agency.</p> <p><input type="checkbox"/> 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. <i>If checked, describe the back-up plan, should coverage issues arise, on how the SCA will maintain conflict free status:</i></p> <p>Click to enter text.</p> <p>Relationships with Individuals and/or Paid Caregivers. CHOOSE ONE:</p>	

- 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:*

Click to enter text.

SCA Agency Head Signature:

Date:



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

Exclusionary Checks Appendix I Fact Sheet

Division waiver manuals for the Community Care Program (CCP) and Supports Program (SP) indicate:

15.1.2 Mandated Background & Exclusion Checks - Support Coordination Agencies are required to check that staff hired, Board of Directors, and contracted vendors utilized are not excluded from working with individuals with developmental disabilities or within a Medicaid provider agency in accordance with the newsletter found in Appendix I.

Support Coordination Agencies (SCAs) are required to check ALL of the following databases **upon hire** and on a **monthly basis**.

1

State of NJ Debarment List [State of New Jersey Medicaid Fraud Division Debarment List](#)

Utilize the Provider Exclusion Report, at the bottom right of the page. The search function can be accessed to verify employees. (The report is updated each month)

2

N.J. Treasurer's Exclusion Database [NJ Treasury Consolidated Debarment Report](#)

Enter employees' First or Last Name and "Start Search." (Selection of Category, Reason, and NPI Number do not need to be selected).

3

Federal Exclusions Database

[Search the Exclusions Database | Office of Inspector General \(hhs.gov\)](#)

Enter employees' First and/or Last Name.

4

N.J. Division of Consumer Affairs Licensure Database <https://newjersey.mylicense.com/verification/>

Select PERSON SEARCH and enter First and Last Name of employee.

5

N.J. Department of Health Licensure Database

[License Management \(psiexams.com\)](https://psiexams.com)

Enter employees' personal information and search.

Helpful Tip: SCAs can explore other resources such as websites like Verisys and Exclusion Screening to assist with completing all required database checks utilizing one website.

MORE INFORMATION?

Please refer to Appendix I listed in the back of the CCP and SP Policies & Procedures Manuals.



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

iRecord Attestation Form

Identifying Information	
Support Coordination Agency Name Click to enter text.	Name of Support Coordination Agency Head Click to enter text.
SC Supervisor Names (Use the 'Enter' key to list all) Click to enter text.	SC Names (Use the 'Enter' key to list all) Click to enter text.
iRecord User Usage Attestation	
<p>This attestation is required as part of the Support Coordination Agency Evaluation.</p> <p>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.</p> <p><u>iRecord Terms and Agreement</u></p> <p>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.</p> <p>PROHIBITED ACTIVITIES</p> <p>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.</p> <p>As a user of the Site, you agree not to:</p> <ol style="list-style-type: none"> 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:** _____



Support Coordination Agency Corrective Action Plan

SCA Name: Click here to enter text.	Agency Released Status: Choose an item.	Division Quality Assurance Specialist: Click here to enter text.
Agency Executive Director Name: Click here to enter text.	Agency Capacity Status: Choose an item.	Date CAP Issued by DDD: Click here to enter text.
Agency Executive Director Email: Click here to enter text.	Current Census: Click here to enter text.	Date CAP Due to DDD: Click here to enter text.

Support Coordination Agencies are required to submit a Corrective Action Plan 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)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click to enter a date.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click to enter a date.	Click here to 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): Click or tap here to enter text.

Date submitted to DDD: Click or tap here to enter date



Support Coordination Agency CAP Quarterly Report Form

Agency		Current Census	
Agency Executive Director		Capacity Closed?	
DDD Assigned QAS		Released Status	

Date CAP Issued	Date CAP was Approved by DDD	Report Review Period & Due Date	Date CAP Quarterly Report Submitted to DDD

Your Corrective Action Plan has been reviewed and is 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

Instructions

1. SCA to complete column one and two of this report by copy/pasting all 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

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 MT 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: Click here to enter text.	Qualification Date: Click to enter a date.	Division Quality Assurance Specialist: Click here to enter text.
Agency Head/Executive Director Name: Click here to enter text.	Agency Status: Choose an item.	Time Period Reviewed for Evaluation: Click here to enter text.
Agency Head/Executive Director Email: Click here to enter text.	Capacity Status: Choose an item.	Report Date: 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.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required – SCA must upload all missing MTs and/or replace all MTs uploaded in error by Enter Due Date.. <input type="checkbox"/> Other action required – Click or tap here to enter text. <input type="checkbox"/> 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.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required <ul style="list-style-type: none"> <input type="checkbox"/> 100% of individuals served must receive a required face-to-face quarterly visit that is well documented on the MT by Enter Due Date.. <input type="checkbox"/> 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..

		<input type="checkbox"/> Other action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Documentation: Individualized Service Plan Status	Choose an item.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required <ul style="list-style-type: none"> <input type="checkbox"/> 100% of service plans currently overdue or out of compliance must be approved within 10 days. <input type="checkbox"/> SCA must submit a Retroactive Change Request (RCR) for any plan containing a service gap by Enter Due Date.. <input type="checkbox"/> Other action required – Click or tap here to enter text. <input type="checkbox"/> 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.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required – Click or tap here to enter text. <input type="checkbox"/> 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.	<input type="checkbox"/> No formal action required <ul style="list-style-type: none"> <input type="checkbox"/> Benchmark achieved. <input type="checkbox"/> Waiver flexibilities as a result of the Covid-19 public health emergency are still in place. <input type="checkbox"/> Action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
24-Hour Availability & Responsiveness	Choose an item.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> 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. <input type="checkbox"/> Other action required – Click or tap here to enter text.

		<input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Field Visit Findings	Choose an item.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required – All ISP revisions marked as “Not Resolved” must be complete by Enter Due Date.. <input type="checkbox"/> Other action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Conflict Free Care Management	Choose an item.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required <ul style="list-style-type: none"> <input type="checkbox"/> SCA must submit revised Letter of Intent/Conflict Free Policy to the Provider Performance and Monitoring Unit by Enter Due Date.. <input type="checkbox"/> The Relationship Attestation form was not submitted. SCA must upload the complete Relationship Attestation form to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> The Relationship Attestation form was submitted but did not include all staff and/or did not meet signature requirements. SCA must upload the completed Relationship Attestation form to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> The Relationship Attestation form did not include a back-up plan if the need for one was indicated. SCA must upload the complete Relationship Attestation form to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> Other action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
iRecord Attestation	Choose an item.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required <ul style="list-style-type: none"> <input type="checkbox"/> The iRecord Attestation form was not submitted. SCA must upload completed iRecord Attestation form to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> The iRecord Attestation form was submitted but did not include all staff and/or did not meet signature requirements. SCA must upload

		<p>completed iRecord Attestation form to the SCU Quality Review Portal by Enter Due Date..</p> <p><input type="checkbox"/> Other action required: Click to enter text.</p> <p><input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics</p>
Organizational Governance	Choose an item.	<p><input type="checkbox"/> Indicator not reviewed</p> <p><input type="checkbox"/> No formal action required</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benchmark achieved for all staff. <input type="checkbox"/> SCA is for-profit, therefore, board requirement do not apply. <p><input type="checkbox"/> Action required – Click or tap here to enter text.</p> <p><input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics</p>
Staff Qualifications: Background Check	Choose an item.	<p><input type="checkbox"/> No formal action required</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benchmark achieved for all staff. <input type="checkbox"/> While some requirements were completed late, requirements are now met for all staff. <p><input type="checkbox"/> Action required</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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.. <input type="checkbox"/> 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.. <input type="checkbox"/> 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. <input type="checkbox"/> 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

		<p>Backgrounds Checks 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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Immediate action was directed at time of review and completed by SCA prior to the distribution of this report: <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> SCA was advised that staff who appear on the DHSNJ Central Registry list were prohibited from working with individuals with developmental disabilities effective immediately. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Other action required: <i>Click to enter text.</i> <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
<p>Staff Qualifications: Education & Experience</p>	<p>Choose an item.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No formal action required <ul style="list-style-type: none"> <input type="checkbox"/> Benchmark achieved for all staff. <input type="checkbox"/> While some requirements were completed late, requirements are now met for all staff. <input type="checkbox"/> 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. <input type="checkbox"/> Immediate action was directed at time of review and completed by SCA prior to the distribution of this report:

		<input type="checkbox"/> SCA was advised that staff who do not meet the educational requirements as defined in the Waiver Manuals (17.18.4) were unable to work as a Support Coordinator or Support Coordination Supervisor effective immediately. <input type="checkbox"/> 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 the Waiver Manuals (17.18.4). <input type="checkbox"/> SCA was instructed to upload a completed Request for Experience Waiver if it was believed that a staff member has experience comparable to the experience requirements as defined in the Waiver Manuals (17.18.4). <input type="checkbox"/> Other action required: Click to enter text. <input type="checkbox"/> 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.	<input type="checkbox"/> No formal action required <input type="checkbox"/> Benchmark achieved for all staff. <input type="checkbox"/> While some requirements were completed late, requirements are now met for all staff. <input type="checkbox"/> 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.. <input type="checkbox"/> Other action required: Click to enter text. <input type="checkbox"/> 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.	<input type="checkbox"/> No formal action required <input type="checkbox"/> Benchmark achieved for all staff. <input type="checkbox"/> While some requirements were completed late, requirements are now met for all staff. <input type="checkbox"/> 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.. <input type="checkbox"/> Other action required: Click to enter text. <input type="checkbox"/> 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.	<input type="checkbox"/> No formal action required <ul style="list-style-type: none"> <input type="checkbox"/> Benchmark achieved for all staff. <input type="checkbox"/> No current staff hired during previous calendar year or before. <input type="checkbox"/> 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.. <input type="checkbox"/> Other action required: Click to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Policies and Procedures Manual	Choose an item.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required – SCA must upload revised Policies and Procedures Manual to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> Other action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Quality Management Plan	Choose an item.	<input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required <ul style="list-style-type: none"> <input type="checkbox"/> SCA must upload revised Quality Management Plan to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> SCA must upload revised Customer Satisfaction Measurement Plan and/or survey documentation to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> Other action required: Click to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Census Plan	Choose an item.	<input type="checkbox"/> No formal action required <ul style="list-style-type: none"> <input type="checkbox"/> Benchmark achieved <input type="checkbox"/> SCA’s current census is 60 or greater

		<input type="checkbox"/> Action required – SCA must upload revised Census Plan to the SCU Quality Review Portal by Enter Due Date.. <input type="checkbox"/> Other action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Care Management Quality: Satisfaction Calls	Choose an item.	<input type="checkbox"/> Indicator not reviewed <input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
Care Management Performance	Choose an item.	<input type="checkbox"/> Indicator not reviewed <input type="checkbox"/> No formal action required – Benchmark achieved <input type="checkbox"/> Action required – Click or tap here to enter text. <input type="checkbox"/> Corrective Action Plan (CAP) required – See CAP document issued by the Division for specifics
OVERALL EVALUATION		<input type="checkbox"/> No formal actions required – Benchmark achieved for all indicators <input type="checkbox"/> Action(s) required – See above for specifics <input type="checkbox"/> 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

Table of Contents

I.	SUPPORT COORDINATOR MONITORING TOOL (MT) REVIEW	10
II.	FACE-TO-FACE (F2F) VISIT AND QUARTERLY REQUIREMENTS REVIEW	12
III.	INDIVIDUALIZED SERVICE PLAN (ISP) STATUS REVIEW	14
IV.	INDIVIDUALIZED SERVICE PLAN (ISP) QUALITY REVIEW	15
V.	PERSON CENTERED PLANNING TOOL (PCPT) QUALITY REVIEW	17
VI.	SUMMARY OF ISP AND PCPT QUALITY REVIEW RESULTS	19
VII.	VERIFICATION OF A WAIVER SERVICE OTHER THAN SUPPORT COORDINATION	20
VIII.	24-HOUR AVAILABILITY AND RESPONSIVENESS	21
IX.	FIELD VISIT FINDINGS	22
X.	CONFLICT FREE CARE MANAGEMENT	24
XI.	IRECORD ATTESTATION	25
XII.	ORGANIZATIONAL GOVERNANCE	26
XIII.	STAFF QUALIFICATIONS: BACKGROUND CHECK REVIEW	27
XIV.	STAFF QUALIFICATIONS: EDUCATION & EXPERIENCE REVIEW	29
XV.	STAFF QUALIFICATIONS: STAFF TRAINING AND PROFESSIONAL DEVELOPMENT	31
XVI.	POLICIES & PROCEDURES MANUAL REVIEW	37
XVII.	QUALITY MANAGEMENT PLAN REVIEW	40
XVIII.	CENSUS PLAN REVIEW	42
XIX.	CARE MANAGEMENT QUALITY: SATISFACTION CALLS	43
XX.	CARE MANAGEMENT PERFORMANCE	43

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
- 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 (Ideal)

Within 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. 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 =** %

E. 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 =** %

F. 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 =** %

G. 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 =
7 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
F2F attempted but individual/caregiver declined due to COVID-19

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 3 point (per indicator) x (# of individual records reviewed) =	Sum of total in compliance = Overall Compliance Rate = %
--	---

MT Areas That Require Improvement

- | | | |
|--|---|--|
| <input type="checkbox"/> PRESENCE OF MTs | <input type="checkbox"/> ICON USAGE IN IRECORD | <input type="checkbox"/> MT CONTENT/FOLLOW-UP TO REQUESTS |
| <input type="checkbox"/> DATE OF CONTACT | <input type="checkbox"/> FACE-TO-FACE VISIT REQUIREMENT | <input type="checkbox"/> FOLLOW-UP TO ON-CALL AND IR NOTES |
| <input type="checkbox"/> DATE OF UPLOAD | <input type="checkbox"/> QUARTERLY MT REQUIREMENT | <input type="checkbox"/> HCBS GUIDELINES |
| <input type="checkbox"/> ALL INDICATORS MEET THE MINIMUM EXPECTED BENCHMARK OF 86% OR BETTER | | |

Comments

[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, and/or		Comments: Click here to enter text.

NJCAT Reassessment, Retirement, and Waiver Transition plans not approved within 30 days of plan creation		
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 were 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. 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
27 points (per ISP) x (# of ISPs reviewed) =	Sum of all Totals =
	Overall Compliance Rate = %

ISP Areas That Require Improvement		
<input type="checkbox"/> OUTCOMES	<input type="checkbox"/> HEALTH AND NUTRITION	<input type="checkbox"/> WRITING QUALITY
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> SAFETY AND SUPPORTS	<input type="checkbox"/> BUDGET ACCURACY
<input type="checkbox"/> SERVICES	<input type="checkbox"/> PERSON CENTEREDNESS	<input type="checkbox"/> PLAN DEVELOPMENT & SUBMISSIONS
<input type="checkbox"/> ALL INDICATORS MEET THE MINIMUM EXPECTED BENCHMARK OF 86% OR BETTER		
Comments		
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. 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

Comments

[Click here to enter text.](#)

VI. SUMMARY OF ISP AND PCPT QUALITY REVIEW RESULTS

Results of ISP Status Review	/	%	<input type="checkbox"/> Meets minimum expectation of 86% or better
Results of ISP Quality Review	/	%	<input type="checkbox"/> Meets minimum expectation of 86% or better Required Health & Safety needs are addressed <input type="checkbox"/> Yes <input type="checkbox"/> No
Results of PCPT Quality Review	/	%	<input type="checkbox"/> Meets minimum expectation of 86% or better

TOTAL ISP / PCPT SCORE	/	%	<input type="checkbox"/> Meets Expectations – Meets minimum expectation of 86% or better and required health and safety components are addressed. <input type="checkbox"/> Partially Meets Expectations – Meets minimum expectation of 86% or better but required health and safety components are not adequately addressed. <input type="checkbox"/> Does Not Meet Expectations – Does not meet minimum expectation of 86% or better.
-------------------------------	---	---	---

VII. VERIFICATION OF A WAIVER SERVICE OTHER THAN SUPPORT COORDINATION

As per section 5.4 of the Division’s waiver 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 disenrolled 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: %
Comments		
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. 24-HOUR AVAILABILITY AND RESPONSIVENESS

As per section 17.18.5.10 of the Division’s waiver 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 times between the dates of [Click here to enter text..](#)

Scoring Criteria and Results	
<p>Compliance for five (5) indicators were used to evaluate each call. Each indicator is worth 3 possible points.</p> <p>Total Points = out of 60</p> <p>Total Score = %</p> <p>Evaluation Results = Choose an item.</p>	<p>Points are assigned as follows:</p> <p>3 = Expectations met</p> <p>2 = Expectations partially met</p> <p>1 = Expectations not met</p> <p>0 = Unsuccessful contact; phone number was disconnected or incorrect</p>

24-Hour Availability and Response Evaluation Results				
Indicator	Call #1	Call #2	Call #3	Call #4
	Date: Time:	Date: Time:	Date: Time:	Date: Time:
SCA was available 24 hours, 7 days per week	Choose an item.	Choose an item.	Choose an item.	Choose an item.
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.
Comments				
Click here to enter text.				

IX. 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 IX 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.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	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		
<input type="checkbox"/> Meets expectations <input type="checkbox"/> There were no errors attributed all or in part to the SC.		
<input type="checkbox"/> Partially meets expectations (Both of the following conditions must be met) <input type="checkbox"/> Number of errors is less than 14% when compared to census. <input type="checkbox"/> Documentation was available in most cases indicating that the SCA followed-up in a timely manner to correct the issue.		
<input type="checkbox"/> Does not meet expectations (Check all that apply) <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> More than one ISP was not revised despite notification to the SCA of the error. <input type="checkbox"/> Number of errors is more than 14% when compared to census.		

X. CONFLICT FREE CARE MANAGEMENT

Support Coordination Agencies are responsible for adhering to the Division’s Conflict Free Care Management requirements as outlined in section 17.18 of the Policies and Procedures waiver 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.

The evaluation of Conflict Free Care Management includes a review of the Support Coordination Agency’s letter of intent and completed Relationship Attestation Form 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

Evaluation Results

Meets Expectations (Check all that apply)

- Letter of intent/Conflict free policy is present and contains all required elements.
- The Relationship Attestation form was submitted, included all staff, and met signature requirements.

Partially Meets Expectations (Check all that apply)

- Letter of intent/Conflict free policy is present but requires updating.
- The Relationship Attestation form was submitted but did not include all staff.
- The Relationship Attestation form was submitted, included all staff, but did not meet signature requirements.

Does Not Meet Expectations (Check all that apply)

- There is no separation of care management (Support Coordination) from direct services provision.
- Someone providing the plan of care appears to be related by blood or marriage to the individual or a paid caregiver.
- Findings revealed SC Supervisor(s) reviewing/approving service plans for staff that appear to be related by blood or marriage
- Service recipients were impacted as a result of conflict free policy violation.
- The Relationship Attestation form was not submitted.
- The Relationship Attestation form did not include a back-up plan if the need for one was indicated.

Comments

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
<p><input type="checkbox"/> Meets Expectations</p> <ul style="list-style-type: none"><input type="checkbox"/> The iRecord Attestation form was submitted, included all staff, and met signature requirements. <p><input type="checkbox"/> Partially Meets Expectations (Check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> The iRecord Attestation form was submitted but did not include all staff.<input type="checkbox"/> The iRecord Attestation form was submitted, included all staff, but did not meet signature requirements. <p><input type="checkbox"/> Does Not Meet Expectations</p> <ul style="list-style-type: none"><input type="checkbox"/> The iRecord Attestation form was not submitted.
Comments
Click here to enter text.

XII. ORGANIZATIONAL GOVERNANCE

As per section 11.2 of the Division's Policies and Procedures waiver manuals all Board members/stock holders, names, affiliations, and any potential conflicts of interest must be disclosed and made publicly available if requested (this must include the requirement that, at a minimum, all board members/stock holders names be made publically available on the organization's website), 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 the waiver 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 the Supports Program and Community Care Program Policies & Procedures 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 (for employees hired after July 16, 2018)

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 (for employees hired on or after July 16, 2018) at time of hire	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 (hired after July 16, 2018) at 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.

Comments
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 the Supports Program and Community Care Program Policies and Procedures 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 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-
- 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.

Comments
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 the Supports Program and Community Care Program Policies and Procedures 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	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	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.
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	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.

Comments
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 Modules 1, 3, 4, 5, 7	Provider Developed Orientation	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.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Comments
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.

Comments
Click to enter text.

XVI. POLICIES & PROCEDURES MANUAL REVIEW

As per Section 11.1 of the Division’s Waiver 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	<input type="checkbox"/> SCA Policies & Procedures Manual Meets Expectations	<input type="checkbox"/> SCA Policies & Procedures Manual Partially Meets Expectations	<input type="checkbox"/> SCA Policies & Procedures Manual Does Not Meet Expectations / Was Not Submitted

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 the Division’s Waiver 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 manuals 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.
Comments	
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.
Comments	
Click to enter text.	

XVIII. CENSUS PLAN REVIEW

As per section 17.18.5.8 of the Division’s Policies and Procedures Waiver Manuals, a Support Coordination Agency must provide services in at least one county and for a minimum of 60 individuals. While a deadline for this standard being met is not yet established, Support Coordination Agencies who serve less than 60 individuals are directed to take steps to meet this manual requirement.

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.
Recommendations to SCA:		
Click here to enter text.		

XIX. CARE MANAGEMENT QUALITY: SATISFACTION CALLS

The evaluation of Care Management Quality will be determined through a method of satisfaction calls to individuals and families. Calls will be completed to verify the quality of services being provided by the Support Coordination Agency. The information gathered will be carefully reviewed to evaluate the overall quality of service.

Indicators for Care Management Quality: Satisfaction Calls are expected in the future.

XX. CARE MANAGEMENT PERFORMANCE

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 and case specific interactions. The review will consist of various indicators such as timeliness, justification, communication, documentation, and follow-up.

Indicators for Care Management Performance are expected in the future.