

Policies & Procedures Checklist for Medicaid/DDD Approved Providers

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

11.1 Policies & Procedures Manual

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

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

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

| General Guidelines | Expectations Met | Comments |
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| Title or cover page with Agency Name | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |
| Policies include effective and revision dates | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |
| Table of Contents | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |
| Pages are numbered | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |
| Policies include sequential numbering system | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |
| Policies include a descriptive title unique to permit easy reference and retrieval. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |
| Policies include a purpose statement. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |
| Procedures include sequential steps, identify staff title responsible for each step and identify timeframes for each step to be completed. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Enter text. |

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

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

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| | <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Personnel Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| General Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. For Service Providers, indicates method of informing the Division of changes to the Agency Head so the Division's Provider Enrollment Unit can complete required background checks. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (SCA) | Enter text. |
| 2. For SCAs, indicates methods of informing the Division of all staff changes (new hires, terminations, and promotions) and updating internal processes, if required. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (Service Provider) | Enter text. |
| 3. If volunteers/interns are utilized within the agency, it must be outlined. A separate policy regarding volunteers/interns is recommended and should describe how and how often volunteers/interns will be used, vetted, trained and supervised. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A | Enter text. |
| Education & Experience Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Describes method of verification of staff qualifications. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| 2. Identifies staff (by title) responsible to implement and perform the verifications and approvals. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. Describes means of maintaining personnel records, and the list of records that are maintained. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Background Check Requirements | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Describes method of verification of initial and ongoing checks and who is responsible for each of the following: | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| a. Fingerprint check (Federal & State) at the time of hire (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| b. Fingerprint archive (every two years) (copy of CHRI Clearance letter available through the Fingerprint Approval Retrieval Application (FARA) portal.) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| c. Central Registry Status at the time of hire (Completed Employee/Volunteer Consent for Employers to Check Form) and on-going every time a DHS notification of addition to the registry is received. Note: Because the agency does not receive documentation when the Central Registry is checked, the agency must determine its own system of documenting on-going checks. Documentation to be kept on hand must include the date of review, who completed the review and results of the review. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| d. Child Abuse Record Info (CARI)- Per OPIA Bulletin - Updated Employee Onboarding Requirements - 4.1.24 , all new employees' completed CARI applications shall be submitted within 10 days of hire. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| Employees may work without restrictions while the CARI check is conducted. | | |
| e. Drug Testing (Providers – Upon hire, random and for cause.) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (SCA) | Enter text. |
| f. Exclusionary Checks - Upon hire and monthly (per Appendix I of DDD policy manuals) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| i. State of NJ Debarment List | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| ii. Federal Exclusions Database | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| iii. NJ Treasurer’s Exclusions Database | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| iv. NJ Division of Consumer Affairs Licensure Database | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| v. NJ Dept. of Health Licensure and Certification Database | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| g. Drivers Abstract (If applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A | Enter text. |
| 2. Describes how all background check records will be filed and maintained. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Staff Training & Professional Development | <input type="checkbox"/> Yes <input type="checkbox"/> Partially | Enter text. |

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| | <input type="checkbox"/> No | |
| 1. Identifies staff (by title) responsible for oversight of training process of all staff inclusive of specifics and timeframes to provide necessary orientation/training and the timeframes. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Identifies staff (by title) responsible for providing necessary orientation/training and the timeframes. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. Describes documentation and storage methods in staff personnel records. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 4. Identifies required trainings and their time frames in compliance with DDD policy manuals Appendix E. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 5. Acknowledges need to identify at least two College of Direct Support (CDS) administrators. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Admission (Service Providers) Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1) Describes criteria for admission to include time frames and who is responsible for each of the following: | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| a. Pre-admission (will there be a tour?) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| b. Outline criteria for acceptance | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| c. Communication of determination to prospective individual/family/guardian. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially | Enter text. |

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| | <input type="checkbox"/> No | |
| d. Appeal process / grievance procedure | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| e. Waiting list process for admissions | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| f. Method to establish level of supervision | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| g. Identification of items (policies, procedures, agency handbook, documents, etc.) to be reviewed and provided to the individual/family/guardian. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| h. A detailed process and orientation of new individuals to the agency. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Admission (Support Coordination Agencies) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Effective Date Enter a date. | | |
| Reviewed/Revised Enter a date. | | |
| Compliance Date/DDD Staff Initials: Enter text. | | |
| 1. Describes criteria for admission (enrollment) into the agency. (i.e. DDD eligible, Medicaid Eligible, etc.) timeframes and includes who is responsible for each of the following: | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Describes criteria for determining when to open agency capacity and county capacity. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. Includes the timeframe for the SCA to identify/assign a SC. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 4. Includes the timeframe when contact needs to be made with the individual/family/legal guardian after assignment. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| 5. Ensures the individual has access to or is provided a copy of the DDD policy manuals. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 6. Establishes timeframe for informing the individual/family about the Participant Enrollment Agreement and obtaining a signed copy from the individual/guardian. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 7. Outlines a detailed planning process and orientation of new individuals to the agency. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 8. The policy indicates that the agency will serve all individuals that meet the requirements for support coordination. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Suspension (Service Providers) – Residential Providers and Support Coordination Agencies are not required to have a suspension policy, as Residential Providers cannot suspend individuals from residential sites and suspensions do not occur with SCAs. Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A | Enter text. |
| 1. Describes process for making determination, the time frames and who is responsible for each of the following: | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| a) Reasons for suspension (examples) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| b) Warning Process | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| c) Notification of suspension | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| d) Timeline to return to services | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| e) Appeal process | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Discharge (Service Providers) Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Describes process for making determinations, list timeframes and title of position responsible for each step. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| a) Involuntary Discharge | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| i. Process for making determination | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| ii. Reasons for discharge (examples) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| iii. IDT meeting | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| iv. Communication/notification including signature | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| v. Documentation of process (Discharge from residential setting if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A | Enter text. |

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| vi. Appeal Process | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| vii. Readmission to program, if applicable | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A | Enter text. |
| b) Voluntary Discharge | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| i. Notification to agency (including timeframes) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| ii. Roles and Responsibilities | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| iii. Process to return to services | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Discharge (Support Coordination Agencies) Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Policy includes that the agency may not discharge individuals from their Support Coordination Agency roster. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Outlines an internal process, time lines and staff responsible to assist individuals who are being discharged from DDD for any of the following: a) They no longer meet the functional criteria necessary to be eligible for the Division. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| <ul style="list-style-type: none"> b) They choose to no longer receive services from the Division. c) They do not maintain Medicaid eligibility. d) They no longer resides in the State of New Jersey. e) They do not comply with DDD policy manuals or waiver program requirements. | | |
| <p>3. Outlines an internal process, time lines and staff responsible to address if an individual is not accessing SP/CCP services other than Support Coordination for greater than 90 days and is facing Waiver disenrollment.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| <p>Reporting Incidents</p> <p>Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| <p>1. Defines incidents and detailed descriptions regarding actions that the agency will take if an incident occurs.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| <p>2. Clear indication of response plan for incidents, including investigation procedures, lead responsible for investigation and reporting.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| <p>3. Identifies person (by title) responsible for investigation and reporting.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| <p>Complaint/Grievance Resolution or Appeals Process</p> <p>Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| <p>1. Describes the sequential steps for individuals/families/guardians to report/file complaint or grievance.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| 2. Describes flow of how the agency will review complaints/grievances indicating the staff responsible (by title) for each phase of the complaint/grievance and appeal process and time frames. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. Describes each level of appeal available to individuals/families/guardians, including one that involves the Agency Head. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 4. Describes all related documentation and the communication of the final decision. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Complaint Investigation Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Describes the sequential steps for the agency to complete an investigation to include staff titles responsible, time frames, and potential disciplinary actions. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Includes that administrative staff conducting the investigation shall immediately report incidents with potential criminal nature to law enforcement authorities within 24 hours in accordance with Division Circular # 15, Section IV. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. Includes that during the course of an investigation, should additional incidents or allegations be discovered, each incident shall be reported in accordance with Division Circular #14 and Administrative Order 2:05. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| HIPAA & Protected Health information (PHI) Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Describes the process for employees to receive trainings on compliance with Health Insurance | <input type="checkbox"/> Yes | Enter text. |

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| Portability and Accountability Act (HIPAA) and protected health information (PHI). Process must include staff title responsible and time lines. | <input type="checkbox"/> Partially <input type="checkbox"/> No | |
| 2. Includes plan for ensuring confidentiality of individuals served. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. Includes plan for ensuring access to documents is limited to appropriate staff. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 4. Includes plan for release of information from individual/guardian prior to sharing information. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 5. Plan for corrections to documents. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 6. Plan includes safeguards for paper documents. <ul style="list-style-type: none"> a. Deletions, erasures, and whiting out errors is not permitted; b. Content can only be changed by the original writer; c. Corrections must be made by the person who originally wrote the document with one line through the error including initials and date of correction. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 7. (SCAs) Includes safeguards for electronic documents. <ul style="list-style-type: none"> a. Documents uploaded/entered into iRecord cannot be altered once submitted. b. An additional case note explaining the correction must be entered into the system. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (Service Provider) | Enter text. |
| Emergency Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Effective Date Enter a date. | | |
| Reviewed/Revised Enter a date. | | |

| Compliance Date/DDD Staff Initials: Enter text. | | |
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| 1. Outlines staff training and preparation related to handling of life threatening emergencies, including time lines and staff responsible for each action. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Describes actions to be taken in life threatening emergencies (refer to Division Circular #20A) when with an individual and a live threatening emergency occurs. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. Describes completion of Incident Report and denotes title/role responsible for actions as well as timelines. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 4. Describes any additional documentation required by the agency, if applicable. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A | Enter text. |
| 5. For SCAs , describes coverage and requirement for 24-hour availability and responsiveness. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (Service Provider) | Enter text. |
| 6. For SCAs , describes response plan for staffing shortages. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (Service Provider) | Enter text. |
| 7. For SCAs , outline plan for notification to the DDD Support Coordination Unit, operational issues which may have impact on agency operations and/or the individuals served, as well description of back up plans for operational | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| breakdown. Examples include, but are not limited to, Agency Head unavailability, Supervisor absence and no back up in place, no Support Coordinator, etc. | <input type="checkbox"/> N/A (Service Provider) | |
| 8. For Service Providers , describes evacuation process (if applicable); mechanism to ensure everyone is evacuated and accounted for; staff roles and responsibilities; mechanism to ensure everyone has been moved to a safe location and is accounted for (shelter in place policy, if applicable). | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (SCA) | Enter text. |
| 9. For Service Providers addresses: a. Emergency Drills b. Emergency Cards c. Emergency Consent for Treatment d. First Aid Kit *if located in a facility* | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (SCA) | Enter text. |
| Medication Administration – (Service Providers only, if medication is distributed while rendering service) Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Includes a statement of which program(s) will distribute medications. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Describes procedures for all of the following including the title responsible and timeframes for each: | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| a. Storage (include off-site storage) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| b. Administration and documentation | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| c. OTC and PRN administration and documentation | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| d. Notification, if necessary, of medication and documentation errors / definition of errors / UIR completion. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| e. Staff training (to include practicum) | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| f. Quality assurance oversight | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| g. Medication changes and disposal | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| h. Self-administration | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| i. Medication refusals | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Reporting Medicaid Fraud/Waste/Abuse Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Policy includes a definition (from DDD materials) of Medicaid Waste/Fraud/Abuse. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Describes process to identify concerns. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |

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| 3. Articulates who in the organization has the responsibility for reporting Medicaid Waste/Fraud/Abuse. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 4. Identifies steps that should be taken when reporting Medicaid Waste/Fraud/Abuse. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 5. Articulation of which entities should be contacted in instances of Medicaid Waste/Fraud/Abuse. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 6. Includes information on whistleblower protections. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 7. Identifies staff training. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Human Rights Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. States the responsibilities of staff (by title) and efforts to ensure the human and civil rights of individuals with developmental disabilities are protected. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Includes description of how issues that may infringe upon an individual's rights are documented in the individual's record. This shall include the staff responsible (by title) to document and wherein the individual's record it shall be noted. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 3. States the responsibility of the staff within the agency to advocate for and protect the rights of individuals with developmental disabilities. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 4. Indicates that all individuals/guardians shall receive a signed copy of the Participant Rights | <input type="checkbox"/> Yes <input type="checkbox"/> Partially | Enter text. |

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| and Responsibilities Participant Rights and Responsibilities . | <input type="checkbox"/> No | |
| 5. Provides the referral process to the Human Rights Committee (HRC) and ensures any restrictions of individual's rights are documented accordingly by staff. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 6. For Providers , outline the membership of the agency's HRC or how agency will utilize the DDD HRC. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (SCA) | Enter text. |
| 7. For Providers : Identify roles and responsibilities for HRC and how conflicts, disputes, committee functions, minutes, etc. will be documented. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (SCA) | Enter text. |
| 8. For SCAs : Identifies expectations, roles and responsibilities for referrals to the Division's or Service Provider's HRC. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> N/A (Service Provider) | Enter text. |
| Financial Management and Billing Effective Date Enter a date. Reviewed/Revised Enter a date. Compliance Date/DDD Staff Initials: Enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 1. Describes procedural steps for conducting Internal Controls for claim submissions, billing processes, oversight of recordkeeping, monitoring expenditure controls and addressing Internal Financial controls. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| 2. Includes procedures clearly defining staff roles and responsibilities. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| Quality Management Plan Effective Date Enter a date. | <input type="checkbox"/> Yes <input type="checkbox"/> Partially | Enter text. |

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

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| c. Agency capacity and capabilities | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| d. Participant safeguards | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| e. Participant rights and responsibilities | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| f. Participant outcomes and satisfaction | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |
| g. System performance | <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No | Enter text. |