

**IN NEW JERSEY** 

Policies & Procedures Manual

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**Policy Title: Organizational Governance** Category: Organizational Governance

Reference Number: 001

Scope: All Services

**Policy Number:** 1.0 **Effective Date:** TBD **Revision Date:** TBD

### Organizational Governance

#### I. PURPOSE

The purpose of this section is to define the governance framework of [AGENCY NAME] to ensure ethical, transparent, and effective management of operations. This governance framework enables compliance with the New Jersey Department of Human Services Division of Developmental Disabilities (DDD) standards and supports the agency's mission to provide high-quality services to individuals with developmental disabilities.

#### II. POLICY

#### 1. Governance Documentation

[AGENCY NAME] maintains comprehensive governance documents that outline the structure, responsibilities, and oversight mechanisms of the Governing Authority. These documents are readily available for review by the Division upon request to demonstrate compliance with operational, ethical, and legal standards

#### 2. Disclosure and Transparency

The agency commits to full transparency by ensuring that the names, affiliations, and potential conflicts of interest of all board members and stockholders are documented and disclosed.

#### 3. Compliance with Legislation and Corporate Governance

[AGENCY NAME] adheres to all legal and regulatory requirements associated with its designation as a for-profit entity. This includes:

### 4. Governing Authority Responsibilities

The Governing Authority oversees the ethical and effective management of [AGENCY NAMEI's operations. Its responsibilities include:

#### 5. Public Access and Accountability

Governance information is accessible to stakeholders and regulatory bodies. Requests for governance documents, including bylaws and disclosures, are processed promptly, ensuring transparency and accountability in alignment with DDD expectations.

#### 6. Non-Compliance Consequences

[AGENCY NAME] recognizes that failure to adhere to board policies, including governance and transparency requirements, may result in dis-enrollment as an approved provider of Division services. Proactive measures are in place to ensure full compliance at all times.

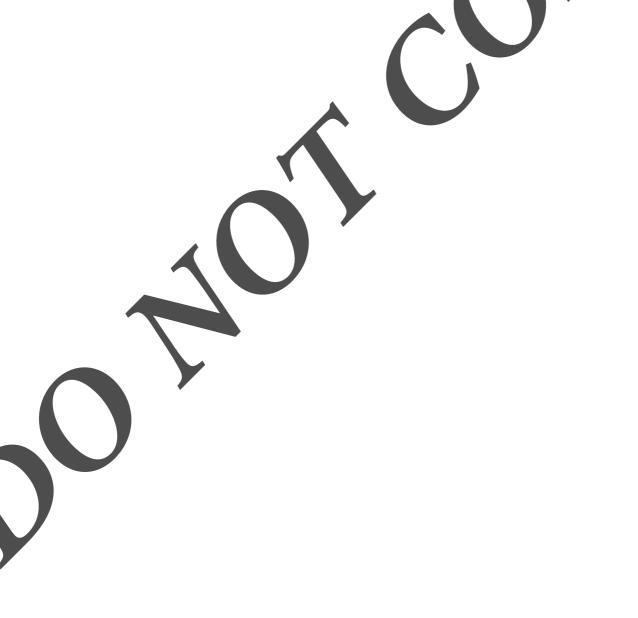
III. PROCEDURE 1. Governance Documentation 2. Board Member Disclosure and Publication 3. Conflict of Interest Management 4. Compliance Monitoring and Audits 5. Public Access to Governance Information 6. Training on Governance Responsibilities 7. Corporate and Legislative Compliance



- 8. Consequences of Non-Compliance

### **REFERENCES**

New Jersey Department of Human Services Division Circulars: #15



**Policy Title: Personnel Policies Policy Number: 2.0 Category:** Personnel Policies **Effective Date: TBD** Reference Number: 002 **Revision Date: TBD Scope:** All Services

### **Personnel Policies**

#### I. PURPOSE

The purpose of this section is to define the policies and procedures for personnel management at [AGENCY NAME]. This ensures compliance with the New Jersey Department of Human Services' Division of Developmental Disabilities (DDD) standards. The policies prioritize hiring qualified personnel, conducting mandatory background and exclusion checks, maintaining robust personnel records, and delivering mandated training to meet regulatory expectations.

#### **II. POLICY**

#### Background and Exclusion Checks

[AGENCY NAME] ensures all employees, board members, and contracted vendors meet eligibility requirements for working with individuals with developmental disabilities. The agency conducts thorough background checks, including

Standards for Ba	ickground Ci	IECK2		

#### 2. Monthly Database Verification

The Personnel Activities Manager verifies staff eligibility monthly by checking the following databases:



Verification results are documented, and any discrepancies are addressed immediately.

### rsonnel Records Management

[AGENCY NAME] maintains comprehensive personnel records for all employees. These records include documentation of

#### 1. Required Personnel Records

Personnel records include:

#### 2. Maintenance and Accessibility

The Personnel Activities Manager ensures records are up-to-date, securely stored, and accessible for audits or internal reviews.

3. Reporting Staff Changes
Qualifications for Support Coordinators (SCs) and Support Coordination Supervisors (SCSs)  1. Support Coordinators (SCs):
2. Support Coordination Supervisors (SCSs):
<ul> <li>Provide oversight without managing their own caseloads.</li> <li>Maintain current knowledge of all Division policies and updates.</li> </ul>
Mandatory Training and Orientation
[AGENCY NAME] ensures all personnel complete mandatory orientation and training within prescribed timelines.
1. Orientation Orientation is conducted by the Support Coordinator Supervisor and includes:
<ul> <li>Documentation and record-keeping.</li> </ul>
<ul> <li>Health and safety practices, including Danielle's Law.</li> <li>Mandatory Training Modules</li> </ul>
Training is completed through the College of Direct Supports (CDS) or equivalent platforms. Required training includes:
3. Ongoing Training Requirements
III. PROCEDURE Background and Exclusion Checks
1. Authorization and Consent
2 Criminal History and Control Pagistry Charles
2. Criminal History and Central Registry Checks

3. Monthly Exclusion Verification	
4. CARI Check Review	
Personnel Records Management  1. Documentation Requirements	
2. Reporting Staff Changes	
Training and Orientation  1. Orientation Schedule	
2. Training Compliance	
Responsibilities of Key Personnel	
Personnel Activities Manager:	on verification.
Support Coordination Supervisor:	
Agency Director:	
References	

Policy Title: Admission, Assignment, and Discharge Category: Admission, Assignment, and Discharge

Reference Number: 003

**Scope:** All Services

**Policy Number: 3.0 Effective Date: TBD Revision Date: TBD** 

### Admission, Assignment, and Discharge

#### I. PURPOSE

The purpose of this section is to define the policies and procedures governing admission, assignment, and discharge processes at [AGENCY NAME]. These processes ensure that individuals with developmental disabilities receive high-quality, person-centered care and that services are provided in compliance with the New Jersey Department of Human Services, Division of Developmental Disabilities (DDD) standards, including relevant Division Circulars and the Support Coordination Agency (SCA).

#### II. POLICY

#### Admission/Enrollment

[AGENCY NAME] adheres to an inclusive admission policy to serve individuals with developmental disabilities. The agency implements a zero-reject policy, ensuring equitable access to services for all eligible individuals referred to the agency.

#### 1. Criteria for Admission

### 2. Assignment of Support Coordinators (SCs)

The Support Coordination Supervisor (SCS) assigns an SC to each individual referred to the agency within two business days of receiving the referral.

### 3. Initial Contact and Orientation

The assigned SC contacts the individual or family within two business days of assignment to introduce themselves and outline the planning process. During the initial contact, the SC provides an overview of the agency's policies and procedures, a copy of the SP & CCP Manual, and the Participant Enrollment Agreement.

### Individualized Planning Process

The agency emphasizes a person-centered approach to planning, ensuring that services align with the individual's goals, preferences, and needs.

### 1. Deliverables and Documentation

#### 2. Service Orientation

The SC provides a detailed explanation of the ISP, including:

Discharge and Transition Policies [AGENCY NAME] ensures smooth transitions for individuals leaving the agency, whether due to voluntary discharge, relocation, or a change in eligibility status.
1. Criteria for Discharge
2. Notification and Transition Plan
3. Grievance and Appeal Process
If the individual or family disagrees with the discharge decision, the SC Supervisor outlines the grievance process and provides support during the appeal.
III. PROCEDURE  Admission/Enrollment  1. Referral and Intake Process
2. Participant Enrollment Agreement
3. Orientation
4. Documentation
Assignment of Support Countingtons (CCs)
Assignment of Support Coordinators (SCs)  1. Assignment Criteria
2. Communication of Assignment
3. Caseload Monitoring

Planning and Documentation  1. Person-Centered Planning Tool (PCPT)	
2. Individualized Service Plan (ISP)	
3. Monitoring and Follow-Up	
Discharge and Transition  1. Notification of Discharge	
2. Transition Plan	
3. Documentation and Follow-Up	
Responsibilities of Key Personnel Support Coordination Supervisor (SCS):	
Support Coordinator (SC):	
Agency Director:	
References	

Policy Title: Discharge and Disenrollment Category: Discharge and Disenrollment

Reference Number: 004 Scope: All Services Policy Number: 4.0 Effective Date: TBD Revision Date: TBD

### Discharge and Disenrollment

#### I. PURPOSE

The purpose of this section is to define the comprehensive policies and procedures that guide the discharge and disenrollment processes at [AGENCY NAME]. This ensures that individuals receiving services experience continuity of care, compliance with the New Jersey Department of Human Services Division of Developmental Disabilities (DDD) regulations and are fully supported during transitions. These processes are grounded in a commitment to transparency, respect, and collaboration, ensuring alignment with the standards outlined in relevant Division Circulars and the Support Coordination Agency (SCA).

#### **II. POLICY**

#### Discharge from the Division

[AGENCY NAME] facilitates the discharge of individuals from Division services under specific circumstances while prioritizing their rights and dignity. Discharges occur based on an individual's functional eligibility, Medicaid status, residency, or personal choice.

#### 1. Criteria for Discharge

An individual is discharged from Division services under the following conditions:

### 2. Supporting Documentation for Discharge

[AGENCY NAME] requires individuals on their legal guardians to complete and submit the "Move to Discharge" form (Appendix D) to formalize their decision. The agency ensures all required documentation and notifications are completed during this process.

#### Disenrollment from the SP & CCF

Disenrollment from the Supports Program (SP) and Community Care Program (CCP) occurs when an individual no longer accesses services or is found to be ineligible under program requirements.

#### 1. Circumstances for Disenrollment

Disenrollment is initiated when:

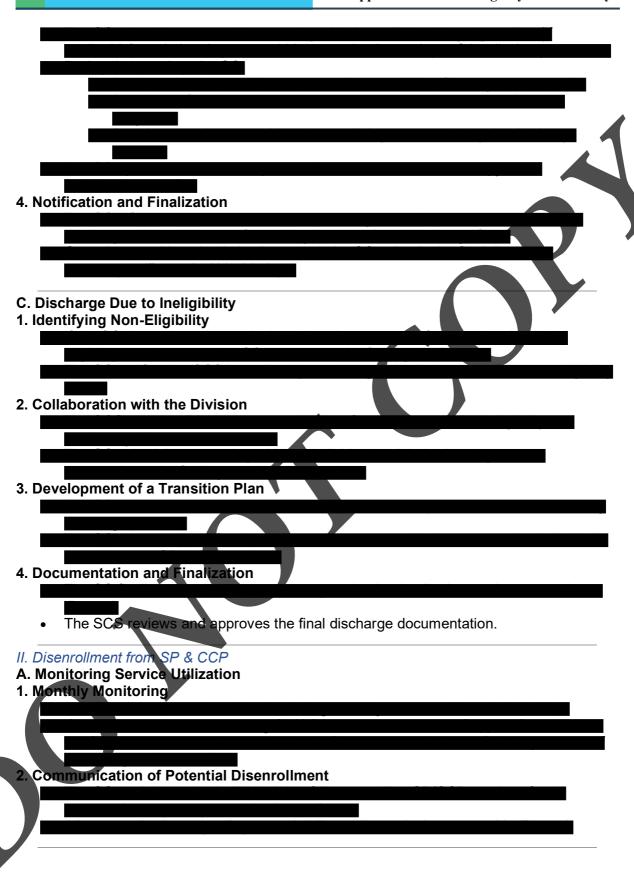
#### 2. Notification and Escalation

[AGENCY NAME] ensures that all service providers and individuals are notified promptly following disenrollment alerts from iRecord. The Support Coordinator (SC) or a designated agency staff member communicates changes within 24 hours of receiving the alert.

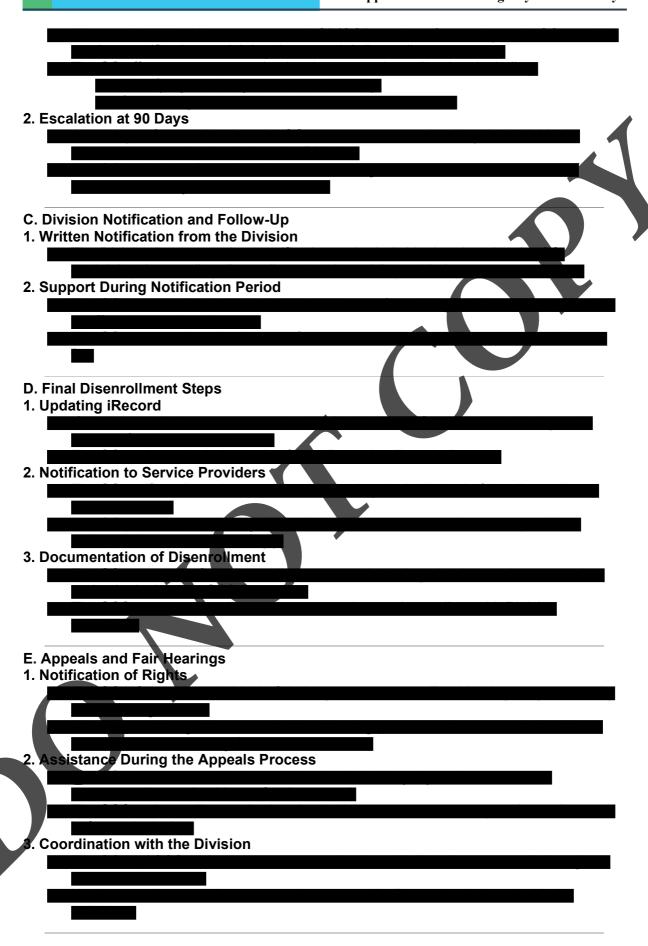
#### Responsibilities of Key Personnel

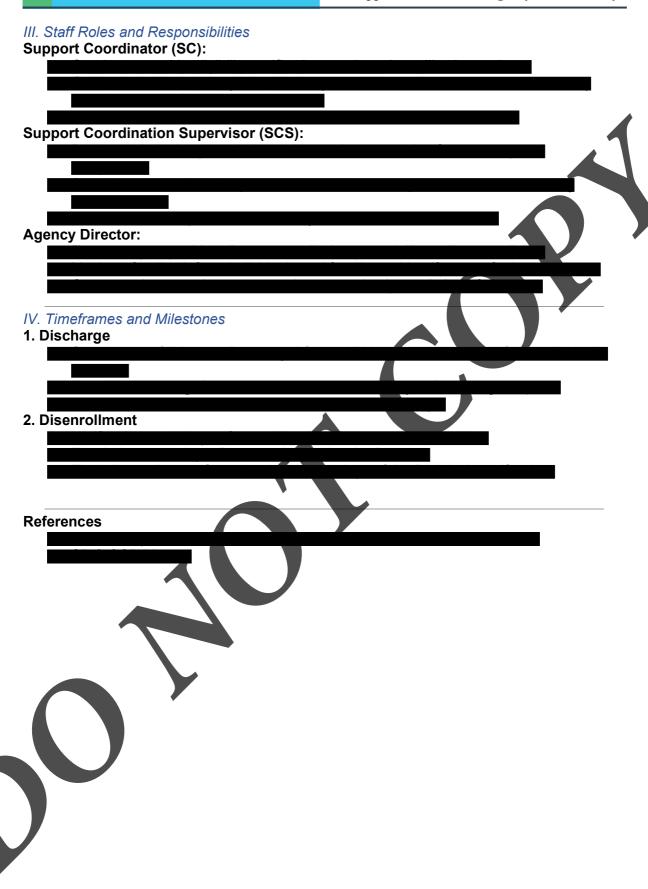
**Support Coordinator (SC):** 





- **B. Process for Non-Utilization of Services**
- 1. Notification at 60 Days





**Policy Title: Incident Reporting** Category: Incident Reporting Reference Number: 005 Scope: All Services

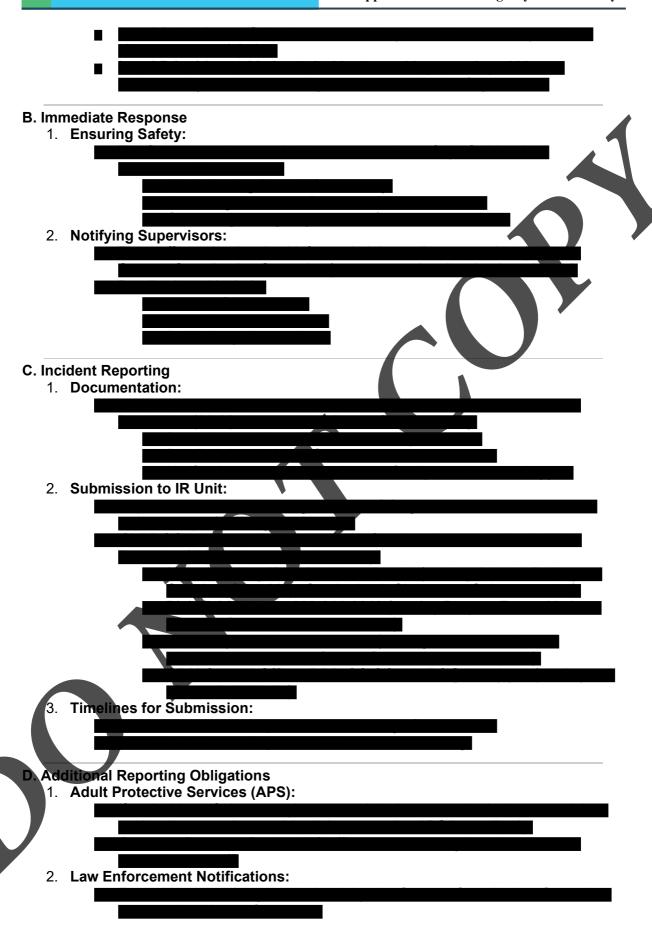
Policy Number: 5.0 Effective Date: TBD Revision Date: TBD

### **Incident Reporting**

#### I. Purpose

The purpose of this section is to establish a comprehensive framework for identifying, reporting, and responding to incidents involving individuals served by [AGENCY NAME]. This policy ensures compliance with the guidelines outlined in Division Circular #14 and other applicable regulations, including N.J.S.A. 30:6D-73 et seq. It promotes a systematic approach to safeguarding individuals from abuse, neglect, exploitation, and other risks, while fostering accountability and transparency within the organization. The policy defines roles, responsibilities, and processes to protect the rights and well-being of all individuals served.

II. Poli [AGEN	licy NCY NAME] commits to:	
	efinitions	
1.		<u>.</u>
2.	Neglect:	
3.	Exploitation:	
4. 5.	Incident: Unusual Incident:	
6.		
	cident Identification and Classification Recognizing Reportable Incidents:	
<b>/</b>		
2.	Classifying Incidents:	



	3.	Collaboration with Division Personnel:
E.		low-Up Actions Investigation Process:
	2.	Corrective Actions:
	3.	Submitting Follow-Up Reports:
F.	Trai 1.	ining and Awareness Initial Training:
	2.	Ongoing Education:
G.	Qua 1.	ality Assurance and Auditing Quarterly Audits:
	2.	Policy Undated
		Policy Updates:
	3.	Satisfaction Surveys.
Н.	<b>Cor</b> 1.	npliance Enforcement Staff Accountability:
	2.	Legal Consequences:
<i>V</i> .	Res 1.	cources and References Division Circular #14 Documentation:
	2.	UPDOC Instructions:
	3.	Incident Report Template:

4. Contact Information for APS:



Policy Title: Complaint/Grievance Resolution Category: Complaint/Grievance Resolution

Reference Number: 006 Scope: All Services

Policy Number: 6.0 Effective Date: TBD Revision Date: TBD

### Complaint/Grievance Resolution

#### I. PURPOSE

The purpose of this section is to outline the policies and procedures for handling complaints, grievances, and appeals within [AGENCY NAME], ensuring compliance with Division Circular #15 by the New Jersey Department of Human Services, Division of Developmental Disabilities (DDD). This section aims to provide clear and consistent processes that promote transparency, ensure resolution, and protect the rights of individuals receiving services.

#### **II. POLICY**

ievar ainta	NCY NAME] implements a comprehensive policy for addressing complaints and nees to uphold service quality, ensure compliance with applicable regulations, and in trust with individuals and families served. This policy outlines how the agency ges complaints, investigates concerns, and provides an appeal process for resolution es.
	Complaint Management:
2.	Impartial Review:
3.	Documentation and Transparency:
4.	Appeals Process:
5.	Compliance and Training:
	OCEDURE eliving and Documenting Complaints
1.	Initial Complaint Submission:
2.	Documentation of Complaints:

B. Review and Investigation	Process	
1. Assignment of Inve	estigator:	
2 Investigation Stans		<i>-</i>
2. Investigation Steps		
3. Findings and Corre	ctive Actions:	
C. Notification of Findings		
1. Communicating Ou	tcomes:	
2. Further Actions:		
· · · · · · · · · · · · · · · · · · ·		
D. Grievance and Appeals F 1. First-Level Appeal:		
2. Second-Level Appe	eal;	
Maintenance and Retention		
1. Complaint Records		
		· · · · · · · · · · · · · · · · · · ·
2. Trend Analysis:		

	nining on Complaint Handling Annual Training:
2.	Onboarding for New Employees:
	OMPLAINT INVESTIGATION POLICY (Division Circular #15)
invest	NCY NAME] follows Division Circular #15 standards for internal complaint igations related to staff performance and service delivery.
1.	Responsibility for Investigation:
2.	Timeframe for Investigation:
3.	Protective Actions During Investigation:
4.	Documentation of Findings:
5.	Notification of Results:
	ALITY MANAGEMENT
1.	Incorporating Complaint Trends:
2.	Policy Updates:
REFE	RENCES
	<del>-</del>

#### **APPENDICES**

Appen	dix A:	Sample	Complaint	Form '	Templa	ite
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### [AGENCY NAME] Complaint Form

#### Instructions:

This form is used to document complaints or grievances regarding the services provided by [AGENCY NAME]. Please complete all sections to the best of your ability and submit the form to any staff member or directly to the Support Coordination Supervisor.

Complainant Information:	
Full Name:	
Contact Information: (Phone)(Email)	
Relationship to the Individual Receiving Services:	
( ) Individual Receiving Services	
( ) Family Member	
() Caregiver	
( ) Other (please specify):	
Complaint Details:	
<ul> <li>Date of Incident:</li> <li>Time of Incident:</li> </ul>	
<ul> <li>Location of Incident:</li> <li>Description of the Complaint (include details of what happened, names of involved)</li> </ul>	alvod
parties, and any other relevant information):	Jiveu
parties, and any other relevant information).	
Resolution Sought:	
What resolution or action are you seeking?	
Tride oscilation of action are you cooking.	
Acknowledgment of Receipt (for Office Use Only):	
Complaint Received By:	
Date:	
Time:	

#### Appendix B: Written Notification of Resolution Template

## [AGENCY NAME] Notification of Complaint Resolution

#### [Date]

[Complainant's Name]
[Address or Email Address]

Dear [Complainant's Name],

Thank you for bringing your concerns to our attention regarding [brief description of the complaint]. At [AGENCY NAME], we are committed to addressing all complaints promptly and fairly to ensure quality services and satisfaction.

#### **Summary of Findings:**

After a thorough review of your complaint, we have determined the following:

[Insert summary of investigation findings, including key details from the review process and relevant evidence or interviews.]

#### **Resolution:**

Based on our findings, the following actions have been taken to address your concerns:

[Detail the corrective measures, if applicable, or explain why no further action is required. Be specific and professional in outlining the resolution.]

#### **Next Steps (if applicable):**

If you are dissatisfied with the resolution provided, you may file an appeal by submitting a written request to the Support Coordination Supervisor within [number] business days. If necessary, the appeal will be escalated to the Executive Director for further review.

Thank you for giving us the opportunity to improve our services and ensure your satisfaction. Should you have any additional questions or require further clarification, please do not hesitate to contact us at [phone number] or [email address].

#### Sincerely

[Support Coordination Supervisor/Executive Director Name]

[Title]

[AGENCY NAME]

Policy Title: HIPAA Compliance and PHI Category: HIPAA Compliance and PHI

Reference Number: 007 Scope: All Services

Policy Number: 7.0 Effective Date: TBD Revision Date: TBD

### **HIPAA Compliance and PHI**

#### I. PURPOSE

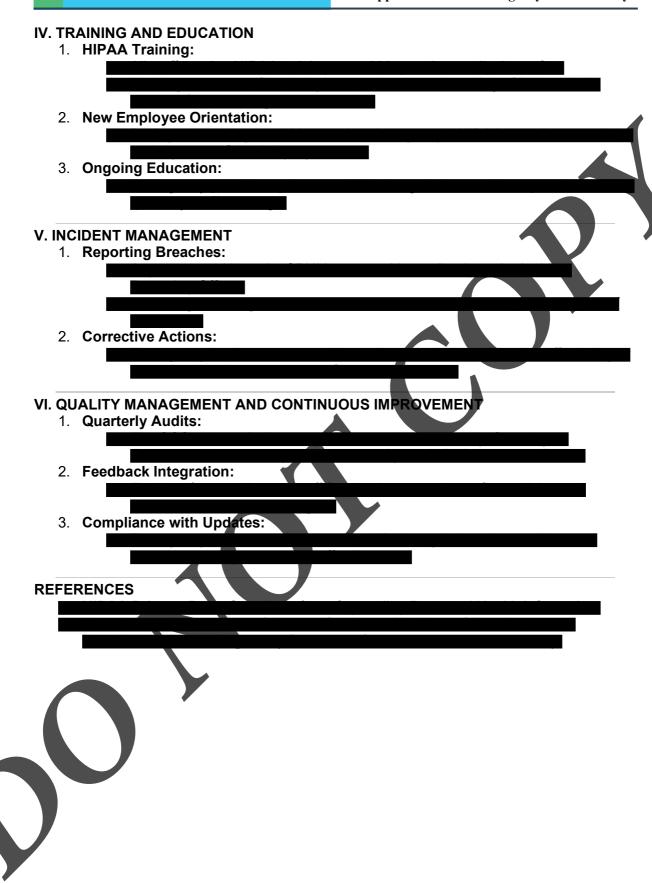
The purpose of this section is to ensure that [AGENCY NAME] maintains full compliance with the Health Insurance Portability and Accountability Act (HIPAA) and all associated regulations. This section establishes safeguards for the confidentiality, integrity, and availability of Protected Health Information (PHI) and describes the organization's commitment to secure documentation practices and regulatory compliance

#### **II. POLICY**

[AGENCY NAME] implements robust measures to secure and manage Protected Health Information (PHI) as required by HIPAA. The agency's policy ensures that all documentation, both paper-based and electronic, adheres to regulatory standards, sat

eguarding the privacy and rights of individuals served.  1. <b>Documentation Standards:</b>
2. Confidentiality and Access Control:
3. Release of Information:
4. Fraud Prevention:
4. Fraud Prevention:
5. Compliance Monitoring:
Compliance Monitoring.
PROCEDURE
Documentation and Storage of PHI  1. Paper-Based Records:

•					
2. Electroni	c Records:				
3. Secure D	estruction:				
			-		
Release of Pro	otected Health Info	ormation			K
1. Authoriza	ation Process:				
2. Logging	Disclosures:				
Compliance w	ith Required Docu	ments			
<b>GENCY NAME</b>	ith Required Docu ] ensures that the liance with regula	following doc		mpleted, store	ed, and
SENCY NAME	] ensures that the	following doc		mpleted, store	ed, and
SENCY NAME	] ensures that the	following doc		mpleted, store	ed, and
SENCY NAME	] ensures that the	following doc		mpleted, store	ed, and
SENCY NAME	] ensures that the	following doc		mpleted, store	ed, and
<b>GENCY NAME</b>	] ensures that the	following doc		mpleted, store	ed, and
<b>GENCY NAME</b>	] ensures that the	following doc		mpleted, store	ed, and
<b>GENCY NAME</b>	] ensures that the	following doc		mpleted, store	ed, and
GENCY NAME iewed in comp	] ensures that the liance with regular	following doc		mpleted, store	ed, and
Fraud Prevent	] ensures that the liance with regular	following doc		mpleted, store	ed, and
Fraud Prevent  1. Training	] ensures that the liance with regular	following doc		mpleted, store	ed, and



#### **APPENDICES**

### Appendix A: PHI Authorization Form Template

Individual Information:	
Name: Date of Birth:	
Date of Birth:	_
Address:	
Phone Number:	
Recipient Information:	
I authorize [AGENCY NAME] to release my PHI to	o:
Name/Organization:	
Address:	
Address:Phone Number:	
Fax Number:	
Purpose of Disclosure:	
□ Coordination of Care	
□ Legal Proceedings	
□ Insurance Verification	
☐ Other (specify):	
Information to Be Disclosed:	
☐ Medical Records	
□ Individualized Service Plan (ISP)	
Progress Notes	
Assessments and Evaluations	
□ Other (specify):	
xpiration of Authorization:	
This system is a stated until	(specific date) or until the following

#### **Acknowledgment and Consent:**

I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken based on this authorization. I understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA regulations.

Signature: Date:	1
Legal Guardian/Representative (if applicable): Relationship to Individual:	

### Appendix B: HIPAA Compliance Checklist

### [AGENCY NAME] Quarterly HIPAA Compliance Audit Checklist

Category	Criteria	Status	Comments
Documentation			
Access Control		*	
Access Control			
Release of			
Information			
<b>-</b>			
Training			
	4		
Breach			
Management			
Quality			
Improvement			

**Policy Title: Emergency Procedure** Policy Number: 8.0 Category: Emergency Procedure and On-Call Coverage Effective Date: TBD Reference Number: 008 Revision Date: TBD Scope: All Services

Purpose	Emergency	Procedure	
Policy Emergency Responses	and Reporting		
On-Call Coverage			
Business Hours and Ho	liday Schedule		

#### Procedure

#### A Emergency Response Protocol

1. Life-Threatening Situations

#### **Immediate Action**

When a life-threatening emergency arises, the safety and well-being of the individual are prioritized above all else. Every staff member at [AGENCY NAME] is trained to recognize life-threatening scenarios, such as severe medical distress, injury, or environmental hazards. Upon witnessing or being alerted to such an emergency, the responding staff member

immediately calls 911. This action is in full compliance with Danielle's Law, which mandates that all direct support professionals take swift action to secure emergency assistance.

The staff member remains with the individual to provide reassurance and gather critical information for emergency responders. This may include describing the individual's condition, recounting the events leading to the emergency, and offering any known medical history or current medications. Continuous support ensures that the individual feels cared for during what could be a traumatic experience.

#### **Notifying Stakeholders**

After calling 911, the staff member promptly contacts the Support Coordination Supervisor (SCS). This notification ensures a coordinated response and adherence to reporting requirements. The SCS takes charge of informing relevant stakeholders, ensuring transparency and timely communication. Notifications are conducted as follows

Family or Guardian:	
Division Notification:	
Local Law Enforcement:	

#### 2. Unusual Incident Reporting

#### Initial Documentation

To ensure accurate and comprehensive reporting, the responding staff member completes the Division's Initial Incident Report form before their shift ends. The report serves as an official record of the event and includes the following critical details:

•	Date, Time, and Location:
	Nature of the Incident:
	Involved Individuals:
	Involved Individuals:

Staff members are trained to avoid subjective language or assumptions in their documentation. Clarity, accuracy, and adherence to factual reporting standards are emphasized during regular training sessions.

#### **Review and Submission**

The completed report is immediately submitted to the SCS for review. The SCS evaluates the report for completeness, accuracy, and compliance with Division standards. Any gaps or inconsistencies are addressed through direct follow-up with the reporting staff.

Once approved, the SCS forwards the report to the Division's Office of Risk Management within the specified timeframe. Adherence to these deadlines ensures that [AGENCY NAME] remains in good standing with regulatory bodies and demonstrates a commitment to transparent and responsible care.

#### 3. Post-Emergency Follow-Up

#### **Debriefing**

The day following an emergency, the SCS convenes a debriefing session with involved s members. This meeting serves several purposes:

•	Incident Review:		
		•	
•	Policy Updates:		

Staff Support:

#### **Support Services**

[AGENCY NAME] ensures that individuals and their families receive appropriate follow-up care after an emergency.

#### **B. On-Call Coverage Protocol**

#### 1. On-Call Scheduling

Scheduling Responsibilities

sponding to After-Hours Emergencies

**Call Routing** 

**Assessment and Response** 

•	Emergency Services Coordination:			
	Pagarage Coordination			
•	Resource Coordination:			
•	Follow-Up Planning:			

Each interaction is guided by a commitment to respect, empathy, and professionalism reflecting the agency's core values.

#### 3. Non-Emergent Issues



#### 4. Documentation

#### **Comprehensive Record-Keeping**

All after-hours interactions are documented in iRecord, the agency's centralized case management system. Each entry includes:



The SCS reviews these records weekly to ensure accuracy and identify trends or recurring issues that may require policy adjustments.

#### C. Training and Compliance

1. Emergency Procedure Training



2. Evaluation and Oversight



- 3. Collaboration with the Division

### References

Policy Title: Reporting Medical Waste, Fraud, and Abuse

Category: Reporting Medical Waste, Fraud, and Abuse

Reference Number: 009 Scope: All Services

Policy Number: 9.0 Effective Date: TBD Revision Date: TBD

### Reporting Medical Waste, Fraud, and Abuse

#### I. Purpose

The purpose of this section is to establish a comprehensive framework for identifying preventing, and reporting Medicaid waste, fraud, and abuse within [AGENCY NAME]. This policy ensures compliance with Division Circular #54 and related state and federal regulations. By detailing the procedures and responsibilities for handling such issues, the agency promotes transparency, accountability, and the ethical use of Medicaid funds while protecting the rights and confidentiality of individuals served and staff members.

#### II. Policy

#### **Commitment to Compliance and Ethical Practices**

[AGENCY NAME] is dedicated to upholding the integrity of Medicaid-funded programs. All personnel are responsible for safeguarding public resources and ensuring that services provided align with legal and ethical standards. This policy outlines clear roles and responsibilities, mechanisms for reporting concerns, and protections for individuals who report suspected violations.

#### **Definitions**

•	<b>Medicaid Waste</b> :			

Medicaid Fraud:

•	Medicaid Abuse:			-	

#### **Compliance Expectations**

All staff members adhere to this policy by:

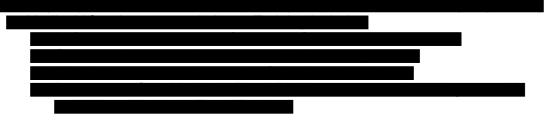


[AGENCY NAME] implements preventive measures, including regular audits and internal reviews, to minimize risks and maintain compliance with Division Circular #54.

#### III. Procedure

dentification and Prevention

Training and Awareness



Risk Ide	entification and	Audit Process	5		
	_			4	
Recogni	ng Medicaid Wa izing Violations ained to identify	S	Abuse  ding but not limited t	0:	K
Internal	Reporting Pro	cess			
	reporting 1 To				
External	l Reporting				
Confide	ntiality and Pro	otections			
Investiga	ating Reports of	f Medicaid Wasi	e, Fraud, and Abuse	e	
Internal	Investigation				
	ive Actions				

3. Collaboration with External Authorities	
D. Monitoring and Continuous Improvement	
1. Performance Metrics	
2. Regular Review of Policies	
3. Feedback Mechanisms	
IV. Responsibilities 1. Compliance Officer	
2. Agency Director	
2. Agency birector	
3. Support Coordination Supervisor (SCS)	
- Capport Cost annual on Capor Visco (Cost)	
4. All Staff Members	
V. References and Resources	

**Policy Title: Human Rights** Category: Human Rights Reference Number: 010 Scope: All Services

Policy Number: 10.0 Effective Date: TBD Revision Date: TBD

### **Human Rights**

#### I. Purpose

The purpose of this policy is to establish clear and detailed guidelines for [AGENCY NAME staff to protect and advocate for the human and civil rights of individuals with developmental disabilities. The policy aligns with the requirements outlined in Division Circular #5 and ensures the dignity, respect, and inclusion of all individuals served by the organization. It also defines processes for documenting and addressing concerns regarding rights restrictions and provides a structured approach for referral to the Division Human Rights Committee (HRC) when necessary.

#### II. Policy

#### **Commitment to Upholding Rights**

[AGENCY NAME] prioritizes the protection of the fundamental rights of individuals with developmental disabilities. Staff members at all levels are dedicated to respecting and safeguarding these rights while fostering an environment that supports independence, choice, and self-determination. This policy outlines specific roles, responsibilities, and processes for identifying, documenting, and resolving concerns regarding individual rights.

#### **Definitions**

- Human Rights: |
- Rights Restrictions:
- **Human Rights Committee (HRC)**:

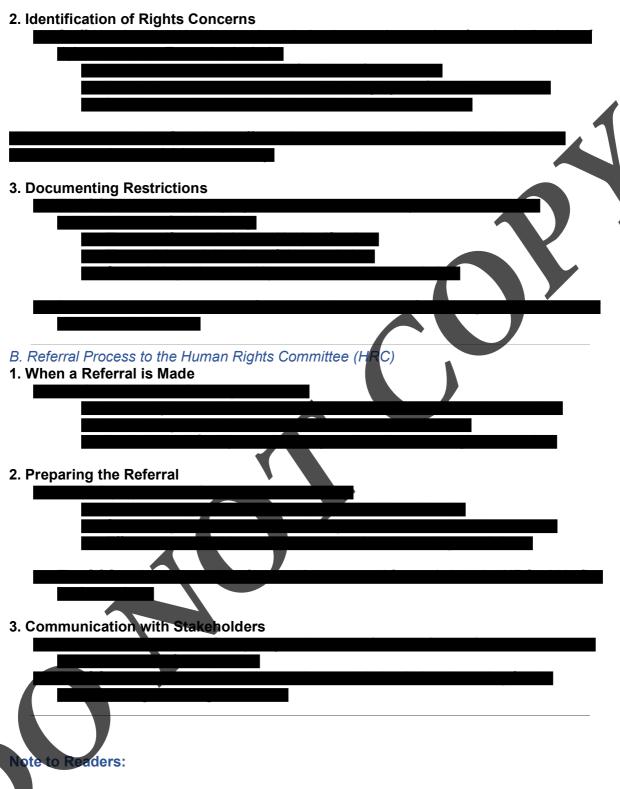
#### **Compliance Standards**

The agency adheres to Division Circular #5 and related guidelines, which emphasize:

All individuals and their guardians receive a signed copy of the Participant Rights and Responsibilities document upon admission to the program.

#### III. Procedure

- Staff Responsibilities
- Advocacy and Awareness



Thank you for exploring this sample of our work. To keep our online showcase concise, we have provided only a selection from this piece.

Should you be interested in viewing the complete work or explore more of our portfolio, please don't hesitate to reach out. We're more than happy to provide additional samples upon request.

Thank you, **The Write Direction Team**