SUPPORT COORDINATION AGENCY

IN NEW JERSEY

Policies & Procedures Manual

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Policy Title: Organizational Governance	**Policy Number:** 1.0
Category: Organizational Governance	**Effective Date:** TBD
Reference Number: 001	**Revision Date:** TBD
Scope: All Services	

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.

[redacted]

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:

[redacted]

4. Governing Authority Responsibilities

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

[redacted]

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

[redacted]

2. Board Member Disclosure and Publication

[redacted]

3. Conflict of Interest Management

[redacted]

4. Compliance Monitoring and Audits

[redacted]

5. Public Access to Governance Information

[redacted]

6. Training on Governance Responsibilities

[redacted]

7. Corporate and Legislative Compliance

[redacted]

[redacted]

8. Consequences of Non-Compliance

[redacted]

- [redacted]

[redacted]

REFERENCES

- **New Jersey Department of Human Services Division Circulars:** #15, #54

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 [redacted].

1. Standards for Background Checks

[redacted]

2. Monthly Database Verification

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

[redacted]

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

Personnel Records Management

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

1. Required Personnel Records

Personnel records include:

[redacted]

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

[redacted]

Qualifications for Support Coordinators (SCs) and Support Coordination Supervisors (SCSs)

1. Support Coordinators (SCs):

[redacted]

2. Support Coordination Supervisors (SCSs):

[redacted]

- Provide oversight without managing their own caseloads.
- Maintain current knowledge of all Division policies and updates.

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:

[redacted]s (ISPs).

- Documentation and record-keeping.
- Health and safety practices, including Danielle's Law.

2. Mandatory Training Modules

Training is completed through the College of Direct Supports (CDS) or equivalent platforms. Required training includes:

[redacted]

3. Ongoing Training Requirements

[redacted]

III. PROCEDURE

Background and Exclusion Checks

1. Authorization and Consent

[redacted]

2. Criminal History and Central Registry Checks

[redacted]

3. Monthly Exclusion Verification

[redacted]

4. CARI Check Review

[redacted]

Personnel Records Management

1. Documentation Requirements

[redacted]

2. Reporting Staff Changes

[redacted]

Training and Orientation

1. Orientation Schedule

[redacted]

2. Training Compliance

[redacted]

Responsibilities of Key Personnel

Personnel Activities Manager:

[redacted]on verification.

Support Coordination Supervisor:

[redacted]

Agency Director:

[redacted]

References

[redacted]

Policy Title: Admission, Assignment, and Discharge	**Policy Number:** 3.0
Category: Admission, Assignment, and Discharge	**Effective Date:** TBD
Reference Number: 003	**Revision Date:** TBD
Scope: All Services	

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

[redacted]

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. [redacted]

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

[redacted]

2. Service Orientation

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

[redacted]

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

[redacted]

2. Notification and Transition Plan

[redacted]

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

[redacted]

2. Participant Enrollment Agreement

[redacted]

3. Orientation

[redacted]

4. Documentation

[redacted]

Assignment of Support Coordinators (SCs)

1. Assignment Criteria

[redacted]

2. Communication of Assignment

[redacted]

3. Caseload Monitoring

[redacted]

Planning and Documentation

1. Person-Centered Planning Tool (PCPT)

[redacted]

2. Individualized Service Plan (ISP)

[redacted]

3. Monitoring and Follow-Up

[redacted]

Discharge and Transition

1. Notification of Discharge

[redacted]

2. Transition Plan

[redacted]

3. Documentation and Follow-Up

[redacted]

Responsibilities of Key Personnel

Support Coordination Supervisor (SCS):

[redacted]

Support Coordinator (SC):

[redacted]

Agency Director:

[redacted]

References

[redacted]

Policy Title: Discharge and Disenrollment | **Policy Number:** 4.0
Category: Discharge and Disenrollment | **Effective Date:** TBD
Reference Number: 004 | **Revision Date:** TBD
Scope: All Services

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:

[redacted]

2. Supporting Documentation for Discharge

[AGENCY NAME] requires individuals or 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 & CCP

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:

[redacted]

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):

[redacted]

Support Coordination Supervisor (SCS):

[redacted]

Agency Director:

[redacted]

III. PROCEDURE

I. Discharge from Division Services

A. Verification of Eligibility Criteria

1. Monthly Verification

[redacted]

2. Identifying Concerns

[redacted]

B. Voluntary Discharge Process

1. Communication of Intent

[redacted]

3. Planning for Transition

[redacted]

4. Notification and Finalization

[redacted]

C. Discharge Due to Ineligibility

1. Identifying Non-Eligibility

[redacted]

2. Collaboration with the Division

[redacted]

3. Development of a Transition Plan

[redacted]

4. Documentation and Finalization

[redacted]

- The SCS reviews and approves the final discharge documentation.

II. Disenrollment from SP & CCP

A. Monitoring Service Utilization

1. Monthly Monitoring

[redacted]

2. Communication of Potential Disenrollment

[redacted]

B. Process for Non-Utilization of Services

1. Notification at 60 Days

[redacted]

2. Escalation at 90 Days

[redacted]

C. Division Notification and Follow-Up

1. Written Notification from the Division

[redacted]

2. Support During Notification Period

[redacted]

D. Final Disenrollment Steps

1. Updating iRecord

[redacted]

2. Notification to Service Providers

[redacted]

3. Documentation of Disenrollment

[redacted]

E. Appeals and Fair Hearings

1. Notification of Rights

[redacted]

2. Assistance During the Appeals Process

[redacted]

3. Coordination with the Division

[redacted]

III. Staff Roles and Responsibilities

Support Coordinator (SC):

[redacted]

Support Coordination Supervisor (SCS):

[redacted]

Agency Director:

[redacted]

IV. Timeframes and Milestones

1. Discharge

[redacted]

2. Disenrollment

[redacted]

References

[redacted]

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. Policy

[AGENCY NAME] commits to:

[redacted]

III. Definitions

1. **Abuse:** [redacted]
2. **Neglect:** [redacted]
3. **Exploitation:** [redacted]
4. **Incident:** [redacted]
5. **Unusual Incident:** [redacted]
6. **Safety Hazards:** [redacted]

IV. Procedures

A. Incident Identification and Classification

1. **Recognizing Reportable Incidents:**

[redacted]

2. **Classifying Incidents:**

- [redacted]
- [redacted]

B. Immediate Response

1. **Ensuring Safety:**
   [redacted]
2. **Notifying Supervisors:**
   [redacted]

C. Incident Reporting

1. **Documentation:**
   [redacted]
2. **Submission to IR Unit:**
   [redacted]
3. **Timelines for Submission:**
   [redacted]

D. Additional Reporting Obligations

1. **Adult Protective Services (APS):**
   [redacted]
2. **Law Enforcement Notifications:**
   [redacted]

3. **Collaboration with Division Personnel:**

E. Follow-Up Actions

1. **Investigation Process:**
2. **Corrective Actions:**
3. **Submitting Follow-Up Reports:**

F. Training and Awareness

1. **Initial Training:**
2. **Ongoing Education:**

G. Quality Assurance and Auditing

1. **Quarterly Audits:**
2. **Policy Updates:**
3. **Satisfaction Surveys:**

H. Compliance Enforcement

1. **Staff Accountability:**
2. **Legal Consequences:**

V. Resources and References

1. **Division Circular #14 Documentation:**
2. **UPDOC Instructions:**
3. **Incident Report Template:**

4. **Contact Information for APS:**

[redacted]

Policy Title: Complaint/Grievance Resolution | **Policy Number:** 6.0
Category: Complaint/Grievance Resolution | **Effective Date:** TBD
Reference Number: 006 | **Revision Date:** TBD
Scope: All Services

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

[AGENCY NAME] implements a comprehensive policy for addressing complaints and grievances to uphold service quality, ensure compliance with applicable regulations, and maintain trust with individuals and families served. This policy outlines how the agency manages complaints, investigates concerns, and provides an appeal process for resolution disputes.

1. **Complaint Management:**
   [redacted]
2. **Impartial Review:**
   [redacted]
3. **Documentation and Transparency:**
   [redacted]
4. **Appeals Process:**
   [redacted]
5. **Compliance and Training:**
   [redacted]

III. PROCEDURE

A. Receiving and Documenting Complaints

1. **Initial Complaint Submission:**
   [redacted]
2. **Documentation of Complaints:**
   [redacted]

- [redacted]

B. Review and Investigation Process

1. **Assignment of Investigator:**
   [redacted]
2. **Investigation Steps:**
   [redacted]
3. **Findings and Corrective Actions:**
   [redacted]

C. Notification of Findings

1. **Communicating Outcomes:**
   [redacted]
2. **Further Actions:**
   [redacted]

D. Grievance and Appeals Process

1. **First-Level Appeal:**
   [redacted]
2. **Second-Level Appeal:**
   [redacted]

E. Maintenance and Retention of Records

1. **Complaint Records:**
   [redacted]
2. **Trend Analysis:**
   [redacted]

F. Training on Complaint Handling

1. **Annual Training:**
2. **Onboarding for New Employees:**

IV. COMPLAINT INVESTIGATION POLICY (Division Circular #15)

[AGENCY NAME] follows Division Circular #15 standards for internal complaint investigations 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:**

V. QUALITY MANAGEMENT

1. **Incorporating Complaint Trends:**
2. **Policy Updates:**

REFERENCES

APPENDICES

Appendix A: Sample Complaint Form Template

[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:

- Date of Incident: _____
- Time of Incident: _____
- Location of Incident: _____
- Description of the Complaint (include details of what happened, names of involved parties, and any other relevant information):

Resolution Sought:

- What resolution or action are you seeking?

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	**Policy Number:** 7.0
Category: HIPAA Compliance and PHI	**Effective Date:** TBD
Reference Number: 007	**Revision Date:** TBD
Scope: All Services	

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, safeguarding the privacy and rights of individuals served.

1. **Documentation Standards:**
2. **Confidentiality and Access Control:**
3. **Release of Information:**
4. **Fraud Prevention:**
5. **Compliance Monitoring:**

III. PROCEDURE

A. Documentation and Storage of PHI

1. **Paper-Based Records:**

- [redacted]

2. **Electronic Records:**
   [redacted]
3. **Secure Destruction:**
   [redacted]

B. Release of Protected Health Information

1. **Authorization Process:**
   [redacted]
2. **Logging Disclosures:**
   [redacted]

C. Compliance with Required Documents

[AGENCY NAME] ensures that the following documents are completed, stored, and reviewed in compliance with regulatory standards:

[redacted]

D. Fraud Prevention Measures

1. **Training and Awareness:**
   [redacted]
2. **Internal Monitoring:**
   [redacted]

IV. TRAINING AND EDUCATION

1. **HIPAA Training:**
2. **New Employee Orientation:**
3. **Ongoing Education:**

V. INCIDENT MANAGEMENT

1. **Reporting Breaches:**
2. **Corrective Actions:**

VI. QUALITY MANAGEMENT AND CONTINUOUS IMPROVEMENT

1. **Quarterly Audits:**
2. **Feedback Integration:**
3. **Compliance with Updates:**

REFERENCES

APPENDICES

Appendix A: PHI Authorization Form Template

[AGENCY NAME]
Authorization for Release of Protected Health Information (PHI)

Individual Information:
Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____

Recipient Information:
I authorize [AGENCY NAME] to release my PHI to:

Name/Organization: _____
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): _____

Expiration of Authorization:
This authorization is valid until: _____ (specific date) or until the following event occurs: _____.

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: _____

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	[redacted]	[redacted]	
	[redacted]	[redacted]	
Access Control	[redacted]	[redacted]	
	[redacted]	[redacted]	
Release of Information	[redacted]	[redacted]	
	[redacted]	[redacted]	
Training	[redacted]	[redacted]	
	[redacted]	[redacted]	
Breach Management	[redacted]	[redacted]	
Quality Improvement	[redacted]	[redacted]	

Policy Title: Emergency Procedure
Category: Emergency Procedure and On-Call Coverage
Reference Number: 008
Scope: All Services

Policy Number: 8.0
Effective Date: TBD
Revision Date: TBD

Emergency Procedure

Purpose

[redacted]

Policy

Emergency Responses and Reporting

[redacted]

On-Call Coverage

[redacted]

Business Hours and Holiday Schedule

[redacted]

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**: [redacted]
- **Division Notification**: [redacted]
- **Local Law Enforcement**: [redacted]

2. Unusual Incident Reporting (UIR)

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**: [redacted]
- **Nature of the Incident**: [redacted]
- **Involved Individuals**: [redacted]

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 staff members. This meeting serves several purposes:

- **Incident Review**: [redacted]
- **Policy Updates**: [redacted]
- **Staff Support**: [redacted]

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

B. On-Call Coverage Protocol

1. On-Call Scheduling

Scheduling Responsibilities
[redacted]

[redacted]

2. Responding to After-Hours Emergencies

Call Routing
[redacted]

Assessment and Response
[redacted]

- **Emergency Services Coordination**: [redacted]
- **Resource Coordination**: [redacted]
- **Follow-Up Planning**: [redacted]

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

3. Non-Emergent Issues

Guidance and Support

[redacted]

4. Documentation

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

[redacted]

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**

[redacted]

2. **Evaluation and Oversight**

- [redacted]

3. **Collaboration with the Division**

- [redacted]

References

[redacted]

Policy Title: Reporting Medical Waste, Fraud, and Abuse	**Policy Number:** 9.0
Category: Reporting Medical Waste, Fraud, and Abuse	**Effective Date:** TBD
Reference Number: 009	**Revision Date:** TBD
Scope: All Services	

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

- **Medicaid Waste**: [redacted]
- **Medicaid Fraud**: [redacted]
- **Medicaid Abuse**: [redacted]

Compliance Expectations

All staff members adhere to this policy by:

[redacted]

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

III. Procedure

A. Identification and Prevention

1. Training and Awareness

[redacted]

[redacted]

2. Risk Identification and Audit Process

[redacted]

B. Reporting Medicaid Waste, Fraud, and Abuse

1. Recognizing Violations

Staff are trained to identify red flags, including but not limited to:

[redacted]

2. Internal Reporting Process

[redacted]

3. External Reporting

[redacted]

4. Confidentiality and Protections

[redacted]

C. Investigating Reports of Medicaid Waste, Fraud, and Abuse

1. Internal Investigation

[redacted]

2. Corrective Actions

[redacted]

[redacted]

3. Collaboration with External Authorities

[redacted]

D. Monitoring and Continuous Improvement

1. Performance Metrics

[redacted]

2. Regular Review of Policies

[redacted]

3. Feedback Mechanisms

[redacted]

IV. Responsibilities

1. Compliance Officer

[redacted]

2. Agency Director

[redacted]

3. Support Coordination Supervisor (SCS)

[redacted]

4. All Staff Members

[redacted]

V. References and Resources

[redacted]

Policy Title: Human Rights	**Policy Number:** 10.0
Category: Human Rights	**Effective Date:** TBD
Reference Number: 010	**Revision Date:** TBD
Scope: All Services	

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**: [redacted]
- **Rights Restrictions**: [redacted]
- **Human Rights Committee (HRC)**: [redacted]

Compliance Standards

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

[redacted]

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

III. Procedure

A. Staff Responsibilities

1. Advocacy and Awareness

[redacted]

2. Identification of Rights Concerns

[redacted]

3. Documenting Restrictions

[redacted]

B. Referral Process to the Human Rights Committee (HRC)

1. When a Referral is Made

[redacted]

2. Preparing the Referral

[redacted]

3. Communication with Stakeholders

[redacted]

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