

Community Blueprint Focus Areas + Workgroups

OVERVIEW

December 15, 2025 to January 15, 2026 (Announce and collect sign-ups)

Abuse/Neglect: Investigations (Process, Oversight, & Enforcement)

Individual/Family/Guardian Partnership, Advocacy, & Rights

January 15, 2026 to February 15, 2026 (Announce and collect sign-ups)

Workforce Development & Frontline Supports

Support Coordinator Role & Responsibility

February 15, 2026 to March 15, 2026 (Announce and collect sign-ups)

Provider Accountability, Licensing, & Compliance

March 15, 2026 to April 15, 2026 (Announce and collect sign-ups)

Policy Reform & Legislative Action

Systems Transformation & Technology Integration

Within 30 days of sign-ups closing, the initial workgroup meeting will be scheduled. The initial meeting will

- **Review focus areas**
- **Determine any high-level priorities**
- **Set up frequency of meetings**
- **Create sub-groups as warranted**
- **Determine meeting format In-person/virtual or a combination**

Community Blueprint Focus Areas + Workgroups

December 15, 2025 to January 15, 2026

Abuse/Neglect: Investigations (Process, Oversight, & Enforcement)

- a. Clarify the criteria for when incidents are investigated and how responsibilities are assigned during the investigation
 - i. Outlining law enforcement or AG's Office involvement
 - ii. Define criteria for what incidents are investigated, especially when death is involved
- b. Define escalation pathways and criminal penalties for substantiated abuse or neglect cases
- c. Improve investigative outcomes by including a systemic review of provider practices and policies when investigating causes of incidents
- d. Incorporate trauma-informed practices into all investigations
- e. Create a public registry of provider agencies and leadership with repeated or unresolved abuse/neglect cases
- f. Develop a centralized database for abuse/neglect reports to track trends and systemic risks
- g. Establish benchmarks for the timeliness of investigations
- h. Require transparency and consistent communication with families/guardians during investigations, including full access to final reports
 - i. Create a family support unit to act as an intermediary between investigation personnel and families/guardians
- i. Establish an independent investigative agency with enforcement authority
 - i. Examples: Disability Rights New Jersey, New Jersey Attorney General's Office, New York Justice Center Model

Individual/Family/Guardian Partnership, Advocacy, & Rights

1. Develop family-friendly handbooks outlining provider policies and grievance procedures
2. Provide accessible education to individuals, family members, and guardians on
 - a. Parental Rights, Unusual incident reporting codes, and Key policies
 - b. Examples: Cheat sheets, quick guides, presentation materials
3. Ensure individuals with IDD and families have advisory and decision-making roles in provider inspections, incident investigations, and policymaking
4. Improve family and guardian access to timely, accurate information about their loved one's health and safety, including any incidents that they are involved in, regardless of severity

5. Establish policies for regular communication and collaboration between providers, staff, and families/guardians beyond annual meetings
6. Address fear of retaliation for reporting concerns or unsafe practices
7. Establish systemic safeguards to protect individuals without family or guardians to ensure advocacy and oversight
8. Centralize the Human Rights Committee to ensure consistency and include members with lived experience
9. Create transparency on how individual budgets are being spent

January 15, 2026 to February 15, 2026

Workforce Development & Frontline Supports

- a. Establish standards for shift-to-shift communication
- b. Establish reporting standards and transparency for areas, such as daily activities, quality of care, diet, and medication administration
- c. Collect best practices from high-performing providers, supervisors/house managers, direct care staff, family members/guardians, and people with disabilities
 - i. Examples include: tools/assistive technology, trainings, supervision/mentoring strategies, documentation strategies, and management strategies
 - ii. Create a space for providers to communicate with each other, to ask questions of each other, and receive support
- d. Review updated DSP training requirements for essential topics,
 - i. Including: food safety, hygiene, communication methods, activities of daily living, mental health, and person-centered supports
- e. Include clinical oversight and hands-on competency assessment for relevant trainings
- f. Develop comprehensive training and support for supervisors and house managers
- g. Improve workforce retention through increased wages, career ladders, and certification pathways
- h. Implement transparent staff performance evaluations and external oversight of staff competency
- i. Establish a standard for clinical oversight to support DSPs by answering medically related questions, identifying illnesses, identifying side effects from medications, and identifying health emergencies

Support Coordinator Role & Responsibility

- a. Encourage in-person visits within residential settings when visiting individuals quarterly
- b. Ensure individuals, families, and guardians receive and review required documentation annually
- c. Improve training on IDD, comorbid conditions, documentation, and monitoring
- d. Strengthen Support Coordinators' authority to escalate when services or support are not delivered as documented in the ISP, PCPT, AEN, or any other required documentation

February 15, 2026 to March 15, 2026

Provider Accountability, Licensing, & Compliance

- a. Develop and enforce clear, uniform operational standards for all providers in key areas
 - i. Areas include: communication, documentation, reporting, training, supervision/mentoring
- b. Develop and enforce clear, uniform care standards for all providers
 - i. Areas include: safety, health, food safety/diet, community engagement
- c. Update the criteria used to evaluate providers on the DHS Licensed Provider Report Card
 - i. Develop a standardized way to measure and report on a provider's ability to meet needs related to safety, health, community engagement, and quality of life
- d. Require financial and operational transparency, including public reporting of audits/finances, licensing or other penalties, and inspection reports
- e. Monitor that the services and supports outlined in an individual's Individualized Service Plan (ISP), Person-Centered Planning Tool (PCPT), Addressing Enhanced Needs Form (AEN), and any other documentation are implemented consistently
- f. Create standards for providers supporting individuals with high support needs to ensure individualized service delivery and appropriate budget use
- g. Conduct more thorough provider inspections and compliance evaluations
 - i. Explore an option for an independent agency to monitor providers
- h. Apply consistent financial and licensing penalties for non-compliant providers and incentives for high-quality, compliant providers
- i. Create public accountability and review tools (e.g., consumer directory, Yelp-style reviews, leadership evaluations)
- j. Strengthen the state's licensing authority to review, modify, or revoke licenses as needed

March 15, 2026 to April 15, 2026

Policy Reform & Legislative Action

- a. Conduct a regular review and update of key legislation, including Danielle's Law, Stephen Komnino's Law, Cullen Law (Healthcare Professional Responsibility and Reporting Act), and "Pass the Trash" Law (N.J.S.A. 18A:6-7.6-7.13)
- b. Establish whistleblower protection for staff reporting on other staff or their agency for unsafe practices or abuse
- c. Adapt successful healthcare and residential standards from other regulated systems to IDD settings
- d. Require credentialed medical professionals to oversee medical and behavioral health-related care in all licensed residential settings

Systems Transformation & Technology Integration

- e. Establish clear policies for the use of cameras, footage access, and reporting
- f. Review documentation requirements for provider agencies and their staff and evaluate ways to streamline and limit the amount of time/energy needed to complete them
 - i. Review and update required DDD forms, such as ISP, PCPT, AEN, and annual medical forms, to simplify documentation and reduce administrative burden
 - ii. Charting the LifeCourse Communication for Medical Appointments
 - 1. <https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/healthy-living/>
 - iii. Simplify information included in ISP, PCPT, and AEN for clarity and quick reading
- g. Explore smart technology solutions for safety and real-time monitoring
- h. Ensure there is training for DSPs on using individuals' assistive and communication technology
- i. Develop integrated databases to track abuse/neglect, audits, and compliance trends
- j. Explore options for electronic health records with alerts and family access