



Shawnee County  
Community Developmental Disabilities Organization  
"Your resource for connecting our community"

<b>Subject: Quality Assurance Reviews</b> <b>Effective Date: 05-01-98</b>	<b>Reviewed: 08-31-09, 08-26-10, 08-22-11, 08-27-12, 09-08-14, 10.04.16, 10-23-17, 10-15-18</b>	<b>Policy No: 06-025</b>
<b>Revised:</b> 06-10-99, 11-05-01, 05-07-03, 06-01-05, 05-15-06, 01-08-07, 08-18-08, 08-31-09, 08-26-10, 08-27-12, 09-08-14, 10.04.16	<b>Forms:</b> <a href="#">06-025.001 PAS Tool</a> <a href="#">06-025.002 PAS Summary</a>	

**POLICY:** *The Shawnee County Community Developmental Disability Organization (CDDO) On-site Quality Assurance Reviews will be conducted by Targeted Case Managers (TCM) for each person on their caseload who received a funded service. The Shawnee County Quality Oversight Committee (QOC) will also complete random on-site reviews.*

**GUIDELINES:**

The CDDO will ensure that:

1. Each person served in the Shawnee County CDDO catchment area will receive at least one annual onsite Quality Assurance (QA) review using a specific Personal Awareness and Satisfaction (PAS) Tool.
2. The CDDO requires that Targeted Case Managers (TCM) affiliated with the CDDO complete the annual onsite QA review for each person on their caseload who receives a funded service.
3. The person receiving services was present during the QA visit and when at all possible was the primary source of the information being asked. If information on the PAS Tool was generated by someone other than the person receiving services, the person completing the review will need to make it clear how that person knew the information to be accurate.
4. The purpose of onsite QA reviews is to identify any outstanding services being provided, problems, deficiencies and an overall evaluation of service delivery.
5. The CDDO Quality Management Coordinator (QMC) will coordinate and/or complete the annual onsite QA reviews for individuals who do not have a TCM.
6. The reviews must be completed and submitted in the BCI web based system within the three (3) months prior to the person's birth month.
7. If any service is provided in the home, then the review should be done in the home. If there are no services received in the home, then the review will be done at the site(s) of the service(s).
8. The information provided will aid in measuring a standard level of quality as outlined in their Person Centered Support Plan (PCSP). Upon receipt of completed PAS Tools the QMC will complete a PAS Tool Summary and forward it to the provider and/or designated staff. The PAS Tool Summary will include positive outcomes as well as areas that need improvement.

A Corrective Action Plan (CAP) will be requested when there is an overall satisfaction rating of two (2) or lower on a scale of 1 to 5, when there are safety/health issues noted or when regulation deficiencies have been identified. Whenever a CAP is requested the provider will be asked to complete the plan within two (2) weeks from the date received.

The Action Plan will include the following:

- a. What improvement is needed?
- b. When will the improvement be completed?
- c. Who is responsible for the improvement?
- d. How will the CAP outcome be monitored to reduce the probability of reoccurrence?

9. The CDDO will notify the affiliated provider if an action plan is approved or denied. If denied, a new action plan is to be submitted within two (2) weeks.