



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

Subject: Quality Assurance Reviews Effective Date: 05-01-98		Policy No: 06-025
Revised: 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, 08-29-19, 03-23-21, 10-10-22, 10-02-23, 10-08-24	Forms: 06-025.001 PAS Tool 06-025.002 PAS Summary	
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		

POLICY: *The Shawnee County Community Developmental Disability Organization (CDDO) On-site Personal Awareness and Satisfaction Tools (PAS) visit will be conducted annually by Targeted Case Managers (TCM) for each person on their caseload who receives a funded service. The Shawnee County Quality Oversight Committee (QOC) will also complete reviews.*

GUIDELINES:

The CDDO will ensure that:

1. The person receiving services was present during the PAS Tool 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. Information on the PAS Tool may not be generated by the provider.
2. The provider being reviewed should not be present during the PAS Tool.
3. The purpose of the PAS Tool review is to identify any outstanding services being provided, problems, deficiencies, and an overall evaluation of service delivery.
4. The reviews must be completed and submitted in Basic Consumer Information (BCI).
5. The information provided will aid in measuring a standard level of quality as outlined in their Person Centered Support Plan (PCSP). The Quality Management Coordinator (QMC) and/or Quality Oversight & Training Specialist (QOTS) will follow up as necessary based on the outcome of the PAS survey. The QMC and/or QOTS will complete a summary after review of the PAS tool and will be shared with the Provider.
6. A Corrective Action Plan (CAP) may be requested 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 ten (10) business days 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?
7. 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 ten (10) business days.