

Clearwater Council of Governments

General

1. Name:

2. Address:

3. County:

Choose One: - Crawford, - Erie, - Huron, - Marion, - Morrow, - Ottawa, - Sandusky, - Seneca

4. Phone:

5. Type of Funding:

Choose One: - IO, - Level 1

6. Guardian:

7. Guardian Address:

8. Service & Support Administrator:

9. Service Span used for Review:

Signature _____

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[Empty rectangular box]

10. Provider of Supported Employment Services:

[Empty rectangular box]

11. Information for this review was obtained from the following sources:

[Empty rectangular box]

Supported Employment Enclave and Community

5123:2-9-16

12. Type of Supported Employment Services:

Choose One: - Enclave, - Community

13. The individual's Supported Employment services include: vocational assessment, job development and placement, job training/coaching, ongoing job support, worksite accessibility, training in self-determination, med administration or assisting with med administration, achieve self-employment (SE Community only)

[Empty rectangular box]

14. Are the Supported Employment services provided in a non-residential setting?

Instructions/Documentation Required: N/A only if starting a self-owned business through community SE

Choose One: Yes - Y, No - N, Not Applicable - NA

15. Are the Supported Employment services provided for individuals who are no longer eligible for educational services?

Choose One: Yes - Y, No - N

Supported Employment Enclave Only

16. Are the Day Services provided four or more hours per day on a regular basis, for one or more days per week?

Instructions/Documentation Required: N/A only applies if SE is provided as an adjunct to other day services activities in an ISP

Choose One: Yes - Y, No - N, Not Applicable - NA

17. In which service arrangement are services being provided?

Choose One: Dispersed Enclave - DE, Mobile Work Enclave - MWE, Supported Employment Community - N/A

18. What is the Staff to Individual Ratio (SIR)?

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Instructions/Documentation Required: Not needed for community SE

Choose One: 1:12 - A, 1:16 - A1, 1:6 - B, 1:3 - C, - N/A

Personal Satisfaction/Individual Response to Supported Employment Services

19. Were you asked what type of job you would like?

Choose One: Yes - Y, No - N

Comments:

20. Have you received the type of job you wanted?

Choose One: Yes - Y, No - N

Comments:

21. Are you receiving any training or services that match your ideal job choice?

Choose One: Yes - Y, No - N

Comments:

22. Do you feel that this is a job you might consider doing for a year or more?

Choose One: Yes - Y, No - N

Comments:

23. Have you had the opportunity to make new friends with other employees?

Choose One: Yes - Y, No - N

Comments:

24. Have you been invited to go to company functions? If so, have you attended?

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Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

25. What are the outcomes trying to be achieved?

26. Have the targeted outcomes been achieved?

Choose One: Yes - Y, No - N

Comments:

27. Are you learning any new skills?

Choose One: Yes - Y, No - N

Comments:

28. Do you like your job and your Supported Employment supports?

Choose One: Yes - Y, No - N

29. What do you like about it?

30. What don't you like about it and are there any suggestions for changes at this time?

31. If you were dissatisfied about something would you tell someone? If yes, who?

Choose One: Yes - Y, No - N

Comments:

Signature _____

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32. Do you like the staff that work with you? If no, what are the concerns?

Choose One: Yes - Y, No - N

Comments:

33. Do you like the place you work? If no, what are the concerns?

Choose One: Yes - Y, No - N

Comments:

34. Do you like your co-workers? If no, what are the concerns?

Choose One: Yes - Y, No - N

Comments:

35. The guardian is satisfied with Supported Employment services? If no, what are the concerns?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

36. The guardian is satisfied with Supported Employment staff? If no, what are the concerns?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

37. The guardian is satisfied with the location of employment? If no, what are the concerns?

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

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38. Was the free choice of provider process used?

Choose One: Yes - Y, No - N

Provider Input

39. What new skills are being learned?

40. What skills are maintained?

41. What skills are improving?

42. Does the provider have any suggestions regarding how the individual's services could be improved?

Choose One: Yes - Y, No - N

Comments:

43. The provider feels they have enhanced the individual's life to enable him/her to grow personally within the past year. If so, explain.

Choose One: Yes - Y, No - N

Comments:

Narrative

44. Positive Outcomes as a result of Supported Employment Services include:

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[Empty rectangular box]

Compliance

- 45. Provider participated in the ISP process if requested?
Choose One: Yes - Y, No - N, Not Applicable - NA
- 46. Does the provider have a copy of the ISP/BSP available for staff to reference?
Choose One: Yes - Y, No - N
- 47. Were changes in behavior and condition reported in writing to the SSA?
Choose One: Yes - Y, No - N, Not Applicable - NA
- 48. Were safety and sanitation hazards that occur on the work site reported to employers having the responsibility to remedy the condition?
Choose One: Yes - Y, No - N, Not Applicable - NA

Provider Documentation Review

5123:2-9-05; 5123:2-9-19(I)(J) Appendix E; & 2-9-16(C)(1)(d)

Supported Employment provider documentation included the following:

- 49. Name of individual and their Medicaid number
Choose One: Yes - Y, No - N
Comments:

[Empty rectangular box for comments]

- 50. Name of provider and their 7-digit provider number
Choose One: Yes - Y, No - N
Comments:

[Empty rectangular box for comments]

- 51. Type of service (SE Community or Enclave)
Choose One: Yes - Y, No - N
- 52. Date of service
Choose One: Yes - Y, No - N
- 53. Place of service
Choose One: Yes - Y, No - N
Comments:

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54. Signature or initials of person delivering the service

Choose One: Yes - Y, No - N

55. Number of units delivered or continuous amount of uninterrupted time during which the service was provided

Choose One: Yes - Y, No - N

Comments:

56. Includes arrival and departure times

Choose One: Yes - Y, No - N

Comments:

57. Description and details of the services provided that relate to the ISP

Choose One: Yes - Y, No - N

Comments:

58. Monthly notation indicating response to services delivered

Choose One: Yes - Y, No - N

Comments:

59. Did the individual receive services and supports at the frequency identified in the ISP?

Choose One: Yes - Y, No - N

60. Group size

Instructions/Documentation Required: Community only

Choose One: Yes - Y, No - N, Not Applicable - NA

61. SIR (Staff Intensity Ratio) and verification the SIR was followed per calendar day

Instructions/Documentation Required: Enclave only

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Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

[Empty comment box]

62. Service Codes (SE Enclave: ANF, AND, FNF, FND)

Choose One: Yes - Y, No - N, Not Applicable - NA

63. Verification includes the names of other individuals present

Instructions/Documentation Required: Enclave only

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

[Empty comment box]

64. Verification includes names of direct service staff who delivered services

Instructions/Documentation Required: Enclave only

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

[Empty comment box]

65. Verification includes initials of direct service staff indicating all time periods/time spans during which they provided waiver services

Instructions/Documentation Required: Enclave only

Choose One: Yes - Y, No - N, Not Applicable - NA

66. Verification includes the average SIR for combined time periods when one or more waiver services are provided during the calendar day by direct services staff

Instructions/Documentation Required: Enclave only

Choose One: Yes - Y, No - N, Not Applicable - NA

Provider Billing and Group Size

5123:2-9-19(I) and (J)

67. Billing history checked for the month of:

Choose One: Yes - Y, No - N

Comments:

[Empty comment box]

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68. Was there documentation to support the billing?

Choose One: Yes - Y, No - N

Comments:

[Empty text box for comments]

69. If the individual's Day Services' duration was less than 5 hours or more than 7 hours the billing was submitted in 15 minute units

Instructions/Documentation Required: N/A for SE Community

Choose One: Yes - Y, No - N, Not Applicable - NA

70. If the individual received Day Services from more than 1 provider during the same day the billing for each provider was submitted in 15 minute units

Choose One: Yes - Y, No - N, Not Applicable - NA

71. There was sufficient number of staff assigned to provide Day Services at the SIR or rate billed for the individual

Choose One: Yes - Y, No - N, Not Applicable - NA

72. The group in which the individual received Day Services was never more than 16 individuals

Instructions/Documentation Required: N/A for SE Community

Choose One: Yes - Y, No - N, Not Applicable - NA

Comments:

[Empty text box for comments]

73. The individual's SIR matched the ISP for at least 75% of the time during the time period reviewed

Instructions/Documentation Required: N/A for SE Community

Choose One: Yes - Y, No - N, Not Applicable - NA

Service Areas to Improve

For the Supported Employment Provider:

74. Recommendations for quality improvement:

[Empty text box for recommendations]

75. Recommendations for the Supported Employment Provider that warrant SSA follow-up

Choose an answer in the range 0 to 25

Comments:

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For the Service and Support Administrator:

76. Recommendations for quality improvement:

77. Quality Improvement Plan (QIP) indicated for the SSA:

Choose an answer in the range 0 to 25

Comments:

78. Quality Improvement plan due to Clearwater COG by:

79. Additional recommendations for the ISP Team to consider:

Signatures

80. Quality Assurance Report prepared by:

81. Date:

82. cc:

Signature _____

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Signature _____