Harvey-Marion County CDDO:
Quality Assurance - Service Monitoring Protocol

Amended:		*Approved*:	05/18/2026

I. Statements of Intent

Quality Enhancement (HMCDDO Service Area Policy 009): To ensure individuals in Harvey and Marion Counties receive services that are person-centered, responsive to their specific support plans, driven by personal choice, and delivered in an environment where their legal rights are strictly protected.

Quality Assurance (HMCDDO Service Area Policy 010): To guarantee the delivery of paid services, verify the health and safety of service environments, and safeguard individuals against restrictive interventions, abuse, neglect, or exploitation.

II. Monitoring Scope: Residential & Day Service Providers

This protocol establishes an ongoing assessment of affiliate providers to ensure measurable life improvements for individuals with I/DD. Service Monitoring will focus on these five core indicators: ***Environment & Safety****: (30-63-30 & 27),* ***Health & Wellness****: (30-63-23, 24, & 25)* ***Staffing Compliance****: (30-63-26 & 29),* ***Financial Integrity****: (30-63-22; 1&2),* ***Rights & Advocacy****: (30-63-22 & 28)*

Operational Procedures: Establishing a framework to ensure services efficiently support individuals in reaching their personal goals. While the five indicators and interpretive guidelines provide a standard structure, they are not exhaustive. The HMCDDO Quality Assurance Specialist (QAS) should use professional judgment to document any additional concerns and determine which areas are most relevant to the specific service being monitored.

1. **Frequency:** The HMCDDO **Quality Assurance Specialist (QAS)** conducts weekly monitoring of residential (on-site), day (on-site), and TCM affiliates. Using a comprehensive roster of all residential settings, and their occupants within the HMCDDO service area, the QAS randomly selects one individual prior to each residential visit. For that week, this selected individual serves as the primary focus for a comprehensive review spanning their residential setting, day service setting, and associated TCM affiliate. This randomized approach ensures that quality assurance assessments remain completely objective and unbiased across all providers.
2. **Reporting:** The QAS will use the corresponding service monitoring review tools approved by the Quality Assurance Committee for Residential, Day & TCM Service Providers to document the five areas of concern, as well as any positive outcomes/successes.

a. In the absence of findings, the QAS shall document the visit and transmit a copy of the Service Monitoring Tool to the service provider within **five business days**. The service monitoring tool/checklist serves as the formal record of attendees, review areas, and identified positive outcomes.
b. Should the HMCDDO QAS identify an issue that is immediately resolvable or categorized as a one-time concern, the QAS shall document the incident and resolution. This record must be shared with the service provider within **five business days** of the visit and formally maintained within the service monitoring tool.
c. Mandatory Reporting & Emergency Procedures: The HMCDDO QAS must immediately notify DCF (APS/CPS) upon identifying or learning of any suspected abuse or neglect during a visit. If a situation is deemed critical—posing an immediate risk of harm to individuals or staff—the QAS shall remain on-site until adequate safeguards are established.

3. Corrective Action Tiers:

a. ***Non-Critical Issues:*** Documented in the service monitoring tool and forwarded to the service provider within **5 business days**.
   - *Timeline:* Identified issue(s) must be corrected within **30 calendar days**.
   - *Escalation:* If unresolved after 30 days, a final warning is issued. If unresolved after **60 calendar days**, a Systemic Corrective Action is triggered, which may include provider "No-Referral" status.

b. ***Critical Issues:*** Reported to the Service Provider and HMCDDO Executive Director **immediately.** If the situation requires DCF/APS involvement, those reports must be completed immediately.
   - *Timeline:* The provider must communicate a resolution or a progress report on resolution attempts/successes to the HMCDDO within **5 business days.**
   - *Escalation:* Failure to demonstrably address a critical issue within **5 business days** will trigger a Systemic Corrective Action. This may result in the provider being placed on "No-Referral" status.
   - *Examples of critical issues:*
     Environment/Safety: Broken windows, rodent droppings, mold, exposed electrical wiring, plumbing disrepair causing flooding, smell of natural gas, unsafe home modifications, unsafe adaptive equipment. Water temperature is too hot (unsafe temperatures are typically above 120 degrees).
     Health: Consumer with open wounds, visible signs of sickness, bruising, scratches with no identified source/course of treatment or reason for marks. Obvious lack of staff training regarding adaptive equipment. Signed MARs showing medication

administration, and clear evidence of missed medications. Any/all medications not properly locked and stored, narcotics not properly stored, counted and the count not able to be reconciled.

Services/Staff: Failure to report critical incidents, such as serious injuries or dangerous medical conditions. Serious under staffing of a setting that has been identified to have a clear number of staff present to serve the setting appropriately.

III. Monitoring Scope: Targeted Case Management (TCM) Providers

This protocol ensures that every individual has an active, compliant Person-Centered Support Plan (PCSP) as outlined in Articles 30-63-21 and 32.

Operational Procedures:

1. **Frequency:** The HMCDDO **Quality Assurance Specialist (QAS)** conducts weekly monitoring of residential (on-site), day (on-site), and TCM affiliates. Using a comprehensive roster of all residential settings, and their occupants within the HMCDDO service area, the QAS randomly selects one individual prior to each residential visit. For that week, this selected individual serves as the primary focus for a comprehensive review spanning their residential setting, day service setting, and associated TCM affiliate. This randomized approach ensures that quality assurance assessments remain completely objective and unbiased across all providers.
2. **Reporting:** The QAS will use the HMCDDO approved PCSP review form to evaluate PCSPs, ensuring regulatory compliance as outlined in 60-63-21, while highlighting instances of exemplary targeted case management practices.
   a. In the *absence of findings*, the QAS shall document the visit and transmit a copy of the PCSP Review Tool to the TCM provider within **5 business days**. The PCSP Review Tool serves as the formal record of items reviewed.
   b. Should the HMCDDO QAS identify an *issue that is immediately resolvable* or categorized as a one-time concern, the QAS shall document the incident and resolution. This record must be shared with the TCM provider within **5 business days** of the PCSP review.
3. **Corrective Action Tiers:**
   a. ***Non-Critical Concerns:*** (e.g., administrative errors, plan updates).
      - *Timeline:* Must be corrected within **30 calendar days**.
      - *Escalation:* Uncorrected issues after 30 days receive a final warning; after **60 calendar days**, the provider faces Systemic Corrective Action and potential "No-Referral" status until identified issue(s) is resolved.
   b. ***Critical Issues:*** (examples: lapsed support plans, immediate safety risks not identified within the PCSP).

- *Timeline:* The QAS reports a critical issue to TCM agency within **5 business days**; identified issue(s) must be corrected within **10 business days of receipt of critical finding**.
- *Escalation:* Failure to demonstrably address a critical issue within **10 business days** will trigger a Systemic Corrective Action. This may result in the provider being placed on "No-Referral" status until identified issue(s) is resolved.

IV. Monitoring Scope: Financial Management (FMS)

This protocol ensures that four randomly selected individuals utilizing Financial Management Services (FMS) for their self-directed Personal Care Services (PCS) remain in compliance.

Operational Procedures:

1. **Frequency:** Four randomly selected individuals, that utilize Self-Directed PCS Services through an FMS provider, will be audited annually to ensure compliance for services paid and delivered.
2. **Reporting:** The QAS will use the HMCDDO approved PCS review form to evaluate PCS, ensuring regulatory compliance.
   a. In the *absence of findings*, the QAS shall document the visit and transmit a copy of the PCS Review Tool to the family/individual, and FMS provider if needed, within **5 business days**. The PCS Review Tool serves as the formal record of items reviewed.
   b. Should the HMCDDO QAS identify an *issue that is immediately resolvable* or categorized as a one-time concern, the QAS shall document the incident and resolution. This report must be shared with the FMS provider within **5 business days** of the PCSP review.

IV. Recognition of Excellence

The monitoring process is not solely punitive. In all reports, the QAS is responsible for documenting sections with zero concerns and highlighting positive outcomes to encourage best practices across the service area.