

8000 SERIES

QUALITY ASSURANCE

[8050 Legal Requirements/Certification](#)

[8100 Organizational Performance Assessment](#)

[8150 Utilization Review](#)

[8200 Case Record Review](#)

[8250 Policy and Procedure Review](#)

[8300 Compliance Committee](#)

POLICY:

Easterseals Central & Southeast Ohio, Inc. assures that all programs and services meet appropriate certifications and requirements, and all staff and volunteers have appropriate training and certification to provide these programs and services.

PROCEDURE:

1. All programs and services maintain applicable certification and licensure required for operation by credentialing bodies such as, Area Agencies on Aging, State Office of Long-Term Care, Ohio Department of Developmental Disabilities, Department of Children and Youth, Ohio Department of Education, Ohio Department of Aging, Ohio Department of Health, Medicaid, and Medicare. It is the responsibility of the appropriate program manager to ensure compliance.
2. All physical facilities that are operated by the agency conform to legal standards of operation, including conformance of physical accessibility, and health and safety standards.
3. All staff and similarly utilized volunteers are licensed and/or certified to perform their duties. Documentation is maintained in the personnel files located in Human Resources. It is the responsibility of staff to ensure appropriate licensing and credentialing remains current. If licensing or certification expires or is revoked, it is the responsibility of the staff person to immediately notify their supervisor. Staff may be terminated if appropriate credentials are not maintained.

Originated: 10/94

Reviewed: 10/94, 4/96, 4/97, 9/98, 8/2000, 11/03, 11/04, 8/05, 5/06, 5/07, 6/08, 6/09, 5/10, 6/11, 1/14, 4/15, 5/19, 6/24, 6/25

Revised: 10/94, 4/96, 4/97, 9/98, 11/03, 8/05, 5/10, 4/15, 5/19, 6/25

POLICY:

Easterseals Central & Southeast Ohio, Inc., utilize multi-faceted approaches to assess organizational performance annually.

PROCEDURE:

1. Annually, Easterseals gathers the following information:
 - a. Program volumes
 - b. Program specific outcomes measures
 - c. Program specific discharge follow-up surveys
 - d. Program costs
 - e. Customer satisfaction surveys
 - f. Staff turnover and longevity profile
 - g. Volunteer utilization
 - h. Financial ratios
2. Annually, Easterseals conducts an accessibility survey to ensure standards are met.
3. A program management report and a benchmark report are prepared by the Senior Management team annually. These reports summarize the status of service delivery and organizational performance. This information is then used to maximize the effectiveness and efficiency of operations.
4. A summary of these reports is shared with the Board of Directors annually.

Originated: 2/88

Reviewed: 11/89, 8/90, 2/93, 10/94, 4/96, 3/97, 9/98, 8/2000, 11/03, 11/04, 8/05, 5/06, 5/07, 6/08, 6/09, 5/10, 6/11, 1/14, 4/15, 6/17, 5/19, 6/24, 6/25

Revised: 11/89, 8/90, 2/93, 10/94, 4/96, 3/97, 9/98, 8/2000, 11/03, 11/04, 6/11, 6/17

POLICY:

Easterseals appoints a committee at each site/program to review the records of current clients to identify and analyze factors which may contribute to improving service delivery.

ADULT DAY PROCEDURE:

1. The Utilization Review may consist of at least the program/site Coordinator or designee.
2. A sample of cases, including those of clients discharged in the current quarter, is randomly selected from clients receiving services.
3. A minimum of 20% of all cases is reviewed annually.
4. The committee meets a minimum of one time per quarter to review and analyze individual cases. This review includes the following:
 - Appropriateness of referral and prescription
 - Completion, thoroughness, and timeliness of assessment
 - Appropriateness of goals and outcomes, and determination that they are based on assessments
 - Appropriateness of recommended frequency and duration of service.
 - Results produced by services as compared to client's goals and outcomes
 - Date service was initiated
 - Other factors contributing to the client's progress
 - Consumer/personal representative input in terms of program

Originated: 1/88

Reviewed: 1/88, 7/88, 2/90, 2/93, 7/93, 10/94, 4/96, 3/97, 3/98, 8/2000, 11/03, 11/04, 8/05, 5/06, 5/07, 6/08, 6/09, 5/10, 6/11, 1/14, 4/15, 6/17, 5/19, 6/24, 6/25

Revised: 1/88, 7/88, 2/90, 2/93, 7/93, 10/94, 4/96, 3/97, 3/98, 8/2000, 11/03, 8/05, 5/06, 5/07 6/08, 5/10, 1/14, 4/15, 6/17

POLICY:

Manager or designee for each program/site will review case records to assess record compliance with applicable certification/accreditation standards.

PROCEDURE:

1. The manager/designee shall complete a random sampling of client records to assure adequacy and compliance with record keeping requirements. This random sampling will include 10% of all active and discharged cases.
2. The manager/designee will review the records for the following as appropriate:
 - a. Current physician's prescription
 - b. Signed Releases and Authorizations
 - c. Receipt of attendance policy, consumer handbook and privacy practices
 - d. Medical information form
 - e. Initial evaluations and annual re-evaluations
 - f. The Plan of Care (POC) or Individual Plan (IP)
 - g. Daily notes
 - h. Quarterly notes (if applicable)
 - i. Monthly summary
 - j. Discharge summary (if applicable)
 - k. Change of status form (if applicable)
 - l. Case Manager sheet
 - m. Social Service summary
 - n. Appropriate billing
3. The manager/designee shall document their findings.

The appropriate manager/designee is responsible for follow-up and a plan of correction based on findings.

Originated: 5/88

Reviewed: 5/88, 6/90, 2/93, 7/93, 6/95, 4/96, 8/2000, 11/03, 11/04, 8/05, 5/06, 5/07, 6/08, 6/09, 5/10, 6/11, 1/14, 4/15, 5/19, 6/24, 6/25

Revised 5/88, 6/90, 2/93, 7/93, 6/95, 4/96, 8/2000, 11/03, 11/04, 1/14, 4/15

POLICY:

Easterseals Central & Southeast Ohio, Inc. annually reviews agency policies and procedures.

PROCEDURE:

1. Review of the agency's policies and procedures will include the CEO and appointed programmatic staff. A form detailing the name, title and date of participants in the most recent review will be maintained in the policy and procedure manual.
2. Changes in policies and procedures will be communicated to employees and participants.
3. Any employee or participant may submit suggested changes to the policies or procedures by communicating such to the CEO at any time. The CEO may initiate a review of any policy or procedure at any time.

Originated: 8/00

Reviewed: 11/03, 11/04, 8/05, 5/06, 5/07, 6/08, 6/09, 5/10, 6/11, 1/14, 4/15, 5/19, 6/24, 6/25

Revised: 11/03, 1/14

POLICY:

Easterseals appoints a committee for the Adult Services Programs to review the utilization reviews and case record reviews for current clients.

PROCEDURE:

1. The compliance committee for each location will be determined by the Chief of Operations.
2. The Committee will look at 20% of cases reviewed by the program coordinators/ manager.
3. The committee will document their findings.
4. The committee shall meet 4 times a year.

The appropriate manager/ designee is responsible for follow-up and a plan of correction based on findings.