

**AIDS CT Housing Standards of Care
&
The Quality Assurance Review (QAR) Manual
Effective February 2020**

Domain 1: Facilitated Access to Housing and Services

AIDS CT QUALITY ASSURANCE REVIEW

Domain 1	Measures	0	1	2	3	4	5	SCORE
(a) Housing Resource Utilization	<p>Program Occupancy Rate during the year.</p> <p>Input(s): Pre-Review Policy Review</p>	Occupancy fell below 60 percent for a period of > 2 consecutive months	Occupancy did not fall below 60% for a period of > 2 consecutive months	Occupancy did not fall below 70% for a period of > 2 consecutive months	Occupancy did not fall below 80% for a period of > 2 consecutive months	Occupancy did not fall below 90% for a period of > 2 consecutive months	Occupancy did not fall below 100% for a period of > 2 consecutive months	
(b) Application Process	<ul style="list-style-type: none"> Application process and eligibility criteria are clear. Application process is fully accessible to persons with disabilities. Individuals receive a formal notice of approval or denial. Individuals are notified that they can grieve a denial and are told how to do so. Applicants come from a variety of sources including hard-to-reach persons. <p>Input(s): Client Application Section, Pre-Review Policy Review, Intake Chart (Progress Note& Admission Letter)</p>	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	
(c) Client Selection Research on client selection	<ul style="list-style-type: none"> The program has clearly stated eligibility criteria for admission into the program that are in compliance with funders requirements. The program uses consistent intake process. Client selection is first come - first served or based on identified waitlist priorities. Name, date and referral source are documented in intake forms. HIV status is verified with handwritten doctor signature and license number (scanned or faxed copies acceptable) <p>Input(s): Client Application Section, Pre-Review Policy Review, Intake Chart</p>	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	
(d) Client Eligibility	<p>Housing and services are for individuals or heads of household who fall below 80% of the Federal Poverty Level (FPL) and have an HIV or AIDS diagnosis</p> <p>Inputs: Intake Charts: Disability and Homelessness Verification Form</p>	Verification of homeless and disability status not present	Verification of homeless and disability status present in ≥20% of files	Verification of homeless and disability status present in ≥40% of files	Verification of homeless and disability status present in ≥60% of files	Verification of homeless and disability status present in ≥80% of files	Verification of homeless and disability status present in 100% of files	

Domain 2: Client Rights, Input and Leadership

AIDS CT QUALITY ASSURANCE REVIEW

Domain 2	Measures	0	1	2	3	4	5	Score
(a) Client Lease	Client's lease or housing agreement conforms to fair housing law. Input(s): Active and Intake Charts: Copy of Lease	Not present	Lease present in ≥20% of files	Lease present in ≥40% of files	Lease present in ≥60% of files	Lease present in ≥80% of files	Lease present in 100% of files	
(b) Client Guide	There is signed verification of receipt of resident manual and HUD VAWA policy as of March 1 2020 Input(s): Active and Intake Charts	No Statement	Signed statement in at least 20% of Client files	Signed statement in at least 40% of Client files	Signed statement in at least 60% of Client files	Signed statement in at least 80% of Client files	Receipt in at 100% of Client files	
(c) Client Input	<ul style="list-style-type: none"> Client have regular opportunities to provide input into program operations and rules, and to voice complaints. Rules are communicated clearly, consistently enforced, and are distributed to Clients at intake. There are clearly defined grievance procedures that are communicated to Clients that include review, disposition and decision completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the Client is notified. Resident satisfaction surveys are completed annually and program responds to the information provided. Clients are proactively notified of their rights including how to obtain legal services. Input(s):Pre-Review Policy Review/ Client and Staff Interviews	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	
(d) Client Rights	<ul style="list-style-type: none"> Client files and charts are securely maintained to ensure protection of confidential information. Staff advocate with landlords and/or property managers regarding Clients' rights. Staff understands the expectation regarding Client rights and has signed confidentiality pledges annually. All partners involved in the program understand the expectations regarding Client rights and confidentiality. Protected information is shared only with Client consent. Input(s):Pre-Review Policy Review/ Client and Staff Interviews/ Active Chart Review	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	

Domain 3: Housing Quality & Safety

AIDS CT QUALITY ASSURANCE REVIEW

Domain 3	Measures	0	1	2	3	4	5	Score
(a) Health and Safety	<ul style="list-style-type: none"> The program complies with the federal Department of Labor Occupational Safety and Health Administration (OSHA) "Enforcement Procedures for the Occupational Exposure to Blood-borne Pathogen Standards", as set forth in 29 CFR 1910. 1030. The program facilities, in compliance with all state and local health, fire and building codes including offices, fire, alarm, <i>if applicable</i> elevator has been inspected and Qualified Food Operator certificate available, <i>if applicable</i>. The program has protocols for educating staff and Clients about health issues, including but not limited to, Tuberculosis, Hepatitis B and C. Community based services and transportation are easily accessible. There is adequate space for service delivery, community-building, meetings and property management activities. Input(s): Pre-Review Policy Review/ Staff Interview/ Chart reviews	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	
(b) Assessment of Housing	<p>Staff meet with Clients in their apartments or living space at least every six months and review maintenance, health, safety and quality.</p> <p>Initial inspection will satisfy lead-free housing requirement if children 6 or younger present and if the housing unit was built before 1978.</p> Input(s): Active Charts: Progress Notes/ Apartment Inspection Form	Not present	Present in at least 20% of Client files	Present in at least 40% of Client files	Present in at least 60% of Client files	Present in at least 80% of Client files	Present in 100% of Client files	
(c) Emergencies and Critical Incidents	<p>Incidents that are deemed critical by the agency policy are verbally reported to management within 3 hours of incident discovery followed by a written report within 1 business day, with formal management review within 30 to 60 days after the verbal report. Housing condition emergencies are addressed within 24 hours of discovery.</p> Input(s): Pre-Review Policy Review/ Staff Interview/ Active Chart Review	Not present	at least 20% of Client files where applicable	at least 40% of Client files where applicable	at least 60% of Client files where applicable	at least 80% of Client files where applicable	in 100% of Client files where applicable	
(d) Child Abuse and neglect	<p>Suspected child abuse/neglect is reported by the provider or collaborating provider via an oral report to DCF as soon as practical but no longer than 12 hours after suspected abuse with a written follow-up report to DCF no longer than 48 hours after the oral report and incident is reviewed by management.</p> Input(s): Pre-Review Policy Review: Employee Handbook	Not present	at least 20% of Client files where applicable	at least 40% of Client files where applicable	at least 60% of Client files where applicable	at least 80% of Client files where applicable	in 100% of Client files where applicable	

Domain 4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Client Engagement
AIDS CT ASSURANCE REVIEW

Domain 4	Measures	0	1	2	3	4	5	Score
(a) Client Education and Engagement	Percent of Clients who agree or strongly agree with "Staff helped me obtain information I needed so that I could take charge of managing my illness" on consumer survey. Input(s): Agency Client Satisfaction Survey	0 – 49%	50-59%	60-69%	70-79%	80-89%	90-100%	
(b) Acuity Assessment	The client's most recent assessment is completed, contains all information necessary to plan and provide services. Input(s): Active Chart Reviews: Acuity Index	0 to 19 % are complete	20-39% are complete	40-59% are complete	60-79% are complete	80-99% are complete	All are complete	
(c) Service Plan	Service plan goals are based on the results of the Acuity Index (or other person-centered goals, if desired by client). Input(s): Active and Intake Chart Reviews: Acuity Index and Service Plan	No service plan goals are present or goals not based on the acuity index or person-centered goals	Service plan goals based acuity index or person-centered goals in ≥20% of plans	Service plan goals based acuity index or person-centered goals in ≥40% of plans	Service plan goals based acuity index or person-centered goals in ≥60% of plans	Service plan goals based acuity index or person-centered goals in ≥80% of plans	Service plan goals based acuity index or person-centered goals in 100% of plans	
(d) Service Provision	<ul style="list-style-type: none"> Case manager contacts Clients at least 2 times per month (including at least one face-to-face) or for Clients with less intensive needs an alternate plan of contact approved by supervisor is implemented. Case managers are flexible in their response to Client meeting times/locations and services provided. Clients who refuse services are regularly engaged using different methods in an attempt to increase likelihood of service participation. Inputs: Active Charts: Progress Notes/Client and Staff Interviews	Not present	at least 20% of Client files	at least 40% of Client files	in at least 60% of Client files	at least 80% of Client files	in 100% of Client files	

Domain 5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration

AIDS CT QUALITY ASSURANCE REVIEW

Domain 5	Measures	0	1	2	3	4	5	Score
(a) Connection to Benefits and Income	Percent of Clients increased their income from all sources during the year. (If zero income, to receive points, there is documentation provided showing due diligence with the agency.) Input(s): Pre-Review Date Review, HMIS APRs	0-49%	50-59%	60-69%	70-79%	80-89%	90-100%	
(b) Connection to Healthcare	<ul style="list-style-type: none"> • Clients are connected to medically appropriate levels of medical care including, but not limited to, Primary Care/Infectious Disease Care. • Program is able to demonstrate practices for consistent tracking of clients' viral load and CD4 counts and uses this information on an individual and aggregate level Input(s): Active Charts: Progress Notes, Service Plan, Acuity Index	Not present	At least 20% of client files	At least 40% of client files	At least 60% of client files	At least 80% of client files	In 100% of client files	
(c) Evaluating Service Progress	Progress notes reflect activities taken to meet service plan goals. Input(s): Progress Notes, Service Plan, Acuity Index	Not present or do not reflect actions taken to meet goals plan goals in < 20 percent of files	Progress notes reflect activities taken to meet service plan goals in at least 20% of Client files	Progress notes reflect activities taken to meet service plan goals in at least 40% of Client files	Progress notes reflect activities taken to meet service plan goals in at least 60% of Client files	Progress notes reflect activities taken to meet service plan goals in at least 80% of Client files	Progress notes reflect activities taken to meet service plan goals in all Client files	
(d) Service Coordination and Connection to Resources	<ul style="list-style-type: none"> • Case managers assist Clients in identifying and accessing community providers and resources. • Services are well-coordinated with other providers and referrals are documented and tracked. Input(s): Active Charts: Progress Notes, Service Plan, Acuity Index	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files	

Domain 6: Focus on Housing Stability

AIDS CT QUALITY ASSURANCE REVIEW

Domain 6	Measures	0	1	2	3	4	5	Score
(a) Housing Stability	<ul style="list-style-type: none"> Percent of Clients who exited to non-homelessness. <p>Inputs: HMIS APR, Pre-Review</p>	0 – 59%	60-69%	70-79%	80-89%	90-99%	100%	
(b) Discharge Practices	<ul style="list-style-type: none"> Program has a comprehensive discharge policy. Discharged Clients given information regarding discharge grievance procedure. Discharge grievance reviews, dispositions and decisions are completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the former Client is notified. Clients are not removed from housing without legal eviction proceedings, if a tenant holds the lease. For tenants of program with agreements, this discharge is in accordance with programmatic discharge policy. For all discharges, appropriate communication exists with providers, landlord, and others as appropriate. <p>Input(s): Discharged Charts: Progress Notes, Service Plan, Acuity Index, Discharge Summary</p>	No elements Present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	
(c) Continuity of Support	<ul style="list-style-type: none"> The discharge summary includes identification of providers continuing services, reason for discharge, location of new residence, assessment of ongoing needs, and ability to maintain housing when possible. Client discharge planning occurs at least 3 months in advance of discharge date when possible There is at least 1 attempted contact per month for 3 months after individual is discharged <p>Input(s): Discharged Charts: Progress Notes, Service Plan, Acuity Index, Discharge Summary</p>	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files OR no discharges occurred within the review timeframe	

Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination
AIDS CT QUALITY ASSURANCE REVIEW

Domain 7	Measures	0	1	2	3	4	5	Score
(a) Documentation Quality	<ul style="list-style-type: none"> Acuity index signed and dated by case manager and supervisor. Discharge summaries signed and dated by case manager and supervisor. Service plans signed and dated by Client, case manager and supervisor. Progress notes entered within 1 week of services. Progress notes include date of service, type of contact, date of note, and person entering note. Input(s): Discharged & Active Charts: Progress Notes, Service Plan, Acuity Index, Discharge Summary	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files	
(b) Standards for Planning and Documenting Services	<ul style="list-style-type: none"> Service plan goals are measurable. Client input is a part of service plan design. There is a collaborative relationship which exists and is documented between case managers and other providers and landlord. Input(s): Active Charts: Progress Notes, Service Plan; Staff & Client Interviews	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files	
(c) Timeliness of Service Provision	<ul style="list-style-type: none"> Acuity index completed within 30 days of entry and repeated at least every 6 months. The service plan based on the Acuity Index (or other person-centered goals, if desired by client) developed within 60 days of admission. Service plans updated/amended at least every six months based upon the most recent Acuity Index and/or other person-centered goals. Progress toward meeting service plan goals is documented at least 2 times per month unless an alternate plan is documented. Input(s): Active Charts: Progress Notes, Service Plan and Acuity Index	Not present	at least 20% of Client files	at least 40% of Client files	at least 60% of Client files	at least 80% of Client files	in 100% of Client files	
(d) Staffing	<ul style="list-style-type: none"> Staff meets the current caseload requirements. Case managers attended 10 hours or more of case management training during the year, 3 hours of which must be HIV medical trainings. Coverage hours clearly defined and include 24 hour on-call supervision. Case manager and program supervisor job descriptions and qualifications are standardized and contain clearly defined roles and responsibilities. There is a clear and ongoing evaluation of employee performance. Input(s): Pre-Review Policy Review & Employee Handbook	Not present	One element Present	Two elements present	Three elements present	Four elements present	Five elements present	

Scoring

AIDS CT QUALITY ASSURANCE REVIEW

Domain	Available Points	High Quality	Meets Quality	Stronger Focus on Quality Needed
1: Facilitated Access to Housing and Services	20	18.5-20	16.5-18	0-16
2: Client Rights, Input and Leadership	20	18.5-20	16.5-18	0-16
3: Housing Quality & Safety	20	18.5-20	16.5-18	0-16
4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Client Engagement	20	18.5-20	16.5-18	0-16
5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration	20	18.5-20	16.5-18	0-16
6: Focus on Housing Stability	15	13.5-15	11.5-13	0-11
7: Building Internal Quality Assurance Practices, Key Staffing and Coordination	20	18.5-20	16.5-18	0-16

1. **Total Score Grade**

High Quality	Meets Quality	Needs Stronger Focus
122.5 - 135	108.5 - 122	108 and below

2. **AIDS CT Quality Review Implications: Consequences: Who will be audited again? (proposed, pending funders concurrence)**

Exemption for 2 years	Exemption for 1 year with Corrective Action Plan for specific domain	Reviewed next year & required Corrective Action Plan within 2 months
High Quality with no domain needing stronger focus	Meets Quality with no more than one domain needing stronger focus.	Needs Stronger Focus and Meets Quality where more than one domain needing stronger focus

ACT Quality Assurance Review Manual
Adapted from Connecticut Supportive Housing Quality Assurance Review Manual
1/28/2014

PRE-REVIEW PROCESS

**Quality Assurance Review Process
Pre-Review Worksheet**

Review Contacts & Location

Please provide the address where reviewers should report on the day of the site review: Please include any special parking considerations.

Contact for Review/Feedback:

Phone:

Email:

If applicable, additional or alternate contacts for Review/Feedback:

Name:

Phone:

Email:

Name:

Phone:

Email:

A. The provider should submit the following information to ACT at least 4 weeks before the on-site review:

- Program Information- from the client perspective
- Application Form- if not using the universal CAN (D.1B)
- Grievance Procedure for:
 - Entry into program (D.2C)
 - While in program (this could be your Incident Report form) (D.2C)
 - Discharge from program (D.6B)
- Program's Comprehensive Discharge Policy
- Group Materials:
 - A list of training topic for clients and staff on required health issues—including the number attending and percent of group (D.3A)
- Customer surveys (Summarized reports dated for prior year)
 - Number of responses to each question and percent of the current group (D.4A)
 - Percent with appropriate response to question "staff helped me obtain information I needed so that I could take charge of managing my illness." (D.4A)
- Current caseload /provider summarized (D.7D)
- Data Reports—highlight or extract the information needed to calculate the outcomes – occupancy rate, Length of Stay (LOS), income and an explanation provided if necessary. For sites with multiple components (scattered site, congregate) do calculations separately and then combined. (D.1A)
- Policies on Abuse and Neglect (i.e. Child abuse, elder abuse, domestic violence) Child Abuse and Neglect- Process and Procedures and Form used (D.3D)
- Critical Incidents- Process and Procedures and Form used (D.3C)

Did you program have any Critical Incidents during this review period? Yes No
- Current 24-hour coverage schedule/After business hour emergency contact (D.7D)
- Standard job descriptions of case manager and supervisors (D.7D)
- Program occupancy goal and actual occupancy for each month (D.1A)
- Employee evaluation procedure (D.7D)
- Program facilities: copy of documentation regarding state and local health, fire and building, fire alarm, elevator inspection and Qualified Food Operator certificates (if—and—all that apply to your program.) (D.3A)

Data (only de-identified data should be submitted)

- List of program vacancies for prior year (D1A)
- A copy of the results of the most recent consumer survey for the program (D.2C, D.4A)
- A copy of the most recent HUD APR for the program Length of stay for each Client served (including discharges) during the prior year (D.1A)
- Current caseload numbers for each case manager (D.7D)
- Training hours and courses completed in the prior year for each case manager (D.7D)
- Percent of Clients who have an identified primary healthcare provider (D.5B)

B. Programmatic Data

Program Being Reviewed:

Funding Source:

Housing Type (i.e. PSH, Congregate, Rapid):

During this review Period did your program have any critical Incidents? Yes No

If so please briefly describe incident(s):

Total Clients served in last 12 months:

Number of new Clients in the last 12 months:

Number of discharges in last 12 months:

Applications received in the last 12 months:

Number of rejected applications:

Program Capacity:

Month	1	2	3	4	5	6	7	8	9	10	11	12
Capacity												
Vacancies												
Rate												

*Program vacancy rate for each month (capacity/vacancies)

Most recent HMIS APR report:

Percent of Clients who increased income from all sources over the past year: (D.5A)

Percent of Clients who remained in permanent housing or exited to permanent housing: (D.6A)

C. Application Form and Materials Review

1. Is the application process and eligibility criteria clear? (D.1B) Yes No
2. Is the application process fully accessible to persons with disabilities? (D.1B) Yes No
3. Do application materials indicate or suggest that service participation is a requirement? Yes No
4. Do application materials include an assessment of housing readiness or any indication that housing readiness is a requirement? Yes No
5. Are there additional admission requirements beyond housing/homeless status, disability and below poverty level?
 Yes No
6. Copies of all staff annual confidential pledge? (D.2D) Yes No
7. Policy on blood borne pathogens and Hepatitis B vaccination (D.3A) Yes No

Grievance Process Information

1. Is there a standard grievance process that includes reviews, dispositions and decisions within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the Client is notified. (D.2C)
 Yes No
2. Is the process for submitting a grievance clear? (D.2C) Yes No
3. Are Clients notified that they have a right to obtain legal services including how to access such services? (D.2C)
 Yes No

Client Group Materials, Notifications of Meetings, Agendas, Minutes, etc.

1. Is there an identified consumer group? (D. 2C) Yes No
2. Does the consumer group meet regularly? (D.2C) Yes No
3. Do staff support and provide assistance to the consumer group? (D.2C) Yes No
4. Do consumer group meetings include opportunities to provide input into program operations, rules and to voice complaints? (D.2C) Yes No

Current Coverage Schedule

1. Is the current coverage schedule clearly defined and does it include on call supervision 24 hrs/day 7 days/week? (D.7D) Yes No

Employee Evaluation Procedure and Form

1. Are employees evaluated using a uniform process and criteria and on a defined schedule? (D.7D) Yes No

Standard Job Descriptions for Case Managers and Supervisors

1. Are job descriptions for case manager and supervisors standard, including qualifications and do they include clearly defined roles & responsibilities? (D.7D) Yes No

Current Caseload Numbers for Each Case Manager

1. Do staff meet or exceed the current caseload requirements? (D.7D) Yes No

Training hours completed in the prior year for each case manager

1. Have all staff has at least 10 hours of training in the prior year? Yes No

(Prorate for new staff or staff on leave) (D.7D)

2. Have at least 3 of the 10 trainings hours been HIV medical trainings? Yes No

ON-SITE REVIEW PROCESS**The on-site review consists of four parts:**

1. A review of rejected applications in the prior year (if any)
2. A review of five or 10 percent (whichever is greater) of active Client charts
3. A review of all intake charts (up to 5) in the prior year. If there were more than 5 intakes, randomly select 5.
3. A chart review of all Clients discharged in the prior year
4. Staff interviews (both program manager and case managers)
5. Observations
6. Focus Group

Agency/Program: _____ **Reviewer:** _____ **Date:** _____

Rejected Applications

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Name, date and, disability referral source documented (D.1C)					
Formal notice of denial sent (D.1B)					
Applicant notified of right to grieve decision (D.2C)					
Applicant given instructions on how to grieve decision (D.2C)					

INTAKE

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Name, date, disability and referral source documented (D.1C)					
Formal notice of approval sent (D.1B)					
A copy of the Client lease given to the Clients; lease or housing agreement conform to fair housing laws (D.2A)					
Service plan based on the assessment developed within 60 days of admission (D.7C)					
Acuity Index developed within 30 days of entry and repeated at least every 6 months (D.7C).					

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Verification that Client received the program rules (D.2C)					
Signed verification that Client received the resident manual (D.2B)					
Signed verification that Client received information regarding grievances (D.1B)					
Verification that Client received information regarding Client rights (D.2C)					

ASSESSMENT AND ACUITY INDEX

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Verification of homeless and disability status present. (D.1D)					
First assessment developed within 30 days of program entry (D.7C)					
New Acuity Index conducted at least every six months. (D.7C)					
The most recent assessment is completed, contains all information necessary to plan and provide services.					
The acuity index is complete (D.7C)					
The most recent acuity Index is signed and dated by case manager and supervisor. (D.7A)					
Client has an identified primary healthcare provider (MD/APRN) (D.5B)					
Program is able to demonstrate practices for consistent tracking of clients' viral load and CD4 counts (D.5B) and is using data on an individual & aggregate Level					

SERVICE PLANS

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Service plan goals are based on the results of the current acuity index (or other person-centered goals, if desired by client) (D.7C)					
Service plans signed and dated by Client, case manager and supervisor (D.7A)					
Service plan goals are measurable (D.7B)					
Service plans updated/amended at least every six months based upon the most recent Acuity Index and/or other person-centered goals (D.7C)					
Client input is a part of service plan design (D.7B)					

PROGRESS NOTES

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Progress notes entered within one week of services (D.7A)					
Progress toward meeting service plan goals is documented at least 2 times per month unless an alternate plan is documented (D.7C)					
Progress notes include date of service, type of contact, date of note, and person entering note (D.7A)					
Staff meet with Clients in their apartments at least every six months and review maintenance, health, safety and quality (D.3B)					
Case manager contacts Clients at least 2 times per month (including at least one face-to-face) or for Clients with less intensive needs an alternate plan of contact approved by supervisor is implemented (D.4D)					
Progress notes reflect activities taken to meet service plan goals (D.5C)					
Case managers assist Clients in identifying and accessing community providers and resources (D.5D)					

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Services are well-coordinated with other providers and referrals are documented and tracked in a defined process (D.5D)					
There is no indication that service participation is required or mandatory					
<i>(If applicable)</i> Agencies most defined critical incidents are verbally reported to management within 3 hours of incident discovery followed by a written report within 1 business day, with formal management review within 30 to 60 days after verbal report. (D.3C)					
<i>(If applicable)</i> Housing condition emergencies are addressed within 24 hours of discovery. (D.3C)					
<i>(If applicable)</i> Suspected child abuse/neglect is reported via an oral report to DCF as soon as practical but no longer than 12 hours after suspected abuse with a written follow-up report to DCF no longer than 48 hours after the oral report and incident is reviewed by management (D.3D)					
<i>(If applicable)</i> Clients who refuse services are regularly engaged using different methods in an attempt to increase likelihood of service participation (D.4D)					
<i>(If applicable)</i> There is a collaborative relationship which exists and is documented between case managers and other providers and landlords. (D.7B).					

DISCHARGE

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Discharge summaries signed and dated by case manager and supervisor (D.7A)					
The discharge summary includes identification of providers continuing services, reason for discharge, location of new residence, assessment of ongoing needs and ability to maintain housing (D.6C)					
Client discharge planning occurs at least 3 months in advance of discharge date where possible (D.6C)					

Client Codes					
Element	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA	Y/N/NA
Discharged Clients given information regarding discharge grievance procedure (D.6B)					
Clients are not removed from housing without legal eviction proceedings, if a tenant holds the lease (D.6B)					
Refusal to participate in services is not a reason for discharge					
There are at least three attempts to follow-up with discharged Clients to determine status regardless of reason for discharge (D.6C)					
<i>(If applicable)</i> If eviction occurs, there is evidence of communication between service provider and property manager/landlord including evidence of prevention and connection to legal resources					
<i>(If applicable)</i> Discharge grievance reviews, dispositions and decisions are completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the former Client is notified. (D.6B)					

Observations:

For all programs:

1. Are client files stored in a secure manner to protect confidentiality? (D.2D) Yes No

For single site programs:

2. Are service files and property management files kept in separate and secured storage? Yes No

3. Are community based services and transportation easily accessible? (D.3A) Yes No

4. Is there adequate space for service delivery, community-building, meetings and property management activities? (D.3A) Yes No

Staff Interviews: (Program manager and case managers separately)

1. Describe your role in the supportive housing program.
2. How and where do you recruit potential new Clients?
3. What is the process for placing someone on the waitlist?
4. Are there any situations where an individual who meets program requirements would not be admitted to the program?
5. What rights do Clients have in this program?
6. How do you interact with landlords or property management to make sure that Client rights are protected?
7. How do you engage individuals and try connect them to services?
8. Where and at what times do you meet with Clients?
9. How are Clients involved in service plan design?
10. How are Clients involved in program operations including development of program rules?
11. Is there a Client group that meets regularly? If so, how are they organized and do staff assist them in running the group?
12. What is the process involved in sharing information about Clients with other providers?
13. What are the challenges you face in providing services?
14. What technical assistance and training would you like to have?

Client Focus Group/Interview:

1. Describe your experience in this program.
2. How do case managers work with you to connect you to services that you need?
3. What rights do you have in this program?
4. Does your case manager work with your landlord or property manager to make sure your rights are protected?
5. Where and at what times does your case manger meet with you?
6. Do you feel like your case manager involves you in the development of service plans?
7. Do you ever have an opportunity to provide feedback about how this program works including the development of program rules?
8. Do you participate in a Client group that meets regularly? If yes, what are the meetings like? If not, what would make you more likely to participate?
9. Do you feel that your personal information is protected?

10. Do you feel pressured to participate in services?
11. Do you feel like your case manager listens to you?
12. Do you feel comfortable in your apartment?
13. Is there anything else about your experience in this program that you would like to tell us?

G. Feedback Template:

**AIDS CT QUALITY ASSURANCE PROGRAM
Supportive Housing Quality Assurance Review**

Agency/Provider:

Program:

Date:

Reviewers:

Observer:

Staff Interviewed:

Purpose

The AIDS CT Quality Assurance Review gives agencies information regarding how a housing program meets identified quality standards overall with specific information categorized across seven domains. It is intended to provide agencies with information to plan and evaluate practice improvement activities and to strengthen areas of high performance.

Methodology

The review was conducted according to the methods described in the AIDS CT Quality Assurance Review Manual.

Summary Results

Results for the entire program are presented across three categories; High Quality; Meets Quality; and Needs Stronger Quality Focus. Based on the review conducted on _____, the _____ of _____ has been evaluated as:

- High Quality: Total Score of 122.5 – 135 with no domains needing stronger focus
- Meets Quality: Total Score of 108.5 – 122 with no more than 1 domain needing stronger focus
- Needs Stronger Quality Focus: Score of 108 or below or 2 or more domains needing stronger focus

Domain	Available Points	Program Points	State Average	Category
Entire Program	135		-	Choose an item.
1: Facilitated Access to Housing and Services	20		-	Choose an item.
2: Client Rights, Input and Leadership	20		-	Choose an item.
3: Housing Quality & Safety	20		-	Choose an item.
4: Support Services Design and Delivery: Client-Focused/Client-Centered Services & Client Engagement	20		-	Choose an item.
5: Support Services Design and Delivery: Services that Promote Recovery, Wellness and Community Integration	20		-	Choose an item.
6: Focus on Housing Stability	15		-	Choose an item.
7: Building Internal Quality Assurance Practices, Key Staffing and Coordination	20		-	Choose an item.

Domain 1: Facilitated Access to Housing and Services.**of 20****Housing Resource Utilization:****of 5**

Program Occupancy Rate during the year

Comments:**Application Process:****of 5**

- Application process and eligibility criteria are clear.
- Application process is fully accessible to persons with disabilities.
- Individuals receive a formal notice of approval or denial.
- Individuals are notified that they can grieve a denial and are told how to do so.
- Applicants come from a variety of sources including hard-to-reach persons.

Comments:**Client Selection:****of 5**

- The program has clearly stated eligibility criteria for admission into the program that are in compliance with funders' requirements.
- The program uses a consistent intake process.
- Client selection is first come – first served or based on identified waitlist priorities.
- Name, date, and referral source are documented in intake forms.
- HIV status is verified with handwritten doctor signature and license number (scanned or faxed copies acceptable.)

Comments:**Client Eligibility:****of 5**

Housing and services are for individuals or heads of household who are homeless, or at risk of homelessness, and have an HIV or AIDS diagnosis.

Comments:

Domain 2: Client Rights, Input and Leadership.**of 20****Client Lease:****of 5**

Clients' lease or housing agreement conforms to fair housing law.

Comments:

Client Guide:**of 5**

There is signed verification of receipt of resident manual.

Comments:

Client Input:**of 5**

- Client groups and individuals have regular opportunities to provide input into program operations and rules, and to voice complaints.
- Rules are communicated clearly, consistently enforced, and are distributed to Clients at intake.
- There are clearly defined grievance procedures that are communicated to Clients that include review, disposition and decision completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the Client is notified.
- Resident satisfaction surveys are completed annually and program responds to the information provided.
- Clients are proactively notified of their rights including how to obtain legal services.

Comments:

Client Rights:**of 5**

- Client files and charts are securely maintained to ensure protection of confidential information.
- Staff advocate with landlords and/or property managers regarding Clients' rights.
- Staff understands the expectations regarding Client rights and has signed confidentiality pledges annually.
- All partners involved in the program understand the expectations regarding Client rights and confidentiality.
- Protected information is shared only with Client consent.

Comments:

Domain 3: Housing Quality & Safety.**of 20****Health and Safety:****of 5**

- The program complies with the federal Department of Labor Occupational Safety and Health Administration (OSHA) "Enforcement Procedures for the Occupational Exposure to Blood-borne Pathogen Standards", as set forth in 29 CFR 1910. 1030.
- The program facilities, in compliance with all state and local health, fire, and building codes including offices, fire, alarm, *if applicable* elevator has been inspected and Qualified Food Operator certificate available, *if applicable*.
- The program has protocols for educating staff and Clients about health issues, including but not limited to: Tuberculosis, Hepatitis B and C.
- Community based services and transportation are easily accessible.
- There is adequate space for service delivery, community-building, meetings and property management activities.

Comments:**Assessment of Housing:****of 5**

- Staff meet with Clients in their apartments at least every six months and review maintenance, health, safety and quality.
- Initial inspection will satisfy lead-free housing requirement if children 6 or younger present and if the housing unit was built before 1978.

Comments:**Emergencies and Critical Incidents:****of 5**

Incidents that are deemed critical by the agency policy are verbally reported to management within 3 hours of incident discovery followed by a written report within 1 business day, with formal management review within 30 to 60 days after the verbal report. Housing condition emergencies are addressed within 24 hours of discovery.

Comments:**Child Abuse and Neglect:****of 5**

Suspected child abuse/neglect is reported by the provider or collaborating provider via an oral report to DCF as soon as practical but no longer than 12 hours after suspected abuse with a written follow-up report to DCF no longer than 48 hours after the oral report and incident is reviewed by management.

Comments:

Domain 4: Support Design/Delivery - Client-Focused/Client-Centered Services & Engagement.**of 20****Client Education and Engagement:****of 5**

Percent of Clients who agree or strongly agree with "Staff helped me obtain information I needed so that I could take charge of managing my illness" on consumer survey.

Comments:

Acuity Assessment:**of 5**

The client's most recent assessment is completed, contains all information necessary to plan and provide services.

Comments:

Service Plan:**of 5**

Service plan goals are based on the results of the acuity index (or other person-centered goals, if desired by client).

Comments:

Service Provision:**of 5**

- Case manager contacts Clients at least 2 times per month (including at least one face-to-face) or for Clients with less intensive needs an alternate plan of contact approved by supervisor is implemented.
- Case managers are flexible in their response to Client meeting times/locations and services provided.
- Clients who refuse services are regularly engaged using different methods in an attempt to increase likelihood of service participation.

Comments:

Domain 5: Support Design/Delivery - Services Promote Recovery, Wellness and Community Integration.

of 20

Connection to Benefits and Income:

of 5

Percent of Clients who maintained or increased their income from all sources during the year. (If zero income, to receive points, there is documentation provided showing due diligence with the agency.)

Comments:

Connection to Primary Healthcare:

of 5

- Percent of Clients who have a primary healthcare provider.
- Program demonstrates consistent tracking of clients' viral load and CD4 counts.

Comments:

Evaluating Service Progress:

of 5

Progress notes reflect activities taken to meet service plan goals.

Comments:

Service Coordination and Connection to Resources:

of 5

- Case managers assist Clients in identifying and accessing community providers and resources.
- Services are well-coordinated with other providers and referrals are documented and tracked.

Comments:

Domain 6: Focus on Housing Stability.**of 15****Housing Stability:****of 5**

Percent of Clients who exited to non-homelessness.

Comments:**Discharge Practices:****of 5**

- Program has a comprehensive discharge policy.
- Discharged Clients given information regarding discharge grievance procedure.
- Discharge grievance reviews, dispositions, and decisions are completed within 30 days of the receipt of the grievance with an additional 15 days, if approved by the agency director, provided the former Client is notified.
- Clients are not removed from housing without legal eviction proceedings, if a tenant holds the lease.
- For tenants with program agreements, this discharge is in accordance with programmatic discharge policy.
- For all discharges, appropriate communication exists with providers, landlord, and others as appropriate.

Comments:**Continuity of Support:****of 5**

- The discharge summary includes identification of providers continuing services, reason for discharge, location of new residence, assessment of ongoing needs, and ability to maintain housing.
- Client discharge planning occurs at least 3 months in advance of discharge date where possible.
- There are at least 3 attempts to follow-up with discharged Clients to determine status regardless of the reason for discharge.

Comments:

Domain 7: Building Internal Quality Assurance Practices, Key Staffing and Coordination.**of 20****Documentation Quality:****of 5**

- Acuity index signed and dated by case manager and supervisor.
- Discharge summaries signed and dated by case manager and supervisor.
- Service plans signed and dated by Client, case manager and supervisor.
- Progress notes entered within 1 week of services.
- Progress notes include date of service, type of contact, date of note, and person entering note.

Comments:**Standards for Planning and Documenting Services:****of 5**

- Service plan goals are measurable.
- Client input is a part of service plan design.
- There is a collaborative relationship which exists and is documented between case managers and other providers and landlord.

Comments:**Timeliness of Service Provision:****of 5**

- Acuity index completed within 30 days of entry and repeated at least every 6 month.
- The service plan based on the acuity index (or other person-centered goals, if desired by client) developed within 60 days of admission.
- Service plans updated/amended at least every six months based upon the most recent Acuity index and/or other person-centered goals.
- Progress toward meeting service plan goals is documented at least 2 times per month unless an alternate plan is documented.

Comments:**Staffing:****of 5**

- Staff meets or exceeds the current caseload requirements.
- Case managers attend 10 hours or more of case management training during the year, 3 of which must be HIV medically specific.
- Coverage hours clearly defined and include 24 on-call supervision.
- Case manager and program supervisor job descriptions and qualifications are standardized and contain clearly defined roles and responsibilities.
- There is a clear and ongoing evaluation of employee performance.

Comments: