

**CARC Standards of Care
2012 Quality Assurance Review Sheet**

Agency: _____ Date: _____ Start Time: _____

Program Type (Attachment A): Shelter TLP ILP SLP

Contact(s): _____

Auditor(s): _____

Final Audit Score

Agencies must meet all 4 pass/fail standards plus earn 80% of the Standards listed in the scored sections (Client Intake and Services, Health and Safety and Administration.) Although a score will not be changed, Standards printed in italicized letters that are not met at the time of audit REQUIRE that a Corrective Action be completed within 30 days.

0	Total Points Awarded
146	Total Possible Points
0%	Final Score

of PASS/FAIL Standards Passed _____

Circle One: PASSED FAILED INCOMPLETE

Signature - *Your signature acknowledges you have received and reviewed your agency's report.*

Executive Director

Date

Section One: 4 Pass/Fail Standards

1. Maximum Capacity is _____ (number found in contract).
 Outcome 1: Program will strive to maintain maximum capacity. Measure 1: Program will maintain an occupancy rate of 80%.
 * Anything over a 5% statistical variance to the outcome measures listed is considered a material change in accordance with Section 10B of the DSS Contract. Stats will be calculated prior to the audit using statistical data submitted to CARC through HMIS. CARC will calculate data. It is essential that agencies remain up to date on statistical submissions to CARC. **Data must be submitted each month**. (If an agency has an April Audit, data for February will need to be submitted by March 15. If agency audit is in May, data for March will need to be submitted by April 15. If agency audit is in June, data for April will need to be submitted by May 15.)

	Auditor's Guidelines: Occupancy rate is _____ %
	Enter PASS or FAIL in space to the left.

2. Program complies with all applicable federal, state and local laws, regulations and ordinances, including, but not limited to, those required by federal, state or other contracts. Additionally, program complies with all requirements necessary for obtaining a certificate of occupancy for the program and all of its program sites.

	Auditor's Guidelines: Signed and notarized affidavit from President of Agency's Board of Directors.
	Enter PASS or FAIL in space to the left.

3. The program adheres to the CT AIDS Confidentiality Law (CT General Statutes 19a-581-590 and 592).

	Auditor's Guidelines: # of files reviewed: _____ # of files with signed pledge: _____. 100% of randomly selected personnel or volunteer files have signed confidentiality pledges.
	Enter PASS or FAIL in space to the left.

4. The agency provides case management services. (See Attachment B for definition of Case Management)

Auditor's Note: Review includes 20% of active files, or six records, whichever is greater, and one discharged resident file. Use Case Review Worksheet (Attachment D). In reviewing files, length of stay of resident should be considered when determining feasibility of compliance. Additional guidance for scoring is specified on Case Review Worksheet.

A. The programs intake/assessment process addresses the following categories: personal information; indication of homelessness or risk thereof; activities of daily living; psychosocial history; medical history (including proof of HIV/AIDS diagnosis upon admission); legal issues, financial issues, family information, employment information. All resident information referred to in the case management/client services section of the Standards must be in paper form for the purpose of the audit.

Note: While it is advisable to gather as much of the information detailed below, some of this information may be difficult to acquire in full. Information which is not available or in cases where the resident refuses to answer, notation should be made by Case Manager on Intake/Assessment Form.

	0.5	Intake/Assessment forms
	0.5	Sample of client records include completed intake/assessment forms
	0.5	Personal Info: Name, date of birth, gender race/ethnic orientation, relationship status, primary and secondary languages, veteran status referral source, phone number, date information gathered
	0.5	Employment: Are they employed? Are they interested in exploring the impact that working may have on their health and on their benefits? Are there any employment, training or educational services that interest them?
	0.5	Family: Names and DOB of immediate household family. Do they have any service needs? Are any immediate family members receiving services from other providers? Which ones?
	0.5	Legal: Do they have a living will, a conservator, someone with power of attorney? If they have children, have they named a guardian or made other arrangements for their children? Do they have any court dates; what are the charges; do they have an attorney; are they on probation or parole; who is their probation and/or parole officer(s). List of prior convictions/ charges/jail time.
	0.5	Financial: Current income, entitlements, what have they applied for if they do not have entitlements, do they have entitlement applications in process, do they have outstanding debts, do they pay child support or alimony?

	0.5	Medical: The name, address, and phone number of their primary care provider, a list of any other providers, a list of hospitalizations, other medical conditions unrelated to HIV, allergies to medications, recent documentation of TB clearance upon admission. If client applying for scattered site refuses testing, a declination form is included in client file. (TB clearance does not apply to shelters.)
	0.5	ADLs: Whether or not the person is ambulatory, can bathe themselves, dress themselves, be responsible for their medications, have special needs or equipment. Chores they are capable of doing. Nutritional needs and preferences.
	1	Behavioral Health: Any psychiatric history including hospitalizations for treatment for depression or other mental health issues; names of therapies, medications taken; any forgetfulness; problems with balance and or mood swings. Any history of substance use, including drug of choice, drug treatment history, length of clean time, involvement in any twelve step or other recovery program.

B. The resident is re-assessed at least every six months using Intake/Assessment form or Follow-up Assessment Form developed by the agency.

	3	Evidence of re-assessment by completed Intake/Assessment or follow up needs assessment form.
	1	Evidence that it was completed within time frame.

C. The agency adheres to a policy and procedure regarding the development and implementation of a comprehensive service plan between the resident and the case manager which includes the following:

	1	Evidence of policy and procedure regarding Service Plans.
	0.5	Documentation of initial development of a care plan within 30 days of admission.
	0.5	A care plan is fully developed within 60 days of admission.
	3	Plan recognizes resident's short and long term needs with specific dates and time frames and plan for future housing as appropriate, and those of immediate household members as identified in the intake/assessment form and/or summary document. The phrase 'on-going' is unacceptable. Emergency shelters are exempt from requirements relative to long term goals.
	3	Plan includes steps toward achievement of short and long term goals, dates and/or time frame for completion of steps, and staff strategies to support residents.
	0.5	Resident involvement in plan is required, including resident signature.
	0.5	Revision and or amendment of service plan at least twice annually.
	3	Progress notes and/or other documents in client file reflects actions taken by both the client and the case manager/program staff to attain goals.
	1	Documentation of completion, significant progress, or revision, of long term goals within 6 months of the establishment of the care plan.
	0.5	Evidence of semi-annual review of care plan by supervisor.
	0.5	Evidence of comprehensive file audit performed by Program Director or designee at least once annually.

D. The resident is informed of resources in the community which can help them meet goals identified in the service plan and is assisted by the case manager in gaining access to services. The agency utilizes a defined process for documenting and tracking referrals.

	1	List of community resources and a variety of health information is posted in the program (if community living environment) or otherwise available for clients.
	2	Progress notes, completed referral forms and referral tracking forms, original and amended service plans show that such information and assistance was available and was provided.

E. The case manager maintains communication where possible with the resident's care providers and service providers (e.g. physician, therapist/clinician, substance abuse counselor, clergy, DCF case worker, etc.)

	1	Progress notes, referral forms, completed releases of information re: medical care providers.
	1	Progress notes, referral forms, completed releases of information re: other service providers.

F. A plan for resident discharge includes resident involvement wherever feasible and discharge process includes transition planning and is adhered to and documented.

	1	Evidence of transition planning.
	1	Resident file documents discharge policy is adhered to and resident involvement in transition is documented. Summary of discharge is prominently placed in resident file.

0	30.5	Total Points Awarded/Total Possible Points
	0%	Scoring for Pass/Fail #4: Pass if points awarded are 80% or more of the total possible points.
		Enter PASS or FAIL in space to the left.

# of PASS	# of FAIL
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Section Two: Client and Intake Services

1. The program has clearly stated eligibility criteria for admission into the program that are in compliance with DSS and HOPWA requirements. The program adheres to a written policy describing the admission process. Applicants should be informed in writing of grievance procedure should application be denied.

	2	A sampling of public materials indicates service with dedicated beds for residents with HIV/AIDS who are homeless/at risk of homelessness.
	2	Policies and procedures should reflect eligibility criteria and that the program maintains a waiting list. (HOPWA Required)
	2	Review of client files shows documentation that client met eligibility criteria.
	1	Written grievance procedure.

2. The program adheres to a written policy defining the terms and procedures for discharging a resident with a report that outlines the reason(s) for discharge and other relevant information. If there has been a discharge, does the report/documentation follow the procedure? What is the reason(s) for discharge and is the resident aware of the reason(s)?

	1	Evidence of written policy and procedure.
	1	Resident orientation checklist or manual references this policy and procedure.
	1	Random selection of discharged resident files show documentation consistent with policy and procedure.

3. The agency adheres to a policy and procedure identifying resident's rights while in the program and specifying grievance procedures for addressing reported violation of such rights.

	5	List of resident rights along with grievance policy and procedure is reviewed and signed by the client upon intake and not less than annually.
	5	List of resident rights along with policy and procedure posted in common area of program or service site (e.g. case management office in scattered site housing programs).
	5	Documentation of agency follow-up regarding complaints or grievances in accordance with policy and procedure.

4. The program has a communications system in place to facilitate information exchange between staff across shifts and/or days. **Note: Does not apply to programs that operate with one shift or less per 24 hour period. (0 or 2 Possible Points)**

		(.5 pt) Policies & procedures manual contains requirement for maintaining system.
		(1.5 pts) On-site log book which dates back at least 6 months prior to audit date. A random sample of 12 dates shows entries for all 3 shifts at least 95% of the time. (All but one shift's communications must be present in order to pass this standard.)

5. The program adheres to a written policy describing how it will manage the end term care of residents. It is suggested that the policy include: **(1 or 3 Possible Points)**

		<ul style="list-style-type: none"> • An explanation on whether or not a resident can stay as long as he or she chooses • An explanation of how the program addresses any symptoms and deals with pain management • Notification to family and emergency contacts • Orders in case of an emergency on whether or not a resident wishes to be resuscitated • Documentation of living wills and burial arrangements • Healthcare agency reports
		(1 pt) Evidence of written policy and procedure.
		(2 pts) A case file of a resident who received end-term care, if available, evidencing that policy and procedures were adhered to.

6. The agency has a comprehensive resident manual which includes the following:

	0.5	Confidentiality policies outlining CT statute regarding HIV confidentiality
	0.5	Description of program sponsored groups

	1	<i>Drug & alcohol policies</i>
	0.5	<i>Drug & alcohol screening policies</i>
	0.5	Explanation of case management services/service plans
	0.5	Financial responsibilities (HOPWA regulations states client must pay 30% of monthly adjusted income or 10% of gross income, whichever is higher)
	0.5	<i>Fire prevention practices</i>
	0.5	<i>Firearms/weapons policy</i>
	1	Grievance Process
	0.5	How program manages a bed/apartment if resident is hospitalized or away
	0.5	Key policy
	0.5	Length of stay
	0.5	List of services provided by the program – See DSS monitoring report
	0.5	<i>Mandatory reporting by staff of child abuse, neglect, or at risk of abuse or neglect or intent to harm self or others</i>
	0.5	Meals
	0.5	<i>Prohibition of discrimination</i>
	0.5	Resident rights including right to choose or refuse treatment (except in cases where it might pose a threat to the community)
	1	Rules, regulations, responsibilities and disciplinary procedures
	0.5	<i>Sexual harassment policy</i>
	0.5	<i>Smoking policy</i>
	0.5	Staff access to resident room/apartment (or personal belongings, for shelters)
	0.5	Staff hours & availability
	0.5	Statement of program philosophy
	0.5	Telephone
	0.5	<i>Terms and procedures for being discharged.</i> HOPWA regulation and DSS monitoring report
	0.5	<i>The program has policies and procedures for dispensation, storage and record keeping for medications.</i> Additional review includes site survey, medication log, policies & procedures.
	0.5	Visitor policy

7. The agency has a comprehensive policies and procedures manual that assists staff in effectively carrying out the mission of the program and their assignments within the program.

	3	Evidence of policy and procedures manual including all programmatic policies stipulated in standards.
	3	Evidence that revisions in the policies & procedures manual since the last audit have been reviewed by an entity authorized by the BOD

8. Resident satisfaction survey offered at least annually in compliance with program description, part B of DSS contract. Program utilizes information collected through **anonymous** surveys to enhance communication with residents and improve program services.

	3	Dated and completed survey forms.
	1	Examples of attempts to encourage resident participation in completing surveys.
	3	Results and documentation of program's response to surveys. (house meeting minutes, memo, etc.)

9. The agency has demonstrated and shown multiple efforts to engage its residents to attend the focus group and has had good representation of the people they serve. Appropriate number in attendance will be determined by the independent auditor.

	10	Focus group held.
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Section Three: Health & Safety

10. 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.

	3	Program has an Exposure Control Plan including position classifications considered at risk, example of site survey, orientation and training plan, inventory of appropriate equipment, example of housekeeping/ safety /sanitation checklist.
	2	There is proof of yearly OSHA blood-borne pathogen training for all at-risk staff employed for six months or more.
	3	Staff records reflect proof that control plan has been reviewed by 100% of the program staff.

11. <i>The program facilities, including offices, are in compliance with all state and local health, fire and building codes.</i> HOPWA requirement (2 to 9 Possible Points)	
	(2 pts) Fire alarm and/or fire suppression systems have been inspected within the year.
	(2 pts) Elevator has been inspected and certified within the year.
	(1 pt) Food Service License and/or other applicable licenses are up to date and present at the site.
	(2 pts) Resident/tenant dwellings are inspected no less than annually using HUD HAB standards.
	(2 pts) When children aged 6yrs or younger are residing in HOPWA subsidized units built before 1978 , a lead inspection will take place, once, before the tenant moves into the HOPWA funded unit.

12. <i>The program adheres to a policy and procedure for filing and follow-up of incident reports for residents, staff and visitors.</i>	
	2 Evidence of policies and procedures regarding incident reporting.
	2 Grantor representative randomly reviews up to 5 incident reports for evidence of consistency with policy and procedures.

13. <i>The program adheres to a written policy and procedure regarding medical emergencies that arise with residents, staff or visitors. (3 or 5 Possible Points)</i>	
	(3 pts) Evidence of Policy & procedure.
	(2 pts) Evidence of log entries, case notes or incident reports showing that policies were adhered to in cases of medical emergency.

14. <i>The program: (a) adheres to a policy and procedure regarding the annual testing for Tuberculosis of all program staff; (b) offers immunizations for Hepatitis B to all program staff; and (c) has protocols for educating residents about health issues including but not limited to Tuberculosis, Hepatitis B and C. OSHA regulation - CDC recommends testing employees who are at risk of exposure in workplace.</i>	
	2 Evidence of policy & procedure on TB testing.
	4 Hepatitis B acceptance/declination forms in 95% of staff files. <u>For the purpose of the audit, this information should be placed in a separate file.</u>
	4 Evidence of PPD (TB test) and results present in 95% of appropriate staff files. In cases where a staff member cannot be tested due to previous positive or other reasons, documentation of non-active TB. <u>For the purpose of the audit, this information should be placed in a separate file with Hep B information.</u>
	2 Proof of education of residents on health issues. (memos, flyers, posters, house meeting minutes, etc.)

Section Four: Administration

15. <i>The agency is a legal entity, has non-profit status, has a governing authority that meets regularly and keeps a record of meetings and has by-laws. DSS & HOPWA eligibility regulations</i>	
	1 Evidence of 501(c)3 status.
	1 Evidence of bylaws.
	1 Quorum at board meetings and recorded board minutes.
	5 Agency is in compliance with submitting monthly and semi annual statistical reports through HMIS per DSS contractually.

16. <i>The agency is a fiscally responsible entity:</i>	
• The agency has an annual audit conducted by a CPA or other authorized agent that is reviewed and voted on by the Board of Directors.	
• Has an annual budget and presents it to its Board on a regular basis.	
• Its % of program cost to admin cost does not exceed acceptable non-profit standards (25%).	
	1 Audit and Board acceptance.
	1 Board minutes reflecting budget presentation and financial reviews.
	1 Form 990 indicating administration costs are 25% or less of total budget.

17. <i>The agency has a contingency plan for ensuring the transitioning of residents into other programs should events such as funding cuts, change in organizational direction etc, occur. (This is a DSS/HUD requirement)</i>	
	5 Evidence of agency transition plan.

18. The program has the following insurance coverage: workers' compensation; vehicle liability; bodily injury liability; employee dishonesty coverage; and any other coverage required by funders or pertaining to the type of program

	3	Evidence of insurance coverage. (-1 pt for any item missing, not to exceed 3 points)
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19. The agency has a personnel/employee handbook which contains the following:

	1	Benefits, including holidays, insurance, vacation, leaves of absence, workers' compensation, overtime
	1	Compliance with state and federal statutes regulating employment and conditions of employment such as equal employment opportunities; affirmative action; priority hiring of qualified welfare recipients HOPWA requirements (DSS contract)
	1	Grievance policy & procedure
	0.5	Organizational chart
	1	OSHA training & compliance (OSHA requirement)
	1	Performance review, time and attendance reporting
	0.5	Personnel file checklist, outlining what is included in personnel file
	1	Policy on confidentiality including keeping personnel records secure and confidential
	1.5	Position classification including job descriptions noting title, responsibilities, experience and educational requirements, including Exec. Dir.
	1	Reference to code of ethics and conflict of interest policies
	0.5	Reimbursement of employee expenses
	1	Sexual harassment policy
	0.5	Termination and demotion
	1	Terms & conditions of employment including hours of the week
	0.5	The agency has a written policy and plan for staff development that is reviewed and revised annually.
	1.5	There is a system for informing staff when a policy has been revised or deleted or when a new policy is introduced.
	0.5	Where applicable, a drug-free workplace (DSS monitoring report)

20. The agency provides a comprehensive orientation for new employees that covers special skills needed for successful interaction, review of policies and procedures, information about available community resources, and OSHA recommendations.

	2	Evidence of policy and procedure.
	3	95% of staff files contain completed staff orientation checklist inclusive of skills orientation, review of all policies.

21. All case managers, including case management supervisory staff, who have been working in a case management role for more than 3 months will have 10hrs or more of case management trainings per year.

	10	Case managers' personnel files show case manager has attended 10hrs or more of case management training during the audit year.
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22. Agencies will provide, at least monthly, documented practice-focused supervision for case management.

	10	Evidence each staff person receives practice-focused supervision. Group or individual supervision is acceptable.
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23. The program adheres to a policy and procedure addressing volunteer training and orientation that includes all pertinent information related to the program's operations as well as the roles, responsibilities and parameters of volunteerism. (3

Possible Points)

		(3 pts) Evidence of volunteer orientation.
		OR
		(3 pts) If program does not utilize volunteers, it must have a policy stating that fact.

Attachment A: Program Types

An **Emergency Shelter** is a facility that meets the basic needs for food and shelter on an emergency or short-term basis. Eligible residents are individual for families with HIV/AIDS who are homeless. Services provided by the shelters are designed to increase residents' stability, skill levels and self-determination with an ultimate goal of helping people find long term, appropriate housing. Residents are not denied services due to inability to pay.

1. Case management which will include but will not be limited to: assisting residents in accessing entitlements, accessing primary health care, substance abuse treatment, counseling, crisis intervention and advocacy;
2. Assistance in locating suitable housing;
3. 24-hour access to staff;
4. Resident satisfaction survey offered annually.

A **Transitional Living Program** is either congregate or scattered-site housing and is intended to prepare residents for transition into long-term, appropriate housing. Eligible residents are individuals or families with HIV/AIDS who are homeless or at risk of being homeless. Residents are not denied support services due to inability to pay a fee and may or may not be required to enter into a lease. Residents are required to participate in services. Services provided by the AIDS housing program are designed to increase residents' stability, skill levels and self-determination and transition them into permanent housing within a 12-24 month period.

1. Assistance locating and maintaining housing;
2. Case management which will include but will not be limited to: assisting residents in accessing entitlements, accessing primary health care, substance abuse treatment, counseling, crisis intervention and advocacy;
3. Coordination of children's services when applicable;
4. 24-hour access to staff for scattered-site;
5. On-site staff, 1 shift every 24 hours, 7 days a week for congregate living programs;
6. Access to life skills and vocational training;
7. Resident satisfaction survey offered annually.

An **Independent Living Program** may be individual apartments, with or without a subsidy, or a shared living program. Eligible residents are individuals or families with HIV/AIDS who are homeless or at risk of being homeless. Residents are fairly independent, able to manage the activities of daily living, and need some support and structure.

1. Assistance with locating and financing housing; with a subsidy or in subsidized housing as needed;
2. Case management which will include but will not be limited to: assisting residents in accessing entitlements, accessing primary health care, substance abuse treatment, counseling, crisis intervention and advocacy;
3. Accessible, flexible support services that target resident stability;
4. Resident satisfaction survey offered annually.

A **Supportive Living Program** is a group residence or hospice program designed for people with HIV/AIDS discharged from hospitals who are not well enough to return to a setting without 24 hours supervision. Eligible residents are individuals with HIV/AIDS who are homeless or at risk of homelessness. Residents may have a substance use or mental health history and/or may have a diminished capacity to manage their activities of daily living (ADLs) and require a supportive and structured environment or who may need terminal care. Participation in services by residents is required. No one is denied services due to inability to pay a fee.

1. Case management including but not limited to: assisting residents in accessing entitlements, accessing primary health care, substance abuse treatment, counseling, crisis intervention and advocacy;
2. Laundry facilities;
3. Access to meals;
4. Community building activities such as house meetings, communal meals, support groups, resident councils;
5. May be a sober house or operate with a harm reduction philosophy;
6. Provides affordable, supportive, housing in a common setting so residents can maintain their independence, the ability to care for themselves and their self-determination;
7. 24/7 access to staff on-site;
8. Assistance with Activities of Daily Living.
9. End-term care for people who need assistance with nearly all activities of daily living may be provided by the program or contracted with outside services;
10. Resident satisfaction survey offered annually.

Attachment B: Definition of Case Management

Case management services are the process of linking the individual to the service system and monitoring the provision of services with the objective of continuity of care and service. Case management includes but is not limited to the following components:

- (1) Linking. The process of referring the individual to all required services and supports as specified in the individual service plan.
- (2) Case-specific advocacy. The process of interceding on behalf of the individual to gain access to needed services and supports.
- (3) Monitoring. The process of observing the individual to assure that needed services and supports are received.

Indirect case management: A service that is provided by one or more program staff on behalf of a client and/or his collaterals that does not have to involve face-to-face contact with a client and his or her collaterals. The concrete service can be written in relationship to non-program agencies, organizations or professionals, e.g. telephone calls to the housing authority, a meeting with a representative of the welfare department, etc.