

## GROUP SUPPORTED EMPLOYMENT - QUALITY ASSURANCE REVIEW

### QUALIFIED VENDOR INFORMATION

Qualified Vendor's Name (*Print*): \_\_\_\_\_ Contact Person's Name: \_\_\_\_\_

Qualified Vendor's Phone Number: \_\_\_\_\_ Qualified Vendor's E-Mail Address: \_\_\_\_\_

Qualified Vendor's Mailing Address: \_\_\_\_\_

Qualified Vendor's Physical Address: \_\_\_\_\_

DDD Reviewer's Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Reviewer's Phone Number: \_\_\_\_\_

### DIRECT LINE STAFF INTERVIEW

Interviewee's Name (*Print*): \_\_\_\_\_ Interviewee's Title: \_\_\_\_\_

Date of Hire / Time at Program: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

How do you know the employment outcomes/objectives of the members you serve?

\_\_\_\_\_

How do you help the members reach those outcomes/objectives?

\_\_\_\_\_

How do you measure and record progress toward these outcomes and objectives?

\_\_\_\_\_

Was the training you received adequate or inadequate for your job responsibilities?

\_\_\_\_\_

What additional training would you like?

**MANAGEMENT LEVEL INTERVIEW**

Interviewee's Name (*Print*): \_\_\_\_\_ Interviewee's Title: \_\_\_\_\_

Date of Hire / Time at Program: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Describe how you keep a daily record of billable staff hours.

Describe how you keep a daily record of member's attendance.

Does the group employment setting provide a sufficient amount of work to meet the member's needs?

What is the agency's back-up plan when there is no work available on a particular day?

How is the member's ability to move into a less restrictive work setting reviewed and at what frequency?

How is the satisfaction of members and employers measured and how is that information used for program improvement?

**MANAGEMENT LEVEL INTERVIEW (Continued)**

Has the organization developed any new job sites this year? If so, what are they?

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What do you see as the program's strengths?

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What do you see as the program's challenges?

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Are there any areas within the Division's Employment Supports and Services that you feel need improvement?

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How do you track submittal of reports (6-month and quarterly)?

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Other:

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**Based on the Agency's most recent Comprehensive Aggregate Program Status Report (the 6-month report):**

What percentage of members were identified for progressive moves from Group Supported Employment? \_\_\_\_\_

## MEMBER FILES REVIEW

Member's Name *(Print)*: \_\_\_\_\_ Date of File Review: \_\_\_\_\_

	YES	NO	N/A	COMMENTS
Are monthly progress reports completed?				
Are individual time studies completed?				
Is there a current Planning Document and an employment outcome/objective?				
Does the member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

Member's Name *(Print)*: \_\_\_\_\_ Date of File Review: \_\_\_\_\_

	YES	NO	N/A	COMMENTS
Are monthly progress reports completed?				
Are individual time studies completed?				
Is there a current Planning Document and an employment outcome/objective?				
Does the member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

**MEMBER FILES REVIEW (Continued)**

Member's Name (Print): \_\_\_\_\_

Date of File Review: \_\_\_\_\_

	YES	NO	N/A	COMMENTS
Are monthly progress reports completed?				
Are individual time studies completed?				
Is there a current Planning Document and an employment outcome/objective?				
Does the member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

Member's Name (Print): \_\_\_\_\_

Date of File Review: \_\_\_\_\_

	YES	NO	N/A	COMMENTS
Are monthly progress reports completed?				
Are individual time studies completed?				
Is there a current Planning Document and an employment outcome/objective?				
Does the member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

**MEMBER FILES REVIEW (Continued)**

Member's Name (Print): \_\_\_\_\_

Date of File Review: \_\_\_\_\_

	YES	NO	N/A	COMMENTS
Are monthly progress reports completed?				
Are individual time studies completed?				
Is there a current Planning Document and an employment outcome/objective?				
Does the member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

Member's Name (Print): \_\_\_\_\_

Date of File Review: \_\_\_\_\_

	YES	NO	N/A	COMMENTS
Are monthly progress reports completed?				
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Does the member's Planning Document outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

**WORK-SITE OBSERVATION**

Site Name: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Site Location: \_\_\_\_\_

Describe the activities that members are performing.

How many individuals are in the group? \_\_\_\_\_

How many staff are serving the group? \_\_\_\_\_

What was direct support staff doing during this visit?

Does there appear to be an adequate number of staff available to meet member's needs?

Describe how the work site is integrated.

**POSITIVE OBSERVATIONS**

Staff / Member Interactions:

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Physical Site:

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Other:

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Concerns:

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***Routing: Original - Employment Program Specialist, Copy - District File***

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