ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities (DDD)

GROUP SUPPORTED EMPLOYMENT SERVICES - QUALITY ASSURANCE REVIEW

PERSONAL INFORMATION *(Please print)*

QUALIFIED VENDOR NAME

CONTACT PERSON NAME

QUALIFIED VENDOR PHONE NUMBER

QUALIFIED VENDOR E-MAIL ADDRESS

QUALIFIED VENDOR MAILING ADDRESS

QUALIFIED VENDOR PHYSICAL ADDRESS

DDD REVIEWER NAME:

DATE OF REVIEW

REVIEWER PHONE NUMBER

DIRECT LINE STAFF INTERVIEW

INTERVIEWEE NAME (Print)

INTERVIEWEE 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 you job responsibilities?

What additional training would you like?

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MANAGEMENT LEVEL INTERVIEW

INTERVIEWEE NAME (Print)

INTERVIEWEE 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?

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

What do you see as the program's strengths?

What do you see as your program's challenges?

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

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

Other

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?

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GROUP SUPPORTED EMPLOYMENT SERVICES - QUALITY ASSURANCE REVIEW

MEMBER FILES REVIEW

MEMBER 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 Individual Support Plan and an employment outcome/objective?				
Does the member's ISP outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

MEMBER NAME (Print)   DATE OF FILE REVIEW

	YES	NO	N/A	COMMENTS
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GROUP SUPPORTED EMPLOYMENT SERVICES - QUALITY ASSURANCE REVIEW

MEMBER FILES REVIEW (Continued)

MEMBER NAME (Print)   DATE OF FILE REVIEW

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MEMBER FILES REVIEW (Continued)

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WORK-SITE OBSERVATION

SITE NAME

SITE LOCATION

HOURS OF OPERATION

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 needs?

Describe how the work site is integrated.

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GROUP SUPPORTED EMPLOYMENT SERVICES - Quality Assurance Review

POSITIVE OBSERVATIONS

Staff / Member Interactions

Physical Site

Other

Concerns

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