



September 23, 2021

Mr. David Brandon-Friedman
Indiana Department of Administration
Procurement Division
402 W. Washington St., Room W468
Indianapolis, Indiana 46204

RE: Request for Proposal 22-67778, Respondent Clarifications Request

Dear Mr. Brandon-Friedman,

Columbus Medical Services, LLC dba The Columbus Organization (Columbus) is pleased and honored to submit our response to the "Respondent Clarifications Request" issued by the Bureau of Developmental Disabilities Services (BDDS) of the Division of Disability and Rehabilitative Services (DDRS) of the Family and Social Services Agency (FSSA). Please see Columbus' responses below to the State's request of the following questions.

Clarification Questions:

Question #1: The scope of work states, "Case Managers must be W-2 employees, not contractors. For the purposes of this work, the State considers an employee as someone who is guaranteed a regular wage amount for an hourly, weekly, or other period of time, even when supplemented by a commission or other incentive, and not a flat fee payment as defined by the Internal Revenue Service (<https://www.irs.gov/newsroom/understanding-employee-vs-contractor-designation>). This employee definition and pay structure is directly related to the ability of a case management contractor to be conflict free in the service provision of case management." How does your current or future W-2 employees' compensation structure align with the description above?

To ensure the provision of conflict-free case management, as indicated in our proposal response to Section 6.1.d, "Contractor Staff," all Columbus Case Managers are W-2 employees. Columbus' Case Managers are categorized as W-2 employees as defined by the Internal Revenue Service Relationship

classification. Columbus compensates our Case Managers using a biweekly pay cycle based on an agreed upon salary stated in the employment agreement. Additionally, Columbus provides a competitive and comprehensive benefits and compensation plan (including 401k), as well as assistance to maintain licensure and memberships in professional organizations. Columbus provides a wellness program; reimbursement for all travel and related expenses; and provides computers, phones, and printing services such that our employees bear none of the business expenses in their role. Case Managers are supported in completing required trainings, and we encourage staff to take advantage of continuing education opportunities (including financial aid for registration and attendance at professional meetings).

Question #2: Your presentation referenced QA Scorecards as a key element of your QA/QI efforts. Can you please share a blank template(s) of these QA Scorecards with reviewers (or if shared in application materials already submitted, where those scorecards can be found). Please include any supplemental guidance or rubrics you use in conjunction with the QA Scorecards.

As a data-driven organization, Columbus utilizes the Quality Assurance (QA) Scorecard, as shown in Attachment A, "Sample Quality Assurance Scorecards," as the foundation of our program to continuously improve quality and outcomes for the individuals we serve. We have also provided a blank QA Scorecard template in Attachment B, "Sample Quality Assurance Scorecard Template." Data is collected on a monthly basis and entered into the state "Scorecard," which tracks caseload ratios, monthly contacts, the number of Person-Centered Individualized Support Plans (PCISP) that are required and completed, and QA scores and satisfaction scores. QA Scorecards, which include reviews of case notes and PCISPs, are completed by Columbus QA Staff for each Case Manager. The goal of each review is to verify that the plans incorporate best practices, meet state-specific standards, and represent the needs and goals of the individual.

As Columbus Team Lead Supervisors review the QA Scorecard for each Case Manager in their 1:1 monthly meeting and track the outcomes against metrics on the state Scorecard, Columbus supervisory staff are able to quickly and efficiently identify which Case Managers are doing an exceptional job and which Case Managers need additional mentoring. The



results provide a roadmap for Columbus to identify specific areas that will be enhanced through additional training for the Case Management staff and team to ultimately improve the overall quality of service to the individuals.

In conjunction with the QA Scorecard, Columbus' Executive State Director uses a monthly Playbook Scorecard to assist in tracking various quality and compliance measures (including the overall score from the QA Scorecard). The Playbook Scorecard is used to track the percentage of Case Managers who meet their individual requirements, including the number of case notes submitted timely versus untimely, satisfaction scores, and complaints. Implementation of the Playbook Scorecard allows Columbus to identify areas of improvement in graph form to further support staff goals, objectives, and continuous improvement.

Though we have an independent and fully dedicated QA department, we believe quality efforts are the responsibility of every employee from Case Managers to Columbus' President and Chief Executive Officer (CEO). As a result, we have built our quality program around this idea and maintain a hierarchy of councils to oversee the QA Department.

Our quality program methodology uses a bottom-to-top approach, starting with Case Managers. Columbus' Case Managers are responsible for providing a quality service and developing a quality PCISP. Case Management Supervisors and Directors are responsible for ensuring that all Case Managers are successful in doing this through regular supervision meetings. At these meetings, the Case Manager and their Supervisor review areas of strength and weakness from their own observations, as well as from data provided by the Quality Enhancement Coordinators (QECs).

The QA Department is independent of the Case Management department and reports directly to Columbus' Senior Vice President of Clinical Operations, who reports directly to the President and CEO to reduce any potential conflicts of interest. The QA Department reviews PCISPs and case management notes to ensure that they are in compliance with state requirements and best practices, are person-centered and individualized, and are based on the person's wants and needs.

Additionally, Columbus has a Compliance and Quality Council (CQC), which consists of State Directors and QECs, among others. The CQC reviews data



from various sources to identify trends and brainstorm ways to maintain and improve quality.

Finally, the Executive Quality and Compliance Committee (EQCC) consists of six members of Columbus' executive team. The EQCC provides oversight of and direction to the entire quality program, including reviews of monitoring reports and corrective actions each month. The EQCC reviews data at a macro level, compared to the CQC, and makes recommendations to ensure resources are provided to remove barriers to quality services.

Columbus has used its proprietary QA Scorecard and QA procedure as described above to help several states develop and implement similar processes.

Thank you again for your time and consideration. You are welcome to contact me at (800) 229-5116 or jklimaski@columbusorg.com if you have any questions.

Sincerely,

Jeff Klimaski
President & CEO
The Columbus Organization



Attachment A: Sample Quality Assurance Scorecards

Please see an example of Columbus' Quality Assurance Scorecards on the following pages.

Measure					Score
DAILY LIFE - Supervision Needs	67%	74%	76%	65%	70%
DAILY LIFE - Preferences	89%	83%	93%	88%	88%
DAILY LIFE - Supporters	96%	89%	90%	94%	92%
DAILY LIFE - Participant Assessment Tool	100%	100%	100%	100%	100%
COMMUNITY LIVING - Supervision Needs	89%	100%	95%	91%	94%
COMMUNITY LIVING - Preferences	100%	99%	91%	96%	96%
COMMUNITY LIVING - Supporters	100%	93%	96%	100%	97%
COMMUNITY LIVING - Control of Resources	70%	94%	82%	100%	87%
CITIZENSHIP & ADVOCACY - Supervision Needs	74%	97%	94%	100%	91%
CITIZENSHIP & ADVOCACY - Preferences	55%	90%	88%	96%	83%
CITIZENSHIP & ADVOCACY - Supporters	81%	92%	93%	100%	92%
EMPLOYMENT - Supervision Needs	100%	100%	96%	96%	98%
EMPLOYMENT - Preferences	100%	100%	98%	96%	99%
EMPLOYMENT - Supporters	100%	100%	96%	96%	98%
EMPLOYMENT - Prevoc	89%	100%	100%	100%	97%
HEALTH & SAFETY ACTIVITIES - Preferences	81%	96%	91%	96%	91%
HEALTH & SAFETY ACTIVITIES - Supporters	89%	92%	91%	100%	93%
CURRENT HEALTH INFORMATION, ADAPTIVE SUPPLIES AND EQUIPMENT	100%	100%	90%	100%	98%
SOCIAL & SPIRITUAL ACTIVITIES - Supervision Needs	74%	96%	89%	100%	90%
SOCIAL & SPIRITUAL ACTIVITIES - Preferences	81%	96%	84%	100%	90%
SOCIAL & SPIRITUAL ACTIVITIES - Supporters	77%	96%	89%	100%	90%
CLINICAL RECOMMENDATIONS	100%	100%	100%	100%	100%
WORK GOALS	37%	56%	56%	48%	49%
PERSON-CENTERED GOALS	100%	100%	100%	100%	100%
INDIVIDUAL STRENGTHS	100%	100%	100%	100%	100%
ACTION STEPS IDENTIFIED	100%	100%	100%	100%	100%
ACTION STEP STRATEGIES	96%	100%	100%	100%	99%
OUTCOMES OF PRIOR GOALS	100%	100%	100%	100%	100%
ACTION STEPS JUSTIFICATION	100%	100%	100%	100%	100%
SERVICE PLAN	100%	100%	100%	100%	100%
INFORMED CHOICE & SIGNATURE PAGE	52%	57%	72%	79%	65%
INDIVIDUAL RISK PLANS	100%	100%	100%	100%	100%
CASE NOTES - Monthly	100%	100%	100%	100%	100%
CASE NOTES - Quarterly Meeting	100%	100%	100%	100%	100%
CASE NOTES - Annual Meeting	100%	100%	100%	100%	100%
AVERAGE	87%	93%	92%	95%	92%

Measure																	Score
DAILY LIFE SUPERVISION NEEDS	0%	100%	0%	100%	50%	60%	100%	100%	100%	100%	0%	0%	100%	100%	100%	100%	85%
DAILY LIFE PREFERENCES	0%	100%	100%	100%	50%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88%
DAILY LIFE SUPPORTERS	100%	100%	100%	100%	50%	60%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%
DAILY LIFE PARTICIPANT ASSESSMENT TOOL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
COMMUNITY LIVING SUPERVISION NEEDS	100%	100%	100%	100%	100%	80%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	91%
COMMUNITY LIVING PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
COMMUNITY LIVING SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
COMMUNITY LIVING CONTROL OF RESOURCES	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CITIZENSHIP & ADVOCACY SUPERVISION NEEDS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CITIZENSHIP & ADVOCACY PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
CITIZENSHIP & ADVOCACY SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
EMPLOYMENT SUPERVISION NEEDS	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
EMPLOYMENT PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
EMPLOYMENT SUPPORTERS	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
EMPLOYMENT PREVOC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
HEALTH & SAFETY ACTIVITIES PREFERENCES	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%
HEALTH & SAFETY ACTIVITIES SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CURRENT HEALTH INFORMATION, ADAPTIVE SUPPLIES AND EQUIPMENT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SOCIAL & SPIRITUAL ACTIVITIES SUPERVISION NEEDS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SOCIAL & SPIRITUAL ACTIVITIES PREFERENCES	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SOCIAL & SPIRITUAL ACTIVITIES SUPPORTERS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CLINICAL RECOMMENDATIONS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
WORK GOALS	0%	100%	0%	0%	50%	20%	100%	100%	0%	100%	0%	0%	100%	100%	100%	100%	48%
PERSON-CENTERED GOALS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
INDIVIDUAL STRENGTHS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ACTION STEPS IDENTIFIED	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ACTION STEP STRATEGIES	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
OUTCOMES OF PRIOR GOALS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ACTION STEPS JUSTIFICATION	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SERVICE PLAN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
INFORMED CHOICE & SIGNATURE PAGE	100%	100%	100%	0%	100%	100%	100%	100%	100%	0%	100%	0%	100%	100%	100%	100%	79%

INDIVIDUAL RISK PLANS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
RIGHTS AND RESPONSIBILITIES	100%	100%	100%	0%	100%	100%	100%	100%	0%	0%	100%	0%	100%	100%	100%	71%
Case Notes - Monthly	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Case Notes - Quarterly Meeting	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Case Notes - Annual Meeting	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
AVERAGE	92%	100%	94%	83%	94%	94%	100%	100%	92%	94%	94%	89%	100%	100%	95%	



Time to complete: 15:32 Points: 34/36

1. Name of Service Recipient

0 / 0 pts

██████████

Auto-graded

2. Name of Case Manager

0 / 0 pts

██████████

Auto-graded

3. Name of Reviewer

0 / 0 pts

██████████

Auto-graded

4. Date of QEC Review

0 / 0 pts

██████████

Auto-graded

Daily Life

5. SUPERVISION NEEDS (DL): The section should include individual-specific information that support staff would need to support the person with ADLs

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

6. COMMENTS:

0 / 0 pts

No answer provided.

Auto-graded

7. PREFERENCES (DL): This section should include the person's vision of a preferred life, related to home living

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

8. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

9. SUPPORTERS (DL): Who supports the person with home living activities and to what extent? Include natural supports

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

10. COMMENTS:

Family provides natural supports.

0 / 0 pts
Auto-graded

11. PARTICIPANT ASSESSMENT TOOL: Information is consistent with the tools.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

12. COMMENTS:

Input from family and individual

0 / 0 pts
Auto-graded

Community Living

13. SUPERVISION NEEDS (CL): The section should include individual-specific information that support staff would need to support the person outside of the home.

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

14. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

15. PREFERENCES (CL): This section should include the person's preferences related to community living.

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

16. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

17. SUPPORTERS (CL): Who supports the person in the community and to what extent? Include natural supports; What opportunities does the individual currently have to engage in community life? What new community connections will be attempted during the ISP year?

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

18. COMMENTS:

0 / 0 pts

Auto-graded

Individual is a minor, family provides natural supports accessing the community.

19. CONTROL OF RESOURCES: What support?s are needed for handling of personal spending money 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

20. COMMENTS: 0 / 0 pts
Auto-graded
Family manages personal finances.

Citizenship & Advocacy

21. SUPERVISION NEEDS (CA): The section should include individual-specific information that support staff would need to know about the way a person learns 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

22. COMMENTS: 0 / 0 pts
Auto-graded
No answer provided.

23. PREFERENCES (CA): This section should include the person's preferences related items in this domain 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

24. COMMENTS: 0 / 0 pts
Auto-graded
No answer provided.

25. SUPPORTERS (CA): Who supports the person in these activities and to what extent? Include natural supports?

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

26. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

Employment

27. SUPERVISION NEEDS (EM): The section should include individual-specific information that support staff would need to support the person in their employment.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

28. COMMENTS:

Individual is a minor and not employed.

0 / 0 pts
Auto-graded

29. PREFERENCES (EM): This section should include the person's preferences related to employment supports.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

30. COMMENTS:

N/A

0 / 0 pts
Auto-graded

31. SUPPORTERS (EM): Who supports the person in these activities and to what extent? Include natural supports?

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

32. COMMENTS:

0 / 0 pts

Auto-graded

N/A

33. PREVOC: If in Prevocational Services, justification for continuation of prevocational services is included.

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

34. COMMENTS:

0 / 0 pts

Auto-graded

N/A

Health & Safety Activities

35. PREFERENCES (HS): This section should include the person's preferences related to receiving support with their health and safety

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

36. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

37. SUPPORTERS (HS): Who supports the person with health and safety activities and to what extent? Include natural supports?

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

38. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

39. CURRENT HEALTH INFORMATION, ADAPTIVE SUPPLIES AND EQUIPMENT: Refer to Healthy Living module for current health information, adaptive equipment and supplies

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

40. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

Social & Spirituality Activities

41. SUPERVISION NEEDS (SS): The section should include individual-specific information that support staff would need to know about the way the person interacts in social settings in the home and community?

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

42. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

43. PREFERENCES (SS): This section should include the person's preferences related to social activities.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

44. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

45. SUPPORTERS (SS): Who supports the person in these activities and to what extent? Include natural supports?

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

46. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

Recommendations, Outcomes, Action Steps and Services

47. CLINICAL RECOMMENDATIONS: Recommendations from current Social Work, Behavioral, or Nursing Assessment is included (if completed since last ISP)

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

48. COMMENTS:

Recommended assessments are completed and included in documents.

0 / 0 pts
Auto-graded

49. WORK GOALS: All questions are answered completely and accurately. If barriers exist, they are described

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

50. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

51. PERSON-CENTERED GOALS: List as many as the person and his/her team can identify. Goals do not require formal implementation plans. Goals should be broad and reflect supports needed to achieve the person's goals

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

52. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

53. INDIVIDUAL STRENGTHS: List as many as the person and his/her team can identify. Consider positive character traits, skills, talents, relationships, social roles and community connections.

1 / 1 pt
Auto-graded

☒ Yes or N/A



☐ No

54. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

55. ACTION STEPS IDENTIFIED: Action steps should be identified and prioritized based on achieving the person's vision, assessment of needs, and goals that are important FOR the person

1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

56. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

57. ACTION STEP STRATEGIES: "For each action step, include:

- desired outcome/goal
 - strategies for implementation (how will you accomplish)
 - Action steps needed
 - Progress measured
- Which Service is Tracking this goal?"

1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

58. COMMENTS:

N/A

0 / 0 pts
Auto-graded

59. OUTCOMES OF PRIOR GOALS: Discuss each outcome in the previous PCISP in terms of whether the goal was achieved, what worked, what didn't work, and if the goal should be modified or discontinued. Goals should not be continued without modification.

1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

60. COMMENTS:

No answer provided.

0 / 0 pts
Auto-graded

61. ACTION STEPS JUSTIFICATION: Include team discussion around justification for the final selection of action steps and decision about the number of action steps for this PCISP. Every PCISP must include at least one action step that is IMPORTANT TO the person discussion of team not including an action step for PAC, RHS, Therapy, Community Access, PreVoc, and/or SE, if individual receives any of these services. 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

62. COMMENTS: 0 / 0 pts
Auto-graded
The team has discussed the outcomes and action step justification for Daily Life & Employment strategies for implementations.

63. SERVICE PLAN: CM included CM/CMGT service description – 12 Units (if Field Office has not already completed Service Plan) and selected Minimum QT Visit Frequency 1 / 1 pt
Auto-graded

☒ Yes or N/A ✓

☐ No

64. COMMENTS: 0 / 0 pts
Auto-graded
No answer provided.

65. INFORMED CHOICE & SIGNATURE PAGE: BDDS/AED signature page and PCISP Statement of Agreement is complete and accurate. Individual or legal representative's original signature is included 0 / 1 pt
Auto-graded

☐ Yes or N/A ✓

☒ No ✗

66. COMMENTS:

0 / 0 pts

Auto-graded

The informed consents; HIPPA signature page; BDDS/AED signature page and PCISP Statement of Agreement forms included in documents has expired 10/2020.

67. INDIVIDUAL RISK PLANS: Necessary Risk Plans must be updated

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

68. COMMENTS:

0 / 0 pts

Auto-graded

No answer provided.

69. Rights and Responsibilities Form is complete, signed, and uploaded.

0 / 1 pt

Auto-graded

☐ Yes or N/A



☒ No



70. COMMENTS:

0 / 0 pts

Auto-graded

R & R form has expired

Case Manager Notes

71. How many monthly notes were reviewed

0 / 0 pts

Auto-graded

Three

72. Case Notes - Monthly

1 / 1 pt

Auto-graded

☒ Yes or N/A



☐ No

73. COMMENTS:

0 / 0 pts

Monthly case notes from 08/17/2021; 07/2/2021 and 06/24/2021 were all reviewed.

Auto-graded

74. How many quarterly notes were reviewed?

0 / 0 pts

Two

Auto-graded

75. Case Notes - Quarterly Meeting

1 / 1 pt

☒ Yes or N/A



Auto-graded

☐ No

76. COMMENTS:

0 / 0 pts

Quarterly meeting case notes from 06/29/2021 and 04/13/2021 both reviewed. Good case notes.

Auto-graded

77. How many Annual Notes were reviewed?

0 / 0 pts

One

Auto-graded

78. Case Notes - Annual Meeting

1 / 1 pt

☒ Yes or N/A



Auto-graded

☐ No

79. COMMENTS:

0 / 0 pts

Annual meeting case note from 10/15/2020 reviewed.

Auto-graded



Attachment B: Sample Quality Assurance Scorecard Template

Please see a blank template of Columbus' Quality Assurance Scorecard on the following pages.

Indiana Scorecard Aug 2021 Revisions

* Required

* This form will record your name, please fill your name.

1. Name of Service Recipient *

2. Name of Case Manager *

3. Name of Reviewer *

9/22/2021

4. Date of QEC Review *

Format: M/d/yyyy

9/22/2021

Daily Life

5. SUPERVISION NEEDS (DL): The section should include individual-specific information that support staff would need to support the person with ADLs *
(1 Point)

☐ Yes or N/A

☐ No

6. COMMENTS:

7. PREFERENCES (DL): This section should include the person's vision of a preferred life, related to home living *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

8. COMMENTS:

9. SUPPORTERS (DL): Who supports the person with home living activities and to what extent? Include natural supports *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

10. COMMENTS:

11. PARTICIPANT ASSESSMENT TOOL: Information is consistent with the tools. *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

12. COMMENTS:

9/22/2021

Community Living

13. SUPERVISION NEEDS (CL): The section should include individual-specific information that support staff would need to support the person outside of the home. *

(1 Point)

☐ Yes or N/A

☐ No

14. COMMENTS:

15. PREFERENCES (CL): This section should include the person's preferences related to community living. *

(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

16. COMMENTS:

17. SUPPORTERS (CL): Who supports the person in the community and to what extent? Include natural supports; What opportunities does the individual currently have to engage in community life? What new community connections will be attempted during the ISP year? *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

18. COMMENTS:

19. CONTROL OF RESOURCES: What support?s are needed for handling of personal spending money *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

20. COMMENTS:

9/22/2021

Citizenship & Advocacy

21. SUPERVISION NEEDS (CA): The section should include individual-specific information that support staff would need to know about the way a person learns *

(1 Point)

☐ Yes or N/A

☐ No

22. COMMENTS:

23. PREFERENCES (CA): This section should include the person's preferences related items in this domain *

(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

24. COMMENTS:

25. SUPPORTERS (CA): Who supports the person in these activities and to what extent? Include natural supports? *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

26. COMMENTS:

9/22/2021

Employment

27. SUPERVISION NEEDS (EM): The section should include individual-specific information that support staff would need to support the person in their employment. *

(1 Point)

☐ Yes or N/A

☐ No

28. COMMENTS:

29. PREFERENCES (EM): This section should include the person's preferences related to employment supports. *

(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

30. COMMENTS:

31. SUPPORTERS (EM): Who supports the person in these activities and to what extent? Include natural supports? *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

32. COMMENTS:

33. PREVOC: If in Prevocational Services, justification for continuation of prevocational services is included. *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

34. COMMENTS:

9/22/2021

Health & Safety Activities

35. PREFERENCES (HS): This section should include the person's preferences related to receiving support with their health and safety *
(1 Point)

☐ Yes or N/A

☐ No

36. COMMENTS:

9/22/2021

37. SUPPORTERS (HS): Who supports the person with health and safety activities and to what extent? Include natural supports? *
(1 Point)

☐ Yes or N/A

☐ No

38. COMMENTS:

39. CURRENT HEALTH INFORMATION, ADAPTIVE SUPPLIES AND EQUIPMENT: Refer to Healthy Living module for current health information, adaptive equipment and supplies *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

40. COMMENTS:

9/22/2021

Social & Spirituality Activities

41. SUPERVISION NEEDS (SS): The section should include individual-specific information that support staff would need to know about the way the person interacts in social settings in the home and community? *

(1 Point)

☐ Yes or N/A

☐ No

42. COMMENTS:

43. PREFERENCES (SS): This section should include the person's preferences related to social activities. *

(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

44. COMMENTS:

45. SUPPORTERS (SS): Who supports the person in these activities and to what extent? Include natural supports? *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

46. COMMENTS:

9/22/2021

Recommendations, Outcomes, Action Steps and Services

47. CLINICAL RECOMMENDATIONS: Recommendations from current Social Work, Behavioral, or Nursing Assessment is included (if completed since last ISP) *
(1 Point)

☐ Yes or N/A

☐ No

48. COMMENTS:

9/22/2021

49. COMPLETENESS: PCISP should use language that is respectful, consistent, and understandable to the individual and family. All questions are answered completely and accurately. The plan should not reflect NA's. If barriers exist, they are described *
(1 Point)

☐ Yes or N/A

☐ No

50. COMMENTS:

51. PERSON-CENTERED GOALS: List as many as the person and his/her team can identify. Goals do not require formal implementation plans. Goals should be broad and reflect supports needed to achieve the person's goals *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

52. COMMENTS:

53. INDIVIDUAL STRENGTHS: Does the PCISP clearly identify the individual's strengths based upon their input along with the input of the entire team? If so, List as many as the person and his/her team can identify. Consider positive character traits, skills, talents, relationships, social roles and community connections. *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

54. COMMENTS:

55. ACTION STEPS IDENTIFIED: Action steps should be identified and prioritized based on achieving the person's vision, assessment of needs, and goals that are important FOR the person *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

56. COMMENTS:

57. ACTION STEP STRATEGIES: "For each action step, include:

- desired outcome/goal
- strategies for implementation (how will you accomplish)
- Action steps needed
- Progress measured

Which Service is Tracking this goal?" *

(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

58. COMMENTS:

59. OUTCOMES OF PRIOR GOALS: Discuss each outcome in the previous PCISP in terms of whether the goal was achieved, what worked, what didn't work, and if the goal should be modified or discontinued. Goals should not be continued without modification. *

(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

60. COMMENTS:

61. ACTION STEPS JUSTIFICATION: Include team discussion around justification for the final selection of action steps and decision about the number of action steps for this PCISP. Every PCISP must include at least one action step that is IMPORTANT TO the person discussion of team not including an action step for PAC, RHS, Therapy, Community Access, PreVoc, and/or SE, if individual receives any of these services. *

(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

62. COMMENTS:

63. SERVICE PLAN: CM included CM/CMGT service description – 12 Units (if Field Office has not already completed Service Plan) and selected Minimum QT Visit Frequency *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

64. COMMENTS:

65. INFORMED CHOICE & SIGNATURE PAGE: BDDS/AED signature page and PCISP Statement of Agreement is complete and accurate. Individual or legal representative's original signature is included *
(1 Point)

☐ Yes or N/A

☐ No

9/22/2021

66. COMMENTS:

67. INDIVIDUAL RISK PLANS: Necessary Risk Plans must be updated *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

68. COMMENTS:

69. Rights and Responsibilities Form is complete, signed, and uploaded. *
(1 Point)

- ☐ Yes or N/A
- ☐ No

9/22/2021

70. COMMENTS:

9/22/2021

Case Manager Notes

71. How many monthly notes were reviewed

72. Case Notes - Monthly *
(1 Point)

☐ Yes or N/A

☐ No

73. COMMENTS:

9/22/2021

74. How many quarterly notes were reviewed?

75. Case Notes - Quarterly Meeting *
(1 Point)

☐ Yes or N/A

☐ No

76. COMMENTS:

9/22/2021

77. How many Annual Notes were reviewed?

78. Case Notes - Annual Meeting *
(1 Point)

☐ Yes or N/A

☐ No

79. COMMENTS:

9/22/2021

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