

Quality Assurances - Visit Two Summary

General Information

Your Name

Click or tap here to enter text.

Title

Click or tap here to enter text.

Organization Name

Click or tap here to enter text.

Date of Last Onsite Accreditation Visit

Click or tap to enter a date.

1. Has your organization gone through any of the following changes since your last visit with CQL?

Select all that apply.

- Change in executive director
- Change in ownership or management
- Unfavorable reviews or inspections resulting in potential loss of certification, license(s) or funding
- Receipt of citations of Immediate Jeopardy or Conditions of Participations in ICF funded services
- Receipt of any state-specific sanctions related to state licensure regulations
- Abuse, neglect, or other circumstances being investigated by local, state or federal entities
- Any circumstances that require a plan of correction in order to remain licensed, certified, or funded

Organizational Changes Comments (1)

Please use this space to provide additional information about the changes noted in the question above.

Click or tap here to enter text.

2. Has your organization added or discontinued any service components?

- Yes

No

Comments:

Click or tap here to enter text.

3. Has your organization added or discontinued any buildings that you own or operate?

Yes

No

Comments:

Click or tap here to enter text.

4. Has your organization increased or decreased in size?

Yes

No

Comments:

Click or tap here to enter text.

Section 2: Basic Assurances® Updates

1. During your last visit with CQL, did any Basic Assurances® require a plan of enhancement?

Yes

No

If YES, please list each Basic Assurances® (BA) indicator requiring follow up along with a narrative summary of action taken. For each BA indicator that required a plan of action please complete a summary of action taken

for each indicator not present. The narrative summaries should include information related to the bullet points below:

- Whether or not you were able to complete each action outlined in the plan
- A brief description of the revised/new system /practice put in place to meet the requirements of the bringing the indicator into place in system and practice.
- How long has this revised/new system /practice been in place?
- Has the revised/new system /practice been implemented across the whole organization?
- What evidence/data is being used as measurement of success for this revised/new system /practice?
Please note that any updated policies, assessments, trainings etc. must be provided as evidence. These documents should be sent electronically to your assigned CQL reviewer
- What additional steps/actions are yet to be implemented to continue to work towards meeting the expectation of the indicator

Narrative Summaries:

- [Click or tap here to enter text.](#)

Additional information to be submitted if Factor 10 required a plan.

BA Factor Ten: Please complete the following chart to identify how each of the nine BA Factors are being monitored. Identify if any of the data sources listed are baseline data.

FACTOR NUMBER	DATA SOURCE	COLLECTED DATA	RESPONSIBLE PERSON	ANALYSIS/ INTERPRETATION	ACTIONS TAKEN
ONE	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
TWO	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
THREE	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FOUR	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FIVE	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

SIX	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
SEVEN	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
EIGHT	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
NINE	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Additional Comments:

Click or tap here to enter text.

Section 3: Personal Outcome Measures® Updates

1. How many interviews have been completed at your organization since your last CQL visit?

Click or tap here to enter text.

2. By whom were interviews completed?

Click or tap here to enter text.

3. What training on Personal Outcome Measures® have your staff who conduct interviews been given?

Select all that apply.

- CQL 4-day Assessment Workshop
- CQL Interviewer Certification
- CQL Trainer Certification
- Online Training through Relias
- Informal Training/Self-Taught

Other (explain below)

Click or tap here to enter text.

4. Have you been using CQL's PORTAL Data System to manage your data?

Yes

No

If yes, how has your experience been with using the PORTAL Data System?

Click or tap here to enter text.

If no, what has prompted you to choose not to use this tool?

Click or tap here to enter text.

5. How do you determine your sample for Personal Outcome Measures[®] interviews?

Click or tap here to enter text.

6. What is the average aggregate score for outcomes and supports for interviews completed since your last visit with CQL?

Click or tap here to enter text.

7. Which outcomes scored highest?

Click or tap here to enter text.

8. Which outcomes scored lowest?

Click or tap here to enter text.

9. What action has your organization taken as a result of the data that has been collected since your last visit?

Click or tap here to enter text.

10. How are Personal Outcome Measures[®] being used on an individual basis to inform the person-centered plan?

Click or tap here to enter text.

11. Based upon your progress in meeting the requirements to use the Personal Outcome Measures[®] as part of your accreditation agreement, CQL may observe one of your agency staff conduct a POM interview and provide coaching and guidance. Please note that this cannot serve as a re-certification for a reliable interviewer.

Please note the name of the staff who will be conducting that interview:

Next Steps

Thank you for taking the time to complete this fillable form. This is the first step in preparing for your upcoming checkpoint with CQL.

Your lead CQL reviewer will be scheduling a planning call before your on-site visit. This form along with supporting documents such as updated policies, assessments, trainings and other relevant evidence should be submitted electronically to your lead reviewer at least one week prior to this call.

Please refer to your confirmation letter and resource emails for additional details about your visit.

Thank you for partnering with CQL on this journey. If you have any questions, please contact Gretchen Block at gblock@thecouncil.org or your lead CQL reviewer. We look forward to discussing your progress and working collectively to plan for our next steps.