

I. STAFF QUALIFICATIONS AND DEVELOPMENT			
<i>A. Employment Criteria</i>	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. All agency staff are qualified according to required federal, state and local licensing and provisions.	Required service provider licensures and certifications are on file with agency and on display on premises.	a. Review staff list and files for required credentials, current licensing and certification, training, and specialties.	<ul style="list-style-type: none"> <li>• % of service providers with current/valid required licensure/certification and credentials on file with agency</li> <li>• Required licensures are on display on premises</li> </ul>
<i>B. Professional Development</i>	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. Program staff receive appropriate, ongoing supervision and feedback on their performance and opportunities to develop. 2. Staff are trained in cultural competency on an annual basis	Agency provides appropriate supervision for program staff.  Agency ensures program staff receive annual training on cultural competency and receives information on grievance policies and procedures	Review: a. Supervision requirements for program staff b. Annual performance evaluations c. Annual training requirements	<ul style="list-style-type: none"> <li>• Agency has a system in place for at least biweekly supervision of program staff or weekly for clinics</li> <li>• Program staff files have documentation of regular weekly and/or biweekly supervision and/or annual review</li> <li>• Files show record of annual training for cultural competency and knowledge of grievance procedures and practices</li> </ul>
<i>C. Responsibilities and Tools</i>	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. All staff and providers treat clients with respect.	HIV sensitive staff and providers provide services.	Review: a. Grievances for complaints related to insensitivity as it applies to RW Part A funded services b. Cultural/HIV training/orientation for subcontractors	<ul style="list-style-type: none"> <li>• Documented complaints regarding insensitivity of providers</li> <li>• Documented steps to rectify complaints</li> <li>• Grievances filed</li> <li>• Documentation of HIV sensitivity training provided to sub-contractors</li> </ul>
2. Staff support system is in place.	There is a system in place that effectively supports staff with managing burnout, stress and grief.	Review: a. Staff supervision, support, employee assistance program available to staff b. Agency resources to assist staff in managing burnout, stress and grief	<ul style="list-style-type: none"> <li>• Agency has a policies and procedures in place to assist staff with managing burnout, stress and grief</li> </ul>

<i>C. Responsibilities and Tools</i>	<b>EXPECTED PRACTICE</b>	<b>INDICATORS</b>	<b>OUTCOMES</b>
3. Staff have the necessary information to effectively carry out the mission of the program and their assignment within the program.	The agency has a comprehensive policy and procedure manual that contains standardized protocols for service delivery and that is available to all staff.	Review: a. Agency policy and procedure manual b. Interview staff	There is a comprehensive agency policy and procedure manual which includes: <ul style="list-style-type: none"> <li>• Annual review of policies and procedures</li> <li>• After hours coverage</li> <li>• Building emergencies</li> <li>• Client bill of rights and anti-discrimination policy</li> <li>• Client confidentiality and cultural competency</li> <li>• Client grievance procedures</li> <li>• Continuous quality improvement</li> <li>• Documentation requirements</li> <li>• Exchange of information between agencies and providers</li> <li>• Incidents reports</li> <li>• Infection control/universal precautions</li> <li>• Medical emergencies</li> <li>• Safety protocols for clients and employees</li> <li>• Sexual harassment</li> <li>• Smoking</li> <li>• Staff confidentiality and HIPAA requirements</li> <li>• Staff orientation</li> <li>• Staff continuing education and training requirements</li> <li>• Suspected child abuse</li> <li>• A Process is in place to allow for modification of services if needed</li> </ul>

II. SERVICES			
A. Service Provision	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. 100% of clients receive services in a culturally sensitive manner and in a language they understand.	Services are provided in a culturally sensitive manner and in language clients understand. This includes disseminating information to clients about services available.	Review: a. Cultural competency plan b. Staff files and training logs for orientation and training on cultural/linguistic competency c. Recruitment plan for diversifying staff d. Agency literature for important service information and documents in dominant client languages e. Interview staff f. Obtain client demographics and match against staff mix	<ul style="list-style-type: none"> <li>• % of staff who received cultural competency orientation and training</li> <li>• Important documents and service information are available in dominant client languages</li> <li>• Agency has a process and resources in place for all clients with disabilities</li> <li>• Agency has cultural and lingual staff for dominant client cultures and languages, and at a minimum agency provides translation services.</li> <li>• Ratio of staff to clients by race and ethnicity</li> <li>• Important documents, agency brochures, releases of information are in dominant client population languages</li> <li>• Cultural competency training includes ethnicity, sexual orientation, religious beliefs and gay culture</li> <li>• There is tracking of service denial due to language or cultural barriers</li> </ul>
2. 100% of clients will be aware of their rights and the grievance policy and procedure.	Client bill of rights including non-discrimination policy and grievance procedure is available and understandable.	Review: a. Client bill of rights and grievance procedures b. How clients are informed of client bill of rights and grievance procedures	<ul style="list-style-type: none"> <li>• Written client bill of rights, including non-discrimination policy and grievance procedures are available in dominant client languages</li> <li>• % of client records with documentation of client being informed of client bill of rights, including non-discrimination and grievance procedures</li> </ul>
3. All providers adhere to confidentiality standards. Client confidentiality is appropriately safeguarded.	Client confidentiality is maintained in accordance with state and federal standards.	Review: a. Agency policy regarding confidentiality and HIPAA compliance as applicable b. Staff files for confidentiality agreement, orientation and annual training, including HIPAA training as applicable. c. Client files for appropriate, current, signed releases of information	<ul style="list-style-type: none"> <li>• % of staff files with applicable, signed confidentiality agreements</li> <li>• % of staff files with documentation of confidentiality and HIPAA requirements orientation and annual training</li> <li>• % of client records with current, signed applicable releases of information</li> <li>• Client paper files secure in locked cabinet and locked office</li> <li>• Electronic client files are password protected</li> </ul>

III. CONTINUOUS QUALITY IMPROVEMENT			
A. Clients & Staff	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. Client, staff and service providers' perspectives are incorporated into agency service planning, improvements, and program design.	There is a system in place to obtain periodic and ongoing feedback from staff, service providers and clients on services and how they can be improved.	a. Interview administrators, service providers and staff. Perform physical inspection of facility b. Review minutes of quality assurance meetings	<ul style="list-style-type: none"> <li>Documentation of CQI mechanisms that are in place for incorporating client, staff and service providers feedback into improving services</li> <li>Documented changes made to improve services as a result of feed back from clients, staff and service providers</li> </ul>
B. Agency	EXPECTED PRACTICE	INDICATORS	OUTCOMES
1. Regulatory and safety standards are met.  Environment is safe.	Facility is up to fire and safety code, is clean, well ventilated and provides adequate heat, restrooms, private space, and comfort features. Facility must be accessible to people with disabilities.	a. Review documentation of the facility passing fire and safety inspections	<ul style="list-style-type: none"> <li>Facility is handicap accessible and clean, well ventilated and has adequate heat, restrooms, private space, and comfort features</li> <li>Facility has passed fire and safety inspections and has necessary security system in place</li> </ul>
2. Agency has institutionalized procedures for assessing and improving service quality.	CQI process is in place and CQI activity is ongoing.	a. Review agency's CQI mechanisms	<ul style="list-style-type: none"> <li><del>CQI system is in place</del></li> <li>Program has established indicators for quality assurance of services</li> <li>There is a quality assurance committee that meets monthly</li> <li>Quality assurance meetings and outcomes are documented</li> </ul>

**Comment [MRW1]:** How is this significantly different from above?

**Comment [MRW2]:** Can these be incorporated above? Is it realistic or necessary to have a quality assurance meeting monthly? Maybe once or twice a year? Unless you are referring to the regional meetings?