



Guidelines for program roles between the QA Associate, Case Manager and Program Supervisor

Positions and their roles:

- a. Quality Assurance Associate - after staff has made the initial call to DHCA, then they are to reach out to QAA with the instructions given by the nurse. QAA will contact residential/families and when necessary accompany the individual to the ER/Urgent Care. QAA will maintain and audit all medical files and medications, update database when applicable, reach out to residential and families regarding paperwork and medications. When necessary, QAA can also go out into the community to administer medications for when a CMT is not available. When necessary, QAA will attend interim meetings when there are medical issues/concerns. QAA handles the admissions process for individuals interested in Harford Center services. QAA works with staff to be obtain or renew their CMT.
- b. Case Manager – Is responsible for: the MSFPR, notifying residential/family with concerns regarding program to facilitate scheduling of interim meetings, scheduling PCP prep/annual meetings, monitoring, developing and implementing with staff the individual's outcomes/goals, possibly going into the community with groups for outings to gather information to create/modify these outcomes. After completion of annual PCP, the Case Manager will train the necessary staff and supervisors within 30 days of receiving the PCP document from Coordinator of Community Services and ensure the outcomes are implemented. Case Manager will maintain records, and update database when applicable. Will work in conjunction with Program Supervisors to make calls regarding lunches and supplies. When applicable, will complete Incident Report Addendum form for any follow up calls, discussions or correspondences relating to incidents, and give to the QA Manager. Case Manager will send an email to management team of any individual who has two or more absences within one week, and a call will be made to identify any needs.
- c. Program Supervisor – when necessary, supervisor will work with Case Manager to contact residential/families for supplies, such as: depends, extra clothes, or insufficient lunches. Program supervisor will ensure that DSP's are completing their case notes. The Program Supervisor will



remind staff to complete an incident report form, when staff report any and all situations that indicate an individual is not at baseline. When applicable, will complete Incident Report Addendum form for any follow up calls, discussions or correspondences relating to incidents, and give to the QA Manager. When necessary, Program Supervisor will administer medications for when a CMT is not available. Program supervisors when possible will attend interim and prep meetings. If and when possible schedule for the DSP to attend the interim and prep meetings. In the absence of the QA Associate, the Program Supervisor will make the follow-up calls and accompany individuals to the ER/Urgent Care. Program supervisors are to review the daily attendance sheet sent out by the Executive Assistant. When two or more absences have been identified within one week, without prior explanation, the Program Supervisor is to collaborate with the Case Manager, so that a call can be placed to learn of any needs.

Overall:

Program Director, Program Supervisor, Case Manager, and QA Associate will keep in constant communication with each other to follow through to ensure the individuals' needs are met.