



Quality Assurance, Technical Assistance, and Performance (QATA-P)

POLICY/PROCEDURES

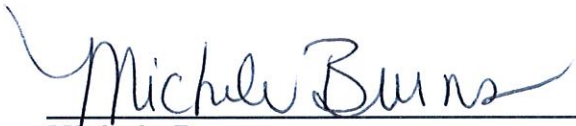
Policy Number: QATA-P 11-2018-29

 X New Policy

 Revised

Date: November 29, 2018

Subject: Quality Assurance, Technical Assistance, and Performance (QATA-P)



Michele Burns
Executive Director
CareerSource Okaloosa Walton

1 Attachment
Monitoring Action Plan (MAP)



Quality Assurance, Technical Assistance, and Performance

OF INTEREST TO

CareerSource staff in Okaloosa and Walton Counties responsible for implementing workforce programs through the One-Stop Delivery System.

SUBJECT

Quality Assurance, Technical Assistance, and Performance (QATA-P)

PURPOSE

These instructions formalize the process for monitoring workforce programs and services delivered through the One-Stop Delivery System in Okaloosa and Walton Counties. It also provides guidance on career center credentialing, performance improvement tips, and staff development.

REFERENCE

- Workforce Innovation and Opportunity Act of 2014, (Public Law 113-128), Section 121;
- Workforce Development Board Policy Directive OS-001, Confidentiality;
- [2017 Florida Statutes](#), Title XXXI - Labor, Chapter 445 – Workforce Services;
- Wagner-Peyser Act of 1933, as amended by the Workforce Innovation and Opportunity Act of 2014;
- CSF Policy Number 92, One-Stop Staff Credentialing and Skills Standards, December 15, 2016;
- CSF Policy Number 93, One-Stop Career Center Certification Requirements, February 2, 2017.

Rescissions	Expiration Date
Quality Assurance and Technical Assistance	April 10, 2017

BACKGROUND

Consistent with the State Plan and the local Workforce Plan, CareerSource Okaloosa Walton's Board is responsible for delivery of direct services and oversight with respect to the "one-stop" delivery system in Okaloosa and Walton Counties. Effective oversight requires regular monitoring of workforce programs to ensure compliance with the law and other applicable directives. This local operating procedure (LOP)

Quality Assurance, Technical Assistance, and Performance

QATA-P 11-2018-29

November 29, 2018

formalizes the monitoring process and delineates procedures for staff to use during quality assurance reviews. It also includes requirements for staff development, with specific emphasis on frontline staff; and Grievance, Complaint & Discrimination Procedures.

POLICY GUIDANCE

A. CAREERSOURCE PROGRAMS AND SERVICES SUBJECT TO THIS POLICY

1. This LOP is applicable to all programs and services under the operational control of CareerSource Okaloosa Walton, such as:
 - a. Workforce Innovation and Opportunity Act (WIOA) Adult/Dislocated Worker;
 - b. Workforce Innovation and Opportunity Act Youth;
 - c. Temporary Assistance for Needy Families (TANF);
 - d. Supplemental Nutrition Assistance Program (SNAP);
 - e. Wagner-Peyser (WP);
 - f. Veterans - Local Veterans Employment Representative (LVER);
 - g. Veterans - Disabled Veterans Outreach Program (DVOP);
 - h. Business/Employer services;
 - i. Re-Employment Services and Eligibility Assessment (RESEA);
 - j. Military Family Employment Advocacy Program (MFEA);
 - k. Disability Program Navigator (DPN);
 - l. Ticket-to-Work (T-t-W);
 - m. Special Projects such as: Veterans Spouse Program; and
 - n. Any additional special projects, services or programs added after publication of this local operating procedure.

B. OVERVIEW OF THE QUALITY ASSURANCE PROCESS

1. Ultimately, the Executive Director (ED) is responsible for ensuring quality assurance is in place and operational. The Executive Director relies on the Chief Operating Officer (COO) and Quality Assurance Manager (QAM); and, the Quality Assurance, Technical Assistance, and Performance

Quality Assurance, Technical Assistance, and Performance

QATA-P 11-2018-29

November 29, 2018

(QATA-P) Team to carry out the functions delineated in this local operating procedure. The Quality Assurance Manager is responsible for convening the QATA-P Team, as needed, to carry out the functions of the CSOW Quality Assurance Program (QAP).

2. The QATA-P Team consist of the Chief Operating Officer, Quality Assurance Manager, and Program Coordinators. The Program Coordinators are an integral part of the QATA-P and therefore, a key to the success of the Quality Assurance Program. The Program Coordinators representing the programs listed below make up the core membership of the QATA-P Team:
 - a. Workforce Innovation and Opportunity Act Adult and Dislocated Worker;
 - b. Workforce Innovation and Opportunity Act Youth;
 - c. Temporary Assistance for Needy Families;
 - d. Wagner-Peyser;
 - e. Military Family Employment Advocacy;
 - f. Veterans Representative (LVER/DVOP)
 - g. Business Services
3. An effective monitoring system is the key to ensuring the integrity of the CSOW Quality Assurance and Oversight Program. To this end, QATA-P ensures that all staff conduct monitoring in accordance with this local operating procedure and any supplemental guidance issued during the Program Year. The instructions herein are the minimum controls that must be in place to comply with the CSOW programmatic monitoring requirements.
4. In addition to the CSOW monitoring program, another key component to the Quality Assurance Program is having trained and qualified staff to carry out the various functions of the organization. To that end, the COO places great emphasis on ensuring that all frontline staff are trained to a level where they can carry out most of their duties with minimum or no supervision by the end of ninth month following their date of hire. CSOW Staff's initial training activities are documented using the appropriate Program Training Checklist. When completed, the checklist is filed in the individual's personnel file.

C. MANAGING FOR PERFORMANCE

1. When it comes to managing for performance, QATA-P along with the Executive Director has taken on an even greater role. The Executive Director continues to emphasize individual accountability as well as the importance of compliance, monitoring, corrective actions, and performance improvement. To that end, **Program Coordinators and Program staff are encouraged to take a proactive approach to ensuring the integrity of the CareerSource Quality Assurance Program which leads to improved performance.**
2. Managing for performance requires adopting a “best practice” that has at its core four key elements. These components are the core elements of the CSOW internal control process; and the reason ***CSOW has reached and sustained over the years, a high level of performance:***

Quality Assurance, Technical Assistance, and Performance
QATA-P 11-2018-29
November 29, 2018

- a. **Eligibility.** The first element occurs when staff determines a participant's eligibility for a program. The key to eliminating disallowed costs is to ensure all program participants meet the eligibility requirements for the program before enrollment takes place and expenditures are authorized.
 - b. **Compliance.** The second element requires staff to have a thorough understanding of program requirements. Staff must ensure participants are participating and engaged in allowable activities. Some programs may require customers to complete certain activities before they become participants and funds are expended. In this case, staff must understand these requirements and ensure compliance. Another example might be reviewing TANF participants income to ensure they are eligible for Transitional Child Care. Compliance also includes accurate and timely documentation of program performance, case management actions, and workforce activities and services.
 - c. **Performance.** The third element of the Quality Assurance Program is performance outcomes. A primary goal of the CSOW is to have high performance in all program areas. However, it is important for staff not to let the desire for high performance take precedence over the requirements for eligibility and compliance. One example might be to increase performance by enrolling individuals with the least number of barriers. Although this might increase performance, it is not what WIOA requires. If eligibility and compliance are not aligned with guidance, performance could be negatively affected by the enrolling of a participant who may not be eligible. Eligibility requirements and compliance must always drive performance.
 - d. **Training.** Training is the fourth and final element of the internal control process. Perhaps it is the most important of the four components. The CSOW initial training for frontline staff should take place during the nine-month period following the staff member's date of hire. The initial training incorporates all elements necessary for a staff member to function in a position with little or no supervision. The initial training includes two components:
 - (1) Completing the **CSOW Employee Training Plan (ETP) ("Best Practice") by the ninth-month from the date of hire**; and,
 - (2) Completing the Florida Tier 1 Certification **by the ninth month from the date of hire**.
 - e. The Program Coordinators are responsible for ensuring the ETP is completed; as well as all follow-on training which should take place at least quarterly.
 - f. *The Program Coordinators and/ or Program Lead and the "new" employee are jointly responsible for reviewing the ETP during the sixth month period following the date of hire. The purpose of this review is to ensure training is on track to be completed by the employee's ninth month anniversary date.*
3. The Florida Tier 1 certification requirement must be completed within nine months of the date of hire or the date the staff member is designated as a frontline staff member, whichever comes last. Since the Tier 1 certification affects the Career Center credentialing, staff not meeting the standard above will not be allowed to perform frontline duties in the Career Center or sites without prior written approval from the Chief Operating Officer or Executive Director.

D. THE MONITORING PROCESS

1. The COO and Program Coordinators (PC) should ensure that quarterly monitoring is completed within 45 days following the end of the quarter (i.e. February 15, May 15, August 15, and November 15). **To ensure the integrity of the monitoring process, all monitoring completed by the Program Coordinators or program staff will be done independently of other program staff.** An extension to the due date, if needed, must be coordinated with the QAM. The following guidelines should be used when conducting quarterly monitoring; or other reviews that may take place outside of the monitoring cycle:
 - a. Be thorough. If something is out of compliance, ***write it up!***
 - b. Conduct monitoring independently of other program staff.
 - c. The QAM will randomly identify files to be monitored each quarter. If previously monitored files are selected the PC should replace them with files from the "Master List" provided by the QAM.
 - d. Alternatively, the PC may wish to identify specific files or activities to be monitored, including 100% monitoring of one or more staff member's files. This is allowable, but first the PC must coordinate with the QAM to eliminate duplication of effort.
 - e. The QAM may select additional files for the Program Coordinators to conduct "no-notice" monitoring at any time during the Program Year. The date for the "no-notice" monitoring should only be shared between the ED, COO, the appropriate PC, and QAM.
 - f. The QAM may randomly select files monitored by the Program Coordinators for additional monitoring.
 - g. Peer monitoring is the preferred method for conducting quarterly monitoring of Program files. For example:
 - (1) Program staff at the Ft Walton Beach Career Center monitors files at the Crestview CSOW site.
 - (2) Program staff at the Crestview CSOW site monitors files from the Defuniak Springs CSOW site.
 - (3) Program staff at the Defuniak Springs CSOW site monitors files in the Ft Walton Beach Career Center.
 - h. When conducting monitoring, the Program Coordinators and program staff should use the most up to date programmatic monitoring tools published by the Department of Economic Opportunity (DEO).

E. 100% MONITORING REQUIREMENT

1. The purpose of 100% monitoring is to ensure the accuracy and completeness of the enrollment experience (includes eligibility and compliance) of participants enrolled in workforce programs.

Quality Assurance, Technical Assistance, and Performance

QATA-P 11-2018-29

November 29, 2018

The 100% monitoring will focus on program eligibility, the assignment of activities, and follow-up. This requirement extends to all programs and special projects under the operational control of CareerSource Okaloosa Walton. When required, the 100% monitoring may be announced by the Executive Director, COO, or QAM and may exclude those files which were previously monitored during the program year.

2. **If a staff member is terminated for cause or resigns, the PC should ensure 100% monitoring of the individual's caseload files within 30 days of the separation date.**
3. At least one quarter per Program Year, 100% monitoring should include a review of ATLAS to ensure documents are available and readable.

F. STAFF TRAINING AND DEVELOPMENT

1. The CareerSource Board recognizes staff training as critical to ensuring high quality service delivery to CareerSource customers. To ensure the professional development of all CSOW staff:
 - a. The COO and QAM will ensure staff receive training on all **new** systems, policies, procedures, and guidance.
 - b. The Center Managers and Program Coordinators, as appropriate, are responsible for completing the **Employee Training Plan** on all newly hired staff, as well as on-going staff training. They are encouraged to request technical assistance when needed to ensure staff are thoroughly trained.
2. A key piece of the CareerSource center standards is the credentialing of CSOW staff. All frontline staff, including temporary staff, work studies and volunteers that assist one-stop customers must complete Florida's Workforce Professional training requirements (Tier 1 certification). Tier 1 certification must be completed within nine months of the individual's date of hire or assignment to CSOW.
3. Front-line staff should have the following minimum training as part of the initial training process as outlined below:
 - a. Customer service training – *Within the first 90 days.*
 - b. Communications skills training – *Within the first 90 days.*
 - c. Basic Computer software skills verification or training – *Within the first 90 days.*
 - d. Specific programmatic training – *Within the first nine months.*
 - e. Florida Workforce Professional Tier I certification – *Within the first nine months.*
4. CareerSource frontline staff are required to complete 15 hours of continuing education (CE) *each year following the date of initial Tier 1 certification*. Currently, CSOW tracks CEs by Program Year. Therefore, each staff member is expected to complete their 15 hours of continuing education during each Program Year.

5. The objectives of the continuing education requirement are to:
 - a. Obtain information on current trends;
 - b. Acquire knowledge in specific content areas;
 - c. Master new skills and techniques;
 - d. Expand and upgrade current knowledge and skills;
 - e. Develop critical inquiry skills; and
 - f. Achieve more balanced professional judgment.
6. The following are potential sources for continuing education credit:
 - a. Employer-provided (Local Board/One-Stop provider) staff development/in-service training;
 - b. DEO training programs;
 - c. Research and Training Center programs;
 - d. Private sector training programs;
 - e. Programs sponsored by professional organizations;
 - f. Conferences and workshops;
 - g. College and university courses;
 - h. Correspondence courses;
 - i. Workforce Summit;
 - j. Dynamic Works courses;
 - k. CSOW Staff Development Day training (Not including Lunch unless it is a working lunch); and
 - l. CSOW programmatic training.
7. If the **initial training** and **continuing education** are not successfully completed, **including Tier 1 certification**, by the established dates, the applicable staff member will **NOT** be permitted to work at any of the CareerSource centers or sites without prior written approval from the Chief Operating Officer or Executive Director.

G. PROGRAMMATIC TRAINING

1. Program Coordinators must ensure staff receives annual training on how to determine an applicant's eligibility for the workforce programs they administer. The annual training should also include:
 - a. Training for youth staff on the steps to enroll applicants who are over income.
 - b. CareerSource Okaloosa Walton Grievance/Complaint & Discrimination Complaint Procedures for customers.
2. Ongoing training of program staff is an important part of continual process improvement. To ensure staff are fully trained and kept up-to-date on policies and procedures, the COO will ensure Program Coordinators conduct formal training at least once each quarter for each Program under the operational control of CareerSource Okaloosa Walton. **All** training should include an agenda and handouts as appropriate. **All** training schedules will be coordinated with the COO and QAM who may choose to attend the training. Additional training may be scheduled when deemed necessary. The training agenda and signed attendance roster with clock hours should be submitted to the CSOW Training Coordinator at the Support Office to ensure training is documented in the staff member's training file.
3. CSOW staff should attend all scheduled programmatic and CSOW Staff Development Training. If a staff member is not available to attend any training, the Program Coordinator or Center Manager as appropriate should ensure the staff member receives the training within 7 workdays of the date of the training or when the staff member returns to work, whichever comes first. ***If the training is not completed by the 10th workday an e-mail should be developed and submitted to policy@careersourceow.com explaining why the training was not completed and the date the requirement will be met.*** Please complete all questions on the MAP form.

H. QUALITY ASSURANCE REVIEWS

1. The quarterly quality assurance reviews will identify programmatic Findings, Non-Compliance Issues, or Observations:
 - a. Programmatic findings are instances where noncompliance with requirements contained in federal or State law, regulation, administrative code, or other guidance or directives. In the event a Finding is identified, the Executive Director, COO, or QAM may require a 100% monitoring review of all files for that Finding.
 - b. Non-Compliance Issues are elements found consistently within the program operations that may lead to a Finding or other reporting/performance issue if not corrected. In the event a Non-Compliance Issue is identified, the Executive Director, COO, or QA Manager may require a 100% monitoring review of all files for that non-compliance issue.
 - c. Observations are informative statements and are made to identify processes that, when improved, can result in more positive program outcomes.

I. DOCUMENTATION

1. A written report, which includes the monitoring checklists for each file monitored and any Monitoring Action Plans should be forwarded to the QA Manager by the 50th day following the

Quality Assurance, Technical Assistance, and Performance
QATA-P 11-2018-29
November 29, 2018

last day of the quarter (i.e. February 20, May 20, August 20, and November 20). The report should focus on programmatic Findings and Non-Compliance Issues. It should also include any actions taken to correct the programmatic Findings and Non-Compliance issues; and recommendations for changes in processes that will prevent the problem(s) from reoccurring. An extension to the due date may be coordinated with the QA Manager.

J. MONITORING ACTION PLAN

1. A Monitoring Action Plan (MAP) (**Attachment 1**) will be developed for any Programmatic Findings or Non-Compliance Issues discovered during monitoring; or other reviews that may take place outside of the monitoring cycle. To ensure guidance is understood and displayed in daily performance on the job, the MAP will remain in effect until the Finding or Non-Compliance Issue is corrected.
2. A MAP *should* be initiated outside of the normal monitoring cycle anytime a staff member is performing below standards. A MAP *may* be initiated by the Executive Director, COO, QAM, or Program Coordinator following a review of the circumstances. Because a Finding or Non-Compliance Issue is a serious violation of standards, the MAP and training must take place by the 7th workday from the date on the MAP form; or, whenever the staff member is available for training, whichever comes first. Generally, a staff member will be considered available for training unless in Paid Time Off status. If the MAP is not closed out by the 10th workday the staff member will not be allowed to perform related tasks in the current duty position until the staff member has successfully completed the training. As in all cases with a MAP, follow-up is required until the MAP is closed out.

K. QUALITY ASSURANCE, TECHNICAL ASSISTANCE, and PERFORMANCE (QATAP) WORKGROUP

1. The QAM will host a **QATA-P** Team meeting at least twice each Program Year but may be held in conjunction with other staff meeting as appropriate. The QATA-P Team meetings will be coordinated with the COO. The QATA-P Team members include the COO, the QAM, and Program Coordinators representing the programs listed below:

- a. Workforce Innovation and Opportunity Act Adult and Dislocated Worker;
- b. Workforce Innovation and Opportunity Act Youth;
- c. Temporary Assistance for Needy Families;
- d. Wagner-Peyser;
- e. Military Family Employment Advocacy;
- f. Veterans Representative (LVER/DVOP)
- g. Business Services

Quality Assurance, Technical Assistance, and Performance

QATA-P 11-2018-29

November 29, 2018

2. The primary duties of the QATA-P Team are to review the **Quality Assurance Review outcomes, training outcomes, and performance outcomes**; with special emphasis on the core elements of the internal control process:
 - a. Eligibility;
 - b. Compliance;
 - c. Performance; and,
 - d. Training.
3. QATA-P will also review and recommend solutions for any outstanding monitoring reports.
4. The **QATA-P** will also make recommendations on the need for training and technical assistance for program staff. If it is determined that training is needed, the COO and/or QAM will be responsible for coordinating and scheduling the training.

L. CONFIDENTIALITY

1. All data collected as a result of this local operating procedure is for official use only, and should only be used in conducting official business. Refer to WFDB Policy Directive OS-001 for more information on the CareerSource Board's confidentiality policy. Privacy of participant's identification is essential.

M. SUGGESTIONS FOR CHANGES OR WAIVERS

1. Submit request for changes or waivers to this policy to CareerSource Okaloosa Walton, 109 8th Avenue, Shalimar, Florida 32579, ATTN: Executive Director or Quality Assurance Manager. Request may also be e-mailed to: Policy@careersourceow.com.
 - a. Request for changes must include the suggested change and an explanation of how the change will improve the process.
 - b. Request for **waivers** must include names, effective dates, case notes relating to the waiver, any dollar amounts, and any other documentation to support the request.

N. ACTION REQUIRED

1. CareerSource center staff are required to implement these instructions as a part of the programmatic Internal Control Process for CareerSource and CSOW Partner Programs. The process covers monitoring program performance, case management actions and workforce services administered through the CareerSource centers and sites.
2. **Training Hours: 1.0 hours.**