



## LARIMER COUNTY WORKS POLICY MANUAL

### Title      **Quality Assurance Requests**

Effective Date:      07-15-03	Page: 1 of      2
Desk:      EC and FAP	Revision:      10/1/2012
Agency Letters:      N/A	Reference:      LCWC P & P: 02-138
Regulations:      N/A	BoCC Approved:      10/23/2012
Forms: <b>LCHS 4114 &amp; LCHS 6326</b>	

The Quality Assurance Committee has requested the following information to be in all packets from the Technicians or Coaches where a participant is requesting a “hold” or exemption from participating in the Works programs.

All Quality Assurance Hold requests need to be forwarded to a member of the Quality Assurance Committee.

Required forms:

- 1) Request for a Quality Assurance Hold
- 2) Work Status Report (if medical/mental health hold request).
- 3) Narrative

Required Documentation: Technician/Coach

- 1) Request for a Quality Assurance Hold
  - a) Name of Recipient
  - b) Technician/Employment Coach
  - c) Previous Hold Request—If so, the reasons and dates
  - d) Technician Number/name
  - e) Household Number
  - f) TANF clock count
  - g) Number and ages of children
  - h) Reason for the request (from the perspective of the participant)
  - i) Treating Physician (from the Works Status Report)
  - j) Applied for SSI
  - k) Activities Accomplished to resolve the issue (what has the applicant/participant done to alleviate/correct the issue.
  - l) Status of the Child Support Order(s)
  - m) Status of Child Protection Involvement if known
  - n) Working with Disabled Resources
  - o) Technician’s/Coach’s recommendation (based on the medical information that has been supplied, what does the coach/technician recommend as to length of hold)

All of the above areas MUST be addressed, or the packet will be returned to the submitter for completion.

- 2) Work Status Report:

- a) The form needs to be complete with all of the areas addressed, signed and dated. The Work Status Report must be submitted to the Committee within one month from the time it is obtained from the medical provider.
- 3) Copy of the PA screen
  - a) If not attached, the packet will be returned to the staff who submitted the request.
- 4) Narrative:
  - a) The narrative needs to contain following:
    - 1) Activities of participant
    - 2) Brief history of the participant as it relates to required activities on IRC
    - 3) Justification for the hold
    - 4) Explanation for any differences between what the medical provider is requesting as to length of hold and what the coach/technician is requesting.
    - 5) Have there been any requests for ADA accommodations? If so what was requested, and what was provided? When was the request (s) made?

Board of Commissioners of  
Larimer County, Colorado

By \_\_\_\_\_Chair