



2022 Quality Assurance Report Summary

Attendance Statistics (January-September):

Average Daily Attendance- 10
Average Number of Visits- 209
Active Members: 26
New Members: 5

Outcomes:

- Measured through successful employment and housing accomplishments
 - Total members in employment programs: 14
 - Total members that obtained independent housing: 12

Individual Record Reviews:

- Quarterly to bi-annual reviews conducted by Program Director and/or Psych Rehab Specialist
- Annual internal audit by Goodwill SWPA QA team
 - Initial service plan out of 60 calendar days
 - Less than 10% error margin
- Beacon Health Options/FCBHA
 - Service plan in need of update
 - 11% error margin
- Beacon SIU Audit
 - Inaccurate units billed
 - Error treated as educational
 - Clinician signature does not have date/credential
 - Staff title not included as credential
 - Less than 10% error margin
- Annual OMHSAS audit
 - No citations or recommendations

Indicators of Participant Satisfaction:

- 2 internal surveys administered from the Union Station Clubhouse and Goodwill of Southwestern PA
 - 85% approval in the Clubhouse survey
 - Average score of 4.42 in all areas for the Goodwill SWPA survey
 - Lowest scoring areas: facility
- External survey administered by Fayette County CFST. Most areas scored above 90%. Areas below 90% included Beacon Health Options grievance procedures and assistance with finding employment

- Recommended corrective plan of action:
 - Trainings via virtual, hybrid, or in-person will be conducted to educate members on Beacon's complaint and grievance procedures
 - Facility issues are being addressed by the program director and Goodwill SWPA and all responsible departments
 - Employment opportunities are being expanded through developing TE sites and partnerships with Goodwill SWPA's community employment program

Use of Exceptions to Admissions and Continued Stay Requirements:

- As an ongoing practice, copies of the completed and signed LPHA letter by the prescriber is included with pre-certification authorization documents.
- The letter can be provided at any time during the member's involvement in the Clubhouse program to provide proof of need.
 - LPHA letters will be updated to reflect any changes in prescriber if needed.

Evaluation of Compliance with Agency Service Description:

- Clubhouse Accreditation
 - 3-year conditional. Expires March 2023
 - Must obtain a total of 4 TEs.
 - Currently have 3 TE.
- OMHSAS- 1-year full license

Goodwill of SWPA

Quality Improvement Plan

Union Station Clubhouse Mission:

Union Station Clubhouse quality Improvement Plan will meet the following requirements:

- **Annual review of the quality, timeliness and appropriateness of services**
 - **Outcomes for PRS**
 - **Individual Record Reviews**
 - **Individual Satisfaction**
 - **Use of exemptions to admission and continued stay requirements**
 - **Evaluation of compliance with the agency service description**
- **Identify reviewers, frequency, and the types of reviews and methodology in establishing sample size**
 - **Document that individuals served participate in QI plan development and follow-up**
- **A report prepared by the Union Station Clubhouse that documents the analysis of the findings and identifies actions to address annual review findings.**
- **The Union Station Clubhouse will make the annual QI report available to the public via internal posting and agency website.**

The development of the Quality Improvement Plan includes:

- **The manner in which the Union Station Clubhouse meets the Quality Improvement Plan criteria.**
- **The provider's quarterly performance review data and available reports**
 - **Placement reports**
 - **Monthly activity calendars**
 - **Admission/ discharge records**
 - **Satisfaction Surveys**
- **The results from provider monitoring**
- **Compliance with requirements in Chapter 5320 licensing**
- **Results from satisfaction surveys**

Goodwill of SWPA

Quality Improvement Plan

- **Identify reviewers, frequency, and the types of reviews and methodology in establishing sample size.**
 - **Record sample size determined by currently active membership and recently inactive or discharged members.**
 - **Survey Sample Size determined by a compilation of all completed surveys.**
 - **Reviewers include Clubhouse Director, Auspice Agency Representatives**
 - **Program file reviews are conducted monthly by the Director and annually by the representatives.**

- **Document that individuals served participate in QI plan development and follow-up**
 - **Participation in the QI plan development is included in the Unit Development Meeting Minutes**

- **Use of exemptions to admission and continued stay requirements**
 - **Refer to Clubhouse Admissions Policy**

- **A report prepared by the Union Station Clubhouse that documents the analysis of the findings and identifies actions to address annual review findings.**
 - **Written corrective action plan is prepared and shared with staff, members, auspice agency and the public.**

- **Evaluation of compliance with the agency service description**
 - **Determined by results of Clubhouse Accreditation and OMHSAS Licensing**

Quality Improvement:

Organization Name:		Goodwill of SWPA			Program: Union Station		Clubhouse	
Mission:		A safe and caring environment that offers guidance, support, and encouragement.						
Program Activities:		Psychiatric rehabilitation services utilizing the Clubhouse model						
		2021-2022						
INDICATORS	MEASURES	WHO APPLIED TO	DATA SOURCE	RESPONSIBILITY FOR DATA COLLECTION	TIME OF MEASURE	TARGET* GOAL EXPECTANCY	Comments	
Optimal satisfaction with PR services	Internal Satisfaction Surveys, Agency Satisfaction Surveys, CFST Surveys	Clubhouse members	Surveys administered	Clubhouse Operations Unit, Goodwill SWPA Quality Assurance Dept., Fayette County CFST	Annually	100% Compliance	CFST Survey- Over 83% approval Internal- Over 90% approval Goodwill- Average approval of 4.63 on a scale of 1 to 5	
PR Outcomes	Internal employment statistics, Clubhouse International CPQ	Clubhouse members	Employment Statistics Spreadsheets, Clubhouse CPQ	Clubhouse Operations Unit, UMass	Annually	Employment- Transitional 25% Supported/ Independent- 10%	Transitional Employment percentage: 3 current, need 1 additional Supported/Independent Employment percentages met.	
Individual Record Reviews	Staff File Review, Agency Record Audit	Clubhouse Staff	Supervision Forms, Goodwill SWPA Contract Audit Form	Clubhouse Director, goodwill SWPA Quality Assurance Dept., Beacon Health Options, FCBHA	Quarterly, Annually	100% Compliance	Internal Audit- 90% Compliance File Reviews- 90% Compliance	
Evaluation of compliance with agency service description	Outcomes of Clubhouse Accreditation and OMHSAS Licensing	Clubhouse Program	Clubhouse Accreditation Report, OMHSAS Survey Results	Clubhouse International, OMHSAS	3 Years, Annually	100% Compliance	OMHSAS- Full License Clubhouse International- 3 year accreditation (conditional upon TEP development)	

**INTERNAL QUALITY ASSURANCE (IQAS)
2022 RESULTS**

GENDER	MALE	8
	FEMALE	4
	No Answer Provided	0
RACE	WHITE	10
	AFRICAN AMERICAN	0
	NATIVE AMERICAN	1
	No Answer Provided	3

AGE GROUP	18-30	3
	31-59	9
	60+	0

STAFF INTERACTION	No Response	0
	1 (Poor)	0
	2	0
	3 (Average)	0
	4	3
	5 (Excellent)	10

BUILDING	No Response	
	1 (Poor)	0
	2	0
	3 (Average)	5
	4	3
	5 (Excellent)	5

ACTIVITIES	Rating	On-Site	Monthly	Local Outings	Out of Town
	No Response	0	0	0	0
	1	0	0	0	1
	2	0	1	1	0
	3	3	0	0	1
	4	1	2	2	3
	5	8	10	10	8

REFERRAL METHOD	DOCTOR/THERAPIST	4
	CASE MANAGER/SC	5
	OTHER MH PROGRAM	0
	NO RESPONSE	0
	ANOTHER MEMBER	3
	OTHER	1

STAFF EFFECTIVENESS IN GOAL/MENTAL HEALTH MANAGEMENT	NO RESPONSE	0
	1	0
	2	0
	3	3
	4	1
	5	10

MEMBERSHIP LENGTH	NO RESPONSE	1
	<6 MONTHS	3
	6 MONTHS-1 YR	1
	1YR-2YR	0
	2YR-5YR	2
	>5YR	6

TOTAL COMMENTS	2
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PARTICIPANT SATISFACTION SURVEYS
2nd Quarter - October - December 2021

PROGRAM: CLUBHOUSE
NUMBER OF SURVEYS RETURNED: 9

RETURNED RESULTS:

Date Survey Completed	How satisfied are you that the available services are meeting your needs	Overall, how satisfied are you with performance of staff	How satisfied are you that our facility meets your needs	Overall, how satisfied are you that the service you received matches what you expected	Would you recommend our services to others	I am a new client with this program	I would like to further discuss programs available at Goodwill SWPA
12/13/21	4	5	5	4	5		yes
12/13/21	4	5	4	4	5		
12/13/21	5	5	3	5	5		
12/13/21	4	3	4	4	4		
12/13/21	5	5	4	5	5		
12/13/21	5	5	5	4	5		yes
12/13/21	4	5	4	4	4		
12/13/21	4	4	5	4	4		
12/13/21	4	5	4	5	4		

Average Score: 4.33 4.67 4.22 4.33 4.56

Comments:

Question #1: How satisfied are you that the available services are meeting your needs?

I have something to do.

We do standards towards efforts of 2 units/clerical & food service

Question #2: Overall, how satisfied are you with the performance of the staff?

They help a lot.

Staff are burn't out or don't care totally.

Completing daily service notes to attainable W.O.D. efforts.

Question #3: How satisfied are you that our facility meets your needs?

Staff always there to help.

Minor repairs need made to the tables/ new tables that last/need more access to computers for the participant:

Question #4: Overall, how satisfied are you that the service you received matches what you

expected?

The services are good.

Question #5: Would you recommend our services to others?

Yes

They're helpful.

SAMPLE



Participant Satisfaction Survey

At Goodwill we always look to improve. By completing this survey you will help us achieve that goal. Thank you!

Date: _____

Program Name: _____

Location (check one):

- Goodwill of Southwestern Pennsylvania
- Goodwill of North Central West Virginia

1.) How satisfied are you that the available services are meeting your needs? (Circle one)



Comments: _____

2.) Overall, how satisfied are you with the performance of the staff? (Circle one)



Comments: _____

3.) How satisfied are you that our facility meets your needs? (Circle one)



Comments: _____

4.) Overall, how satisfied are you that the service you received matches what you expected? (Circle one)



Comments: _____

5.) Would you recommend our services to others? (Circle one)



Comments: _____

Please check if appropriate:

- I am a new client with this program (This is my first survey).
- I would like to further discuss programs available at Goodwill.

If you selected the second option above, please list your questions or specific needs: _____

Optional:

Name: _____

Email address: _____

Home Phone: _____

Cell Phone: _____

Address: _____



FAYETTE COUNTY
BEHAVIORAL HEALTH ADMINISTRATION
215 JACOB MURPHY LANE, UNIONTOWN, PA 15401

[WWW.FCBHA.ORG](http://www.FCBHA.ORG)

PHONE: 724-430-1370

FAX: 724-430-1386

July 26, 2022

Scott Bombach, Clubhouse Director
Goodwill Industries
100 Corporate Crossing Road
Uniontown, PA 15401

Dear Scott:

On behalf of the Fayette County HealthChoices Program, I would like to take this opportunity to thank you for your continued support and cooperation regarding the consumer/family satisfaction surveys. The Office of Mental Health and Substance Abuse Services (OMHSAS) require that the Consumer Family Satisfaction Team (C/FST) complete satisfaction surveys with HealthChoices consumers at all service locations.

The quality target that we utilize to measure compliance with items on the survey is 85%. There were 17 consumers surveyed in the 2nd quarter of 2022. Of the 17 consumers who were surveyed, 100% answered they were satisfied with the behavioral health services they received from Goodwill Industries of Fayette County. Overall, the results are very favorable; however, we wanted you to be aware of the responses falling below 85%:

- If you had a problem with your provider, would you feel comfortable filing a complaint? 73%
- #9 If you had a question about your benefits or treatment options, do you know how to contact Beacon Health Options? 71%
- #10: Are you aware that telephone services at Beacon Health Options are available 24 hours a day, 7 days a week? 71%
- # 12: Are you aware of how to file a complaint with Beacon Health Options? 65%
- # 14: Are you aware of how to file a grievance with Beacon Health Options if your services are denied? 65%

Each item concerns the member's relationship with Beacon Health Options, as their behavioral health managed care organization. Members must be informed of their right to file a complaint, grievance, or DHS Fair Hearing, as well as any changes to those rights. According to the Beacon Health Options Provider Manual, contracted Providers are responsible for assisting members in filing a complaint, grievance, or DHS Fair Hearing and ensuring they have a basic understanding of the process.

While no action plan is necessary at this time, we would ask that you encourage staff to remind HealthChoices members about the 24-hour Beacon Health Options Member Service line, and how to file a complaint or grievance. If a member needs additional assistance, they may contact the Beacon Health Options member line at 877-688-5972 for that assistance.

FAYETTE COUNTY BOARD OF COMMISSIONERS



DAVE LOHR, CHAIRMAN
VINCENT A VICITES, FIRST VICE CHAIRMAN
SCOTT DUNN, SECOND VICE CHAIRMAN

Page 2
SCOTT BOMBACH
July 26, 2022

I am enclosing a copy of the survey for your records, so that you are aware of the questions being asked and so you will have the results available. OMHSAS might require seeing C/FST results during their licensing visits.

Thank you again for your continued support of the C/FST surveyors. Please let your staff know how much we appreciate their support in this endeavor. As always, should you have any questions, please feel free to contact me.

Sincerely,

Christine Rosinski-Stone MSW / jac
Christine Rosinski-Stone MSW
Behavioral Health Program Specialist

CRS/jac

Enclosure

cc: Dawn Brooks, Beacon Health Options
Dayna Shallenberger, Mental Health Association
David Rider, FCBHA



Provider: GOODWILL OF SOUTHWESTERN PA

	#Ye	Total	%
1. Do you know you can choose where you get your treatment?	16	17	94.12%
2. Is the provider staff respectful and friendly?	17	17	100.00%
3. When you first called for an appointment, were services provided in a timely manner?	14	16	87.50%
4. Is this provider conveniently located?	16	16	100.00%
5. If you had a problem with your provider, would you feel comfortable filing a complaint?	11	15	73.33%
6. Are you asked to participate in treatment planning/goals?	16	17	94.12%
7. A Did you want your family to participate in treatment planning/goals?			
7. B If yes to 7 A, did your provider involve your family in treatment planning/goals?	7	8	87.50%
8. Has your provider made you aware of support services in your community?	14	16	87.50%
9. If you had a question about your benefits or treatment options, do you know how to contact Beacon Health Options (Beacon)?	12	17	70.59%
10. Are you aware that telephone services at Beacon are available 24 hours a day 7 days a week?	12	17	70.59%
11A. Have you called Beacon or has Beacon called you within the past year?			
11B. If yes to 11A: Were you satisfied with how you were treated when speaking with someone from Beacon?	2	2	100.00%
12. Are you aware of how to file a complaint with Beacon?	11	17	64.71%
12A. Have you filed a complaint with Beacon within the past year?			
13B. If yes to 13A: Were you satisfied with the outcome of your complaint?	4	4	100.00%
14. Are you aware of how to file a grievance with Beacon if your services were denied?	11	17	64.71%
15A. Have you filed a grievance with Beacon within the past year?			
15B. If yes to 15A: Were you satisfied with the outcome of your grievance?	4	4	100.00%
16A. Do you use medical assistance transportation?			
16B. If yes to 16A: Are you satisfied with their service?	9	9	100.00%
17. FOR CHILDREN: If you participated in an Individual Planning Meeting, were you satisfied with the Individual Planning Meeting process?	0	0	0.00%
18. Are you satisfied with your primary care physician?	15	15	100.00%
19. Overall, are you satisfied with the behavioral health services (your therapist, doctor and/or other staff you see) you are receiving?	17	17	100.00%
20. How hopeful are you about your (or your child's) future since receiving services?	15	17	88.24%

24 What effect has the treatment you received had on the quality of your (or your child's) life?	
Number answered as "Much better" and "Little better":	14
Total	14
Percent:	100.00%



Dates 4/1/2022 - 6/1/2022

Provider: GOODWILL OF SOUTHWESTERN PA

	#Ye	Total	%
25. Staff treat me with respect regarding my cultural background (race, ethnicity, religion, language, age, sexual orientation).	16	16	100.00%
26. The doctor worked with me to get on medications that were most helpful to me.	5	5	100.00%
27. Staff encourage me to do things that are meaningful to me.	14	16	87.50%
28. Mental health services helped me get or keep employment	6	8	75.00%
29. My family gets the education or supports they need to be helpful to me.	11	12	91.67%
30. The services I am receiving are consistent with recovery based principles such as, focusing on things that I think are important and including people who are important to me.	16	16	100.00%
31. I have a place to live that feels like a comfortable home to me.	14	17	82.35%

Internal Contract Audit – Quarterly Finding Sheet

Audit #	1011
Audit Quarter	3rd
Program	Fayette Clubhouse
Cost Center	136
Human Service Director Responsible	Suzanne Ratnavale
Program Staff	Scott Bombach
Clients Reviewed	Thomas Blaho, George Handlin, and Erica Phillips

Finding # 1

Client	XXXXXXXXXX
Date of Finding	05/16/2022
Finding Type	Programmatic
Audit Finding	Individual Rehabilitation Plan (IRP) is to be completed within 20 attendance days from start day but no later than 60 calendar days from start date. Participant start date was 06/17/2019 and IRP completion date was 08/23/2019. The IRP as dated was completed 67 calendar days from start.
Corrective Action(s) Taken	No corrective action needed. Initial document can not be changed. No evidence of finding in other participants audited.
Date Corrective Action Assigned	
Date Corrective Action Complete	

Program: Union Station Clubhouse

CC: 136

Audit #: 1011

Date: 5/16/2022

Corrective Action Plan(s):

In reference to findings:

- Finding 1: Individual Rehabilitation Plan (IRP) is to be completed within 20 attendance days from start day but no later than 60 calendar days from start date. Participant start date was 06/17/2019 and IRP completion date was 08/23/2019. The IRP as dated was completed 67 calendar days from start.

Initial document cannot be changed. No evidence of finding in other participants audited.

No Corrective Action needed or prescribed.

Recommendations from Auditor:

- Review/Eliminate/Update Clubhouse Forms that may or not be applicable to clubhouse programming
 - Liability Release
 - Drug and Weapon Free Policy
 - Understanding of Membership Agreement
 - Cellular Telephone Policy
 - Statement of Rights and Responsibilities
 - Social Media Usage Policy
- Creation of File Content Checklist
- Eliminate Duplicate HIPPA Form in chart that is not dated



**2021 Fayette County Base Funds Review Summary
Goodwill of Southwestern PA**

Review Results			
Review Date	May 17, 2022	Review Period	January 1, 2021 to January 1, 2022
Members Reviewed	12	Total Members in Population	43
Claims Reviewed	45	Claim Value for Review Period¹	\$143,170.56
Claims with Findings	5	Value of Claims Reviewed	\$2,921.67
Finding (Error) Rate²	11%	Value of Claims with Recoverable Findings	\$150.28

Noteworthy Practices	
Provider's records are generally thorough and complete. Signatures and dates are in place, units were billed correctly, and documentation was completed correctly.	
Provider followed previous CAP and improved the quality of their documentation.	
Key Review Findings	
Description of Finding	Claims with Findings
Insufficient documentation (Finding Key 3) One member's service plan was old and had not been updated for the service dates being reviewed.	5
General Findings	
General findings are limited to one member who requires an updated Service Plan.	

¹ All claim information is accurate as of the date the sample data was selected.

² Beacon has established a 10% finding/error rate threshold for program integrity audits. 10% or less is considered a passing score.

Date Claims Data Selected for Sample	March 31, 2022
Total Population (selected services)	43
Members Sampled	12
Claims for Sampled Members	45 claims

The sampled member records were reviewed in accordance with the references cited in Pennsylvania Medical Assistance regulations and the Fayette County contract.

Tests for completeness were performed by tracing claims to the appropriate member record in order to determine if the service was properly documented and the documentation was further examined to detect billing omissions.

Based on a review of internal controls and the 10% error rate threshold established by Beacon Health Options for program integrity reviews, the Beacon Program Integrity Department made the determination whether Goodwill of Southwestern PA had adequate quality assurance and internal control processes in place to ensure accurate, complete, and timely claim submissions for the review period.

IV. Review Results:

During the review period, Goodwill of Southwestern PA was contracted with Fayette County to provide Clubhouse Psychiatric Rehab and Transitional Work services. Goodwill of Southwestern PA documented services via paper records and then electronically submitted to Beacon for Fayette County. The claims were processed through Beacon's claims system and paid fee-for-service.

For the 12 members whose records were reviewed:

Review Sample Detail					
Claims Reviewed		Claims Reviewed without Findings		Claims Reviewed with Findings	
Total Claims	45	Claims without Findings	45	Claims with Findings	5
Total Amount	\$2,921.67	Amount without Findings	\$2,771.39	Claims with Recoverable Findings	\$150.28

The Beacon Program Integrity Department noted 5 findings/errors with an error rate of 11% (5 claims in error divided by 45 claims in total) which does not pass the error rate threshold of 10% established by Beacon for a program integrity review. Goodwill of Southwestern PA did not have adequate quality assurance and internal control processes in place to ensure accurate, complete, and timely claim submissions for the review period.

VIII. Provider Actions Required:

At this time, Beacon and FCBHA will not be pursuing the total error amount identified of \$150.28, but are recommending Goodwill of Southwestern PA respond to the review findings and recommendations identified in this report. The response must identify how Goodwill of Southwestern PA will resolve the review findings to improve and strengthen quality assurance and internal control processes. The findings must be addressed, along with a plan for verification of effectiveness and a target date for completion. Please ensure the actions taken will eliminate the root cause of the findings identified during the review and prevent recurrence.

The response shall be submitted to the Beacon Program Integrity Department. Beacon and FCBHA will review each proposed provider action in the response for adequacy. The Beacon Program Integrity Department will notify Goodwill of Southwestern PA if additional documentation is required for the corrective action plan.

Please submit the review response to Beacon at the following address:

Beacon/Health Options
Attn: Lisa Speranzo
Phone: 412-965-5297
Lisa.Speranzo@beaconhealthoptions.com

The following due date applies:

Deliverables	
Deliverable	Due Date
Corrective Action Plan	08/11/2022

The review will be considered closed upon completion of the deliverable identified above, with the expectation that all proposed provider actions identified by Goodwill of Southwestern PA will be implemented by the dates indicated in the response. The Beacon Program Integrity Department on behalf of Fayette County reserves the right to request supporting documentation as needed to verify completion.

IX. Conclusion:

The Beacon Program Integrity Department has developed a list of the references used to conduct the review, which is available as an addendum to this report titled, *Appendix 1 – Laws & Contract Requirements*.

X. Beacon Program Integrity Staff:

Lisa Speranzo, Program Integrity Manager

Appendix 2

Review Finding Codes

Review Finding Codes	
Finding Code	Description
AA	Member obligation not collected or pursued
1	Missing documentation
2	Duplicate documentation
3	Insufficient documentation



July 26, 2022
ELECTRONIC MAIL

Scott Bombach
Director
Goodwill of Southwestern PA
100 Corporate Crossing Road
Uniontown, PA 15401

RE: SIU Results

Dear Mr. Bombach,

Thank you for submitting the medical records requested by the Beacon Health Options (Beacon) Special Investigations Unit (SIU)¹. A medical records review of your submitted claims has been completed. The medical records were reviewed for verification of services and validation of the appropriate level of care.

The following findings were noted, but not included in the audit error rate:

Inaccurate units billed: For one claim line, 27 units were billed; however, the progress note documents 26 units and a total time of 6.5 hours of service provided. The units billed must match the units documented. Requirements for progress notes can be found in the Beacon Minimum Documentation Standards for Payment, Part D: Service/Progress Note. See also, Title 55 PA Code 1101.75. It is recommended that the units documented on the progress note match the units billed on the claim.

While this is considered a recoverable error, we are treating this error as educational at this time. Please be aware this might be recoverable in future reviews.

Clinician signature does not have date and/or credentials: For 15 claim lines, the credential on the staff signature documented "Staff Generalist". The staff signature should document the credentials or professional degree and relevant identification number, if applicable. Requirements for progress notes can be found in the Beacon Minimum Documentation Standards for Payment, Part D: Service/Progress Note. See also, Title 55 PA Code 1101.75.

Beacon requests you take the necessary actions to correct these identified errors to prevent them from being identified in future audits. Please remember that the scope of this review was limited and future audits with extended scopes may result in additional findings.

If there are any questions regarding this letter, please contact me at (470) 599-5714 or Brianne.slover@beaconhealthoptions.com. Beacon also wishes to thank you for your cooperation and assistance.

Sincerely,
Brianne Slover, LCSW
Investigator II

CC: Stacey Thomas, Investigator Assistant
Guy Reese, Manager, SIU
Lisa Speranzo, Manager, SIU
Dawn Mueseler, DBG Account Executive II

¹ Beacon Health Strategies is a Beacon Health Options company.



Dave Rider, PAFA

Kim Bowser-Murtha, PAFA

Harry Franks, PAFA

Christopher Duncan, OMHSAS



May 31, 2022
CERTIFIED & ELECTRONIC MAIL

Scott Bombach
Director
Goodwill of Southwestern PA
100 Corporate Crossing Road
Uniontown, PA 15401

RE: SIU Notification

Dear Mr. Bombach,

Per Section 2.6 Cooperation with VBH's Policies and Programs, please accept this letter as confirmation to review your office to begin on June 17, 2022.

Objective and Scope

The Beacon Health Options (Beacon) Special Investigations Unit (SIU) aims to ensure providers' medical records comply with medical record standards, paid services are documented and billed appropriately, and providers adhere to regulatory and contractual requirements.

We will examine a sample of member records for dates of services during the review period – **April 1, 2021 through April 1, 2022** – to determine compliance in the following areas:

- Documentation of billed services;
- Use of procedure codes, modifier codes, place of service codes, units, provider IDs, and service dates for proper coding; and
- Comparison of billed services to contract provisions, rate limits, regulatory requirements, licensure, credentials, etc.

Documentation Requested

A list of the members selected for review can be found on the Member List with Records Attestation document attached to this letter. **Please note that the provider's signature is required on the Records Attestation to attest that all requested records are included in the submission.** For each member, please submit the member record documentation for the review period, **April 1, 2021 through April 1, 2022**. Please ensure your submission is complete and includes all documentation necessary to verify that you were compliant with all applicable requirements. The list below identifies what documentation is required from Providers and Facilities. Please note, Beacon requires a copy of the entire treatment record, including but not limited to, the documents listed below:



Documentation Requested

Providers

Consent to Treatment

Encounter Forms

Progress Notes (Individual, Family and/or Group)

Initial Assessment/Intake and Updates

Treatment Plan(s)

Staff Roster

The member records, signed attestation, and all other corresponding documentation are due no later than 5:00PM ET on **June 17, 2022**. Please ensure all requested documents are included in the submission. **Additional member records will not be accepted once the SIU's process is complete and the results have been communicated as this would compromise our process.** Acceptable methods to submit the requested documentation include:

1. Via email to Stacey.Thomas@beaconhealthoptions.com;
2. Via remote access to your electronic medical record system so long as the Beacon associate is given the ability to view, save, and print documents; or
3. Via hard copy (paper) to:
Beacon Health Options
For attention of Michelle Williamson-Hayward, Operations Manager
100 Grove Road
Suite E
West Deptford, NJ 08066

If you send via hard copy (paper), please take the following steps to ensure your documentation is received and processed timely:

- For each submission, you must place a copy of this letter on top, then the requested documentation.
 - If you are sending records for multiple members, please separate the records by placing a document identifying the member's name or ID on top of the member's record.
- You must mark mail and packages, "For attention of Michelle Williamson-Hayward, Operations Manager."
- We highly recommend that you send your documentation via a method with mail tracking.

Any deviation from these requirements may result in processing delays, misrouting, or other errors.

Beacon will work with you on a mutually agreeable method to submit the requested documentation. However, for security and privacy purposes, please do not attempt to submit the information using Google Drive or other cloud services.

Please note - do not make any changes to the member record documentation or attempt to submit amendments to any claims/encounters already submitted to Beacon for payment prior to this notification for any of the members selected. If any claims/encounters need to be adjusted, they will be done at the request of the Beacon SIU. Beacon will work with you to make any necessary corrections



after the audit has been completed. However, any services that have not been submitted to Beacon for payment for the members selected may still be submitted in order to meet timely filing deadlines.

Beacon will treat the requested member records with integrity and confidentially as required by law. Federal law, specifically the Health Insurance Portability and Accountability Act (HIPAA) requires Beacon to maintain member records in a secure room, locked file cabinet, or other similar container. At the conclusion of the review, photocopied or scanned records will be retained for the time period specified and/or destroyed according to the Beacon Corporate Record Retention Policy.

HIPAA allows for release of records without consent of the member for the purposes of treatment, payment or health plan operations. In this instance, the records requested are related to payment and health plan operations and as such a release by the patient is not required. Anytime a provider submits a claim to a payor, whether it's Beacon, Medicaid, or Medicare, the provider is bound by law to provide the documentation supporting that claim. Failure to do so is a breach of state and federal law.

Records will be reviewed by the SIU and as necessary with consultation of appropriate Beacon clinical staff. The SIU will report the findings to you in writing.

Beacon will take appropriate legal and administrative action in the event providers fail to supply requested documentation and member records or fail to cooperate with a Beacon investigation or corrective action plan. Beacon may also seek termination of the provider agreement and/or actions to recover amounts previously paid on claims involved in the investigation or request for records. Beacon will report any suspicion or knowledge of fraud, waste or abuse to the appropriate authorities or regulatory agency as required or when appropriate.

If there are any questions or you would like a status update, please contact me at Brianne.slover@beaconhealthoptions.com or 470-599-5714.

Sincerely,

Brianne Slover, LCSW
SIU Investigator

Enclosure: Member List with Records Attestation

CC: Stacey Thomas, Investigative Assistant
Guy Reese, Manager, SIU
Lisa Speranzo, Manager, SIU
Dawn Mueseler, DBG Account Executive II
Dave Rider, PAFA
Kim Bowser-Murtha, PAFA
Harry Franks, PAFA
Christopher Duncan, OMHSAS



Member List with Records Attestation

Goodwill of Southwestern PA

Scope: Procedure code H2030 for April 1, 2021 through April 1, 2022

Member List

Count	Member ID	Member Name	DOB	Date(s) of Service	<input type="checkbox"/> Check
1	330145743	[REDACTED]	12/5/1987	06/21/2021; 7/29/2021; 8/19/2021; 10/5/2021	
2	001108514	[REDACTED]	12/18/1980	09/28/2021	
3	890104476	[REDACTED]	5/22/1977	07/09/2021	
4	001177325	[REDACTED]	4/29/1979	04/29/2021; 8/26/2021; 9/8/2021; 12/21/2021	
5	830153366	[REDACTED]	7/23/1982	06/29/2021	
6	400902533	CURTIS GLENK	10/22/1994	05/31/2021	
7	650107415	[REDACTED]	6/29/1959	03/03/2022	
8	950145904	[REDACTED]	9/2/1999	06/11/2021	
9	280140855	[REDACTED]	4/19/1998	09/10/2021	
10	090129708	[REDACTED]	6/26/1988	08/06/2021; 3/18/2022	
11	001831830	[REDACTED]	4/13/1967	04/12/2021; 2/24/2022; 3/2/2022	
12	001969909	[REDACTED]	7/9/1974	07/13/2021; 1/6/2022	
13	590111209	[REDACTED]	6/12/1985	12/13/2021	
14	140106990	[REDACTED]	1/23/1989	12/15/2021	
15	740109464	[REDACTED]	2/9/1990	04/12/2021	
16	900111107	[REDACTED]	5/27/1963	04/15/2021; 6/24/2021; 7/19/2021	
17	360526435	[REDACTED]	7/6/1964	09/15/2021; 2/24/2022	



Additional Documentation Required

In addition to the Member Records identified above, please provide the following documents.

Consent to Treatment	Initial Assessment/Intake and Updates
Treatment Plan(s)	Staff Roster
Progress Note(s)- <i>Only for dates identified above</i>	Encounter Forms

Attestation

I attest that all the requested records are included in this submission.

Signature	Date
-----------	------

Printed Name, Title

QA YE 2022 Roster of Employment Program Participants							
#	Program	Member Name	Employer	Position / Title	Retainer Period	Start Date	End Date
1	SE		MHA in Fayette County	C/FST Member		3/10/2010	Continuing
102	SE		Goodwill SWPA	Janitorial		6/1/2020	Continuing
109	SE		Goodwill SWPA	Janitorial		4/5/2021	Continuing
108	SE		Goodwill SWPA	Janitorial	135	4/7/2021	8/20/2021
110	SE		Goodwill SWPA	Cartridge	17	5/3/2021	5/20/2021
111	SE		Goodwill SWPA	Cartridge		6/21/2021	4/7/2022
112	SE		Goodwill SWPA	Janitorial		7/7/2021	10/21/2022
56	IE		TJ Maxx	Associate		3/2/2016	7/31/2022
106	IE		Dollar General	Cashier	54	12/9/2020	2/1/2021
104	TEP		Eat N' Park	Assembly	100	9/28/2020	1/6/2021
107	TEP		Eat N' Park	Assembly		2/9/2021	8/31/2022
114	IE		Goodwill SWPA	Janitorial		7/7/2021	
115	TEP		Goodwill SWPA	Store Processing		4/11/2022	
116	SE		Goodwill SWPA	Janitorial		4/15/2022	
117	SE		Goodwill SWPA	Janitorial		6/25/2022	
118	TE		Goodwill SWPA	Janitorial		7/25/2022	
119	SE		Eat N' Park	Assembly		9/5/2022	
120	SE		Eat N' Park	Line Cook		9/6/2022	

Transitional		3
Supported		9
Independent		3

Self-Sufficiency

HOUSING

Members Attained	Running Total	New Total	Percentage	
Supported Housing	1	3	4	17%
Public Housing		7	7	29%
PCH		0	0	0%
Domiciliary Care		4	4	17%
Transitional Housing		0	0	0%
With Family		7	7	29%
Own Home		1	1	4%
Group		1	1	4%
Homelessness		0	0	0%

TRANSPORTATION

Members Attained	Running Total	New Total	Percentage	
Clubhouse		23	23	96%
Public Transportation		0	0	0%
Agency-Related		0	0	0%
Family Member		0	0	0%
Own Vehicle		0	0	0%
Walkable/Urban	1	0	1	4%
Virtual Sevices		0	0	0%

EDUCATION

Members Attained	Running Total	New Total	Percentage	
Attained GED			0	0%
In GED/Basic Education			0	0%
ATTAINED COLLEGE DEGREE			0	0%
In Post-Secondary Education			0	0%

Clubhouse International Clubhouse Profile Questionnaire

Clubhouse: Union Station Clubhouse - Uniontown,
Pennsylvania

Survey Entered by Scott Bombach on 11/03/2022

Clubhouse Information

Date Opened: 1/2/2002
Date joined ICCD:
Auspice Agency Name: Goodwill Southwestern Pennsylvania
Clubhouse Address1: 100 Corporate Crossing Road
Clubhouse Address2:
Country: USA
Phone: (724) 439-9311
FAX: (724) 439-9334
E-mail Address: uschwest@gmail.com
Web Page Address: www.unionstationclubhouse.com

Directors Name: Scott Bombach
Directors Cell Phone: 412.812.9183
Directors Email: scott.bombach@goodwillswpa.org
CPQ Contact Name:
CPQ Contact Phone:
CPQ Contact Email:

Clubhouse Organization and Characteristics

How did your Clubhouse start?
New program started as a clubhouse

Location:
Separate building

What is the current unemployment rate (%) in the region you serve? %

Accreditation Team Information

Prior Accreditation Visit Date: 5/14/2018
Prior Accreditation Team: Sooze McNarama, Peace Ca

Site Visit Date: 1/21/2020
Team Name: Paula Fischer
Clubhouse: Crossroads Clubhouse
Team Name: Lisa Soucie
Clubhouse: High Hopes Clubhouse

Clubhouse International Training Information

Training Dates From: 6/11/2019 To: 6/15/2019
Clubhouse: Gateway House
Colleagues Names: ~~Amberly Babbs~~
~~Robert White~~
~~Tracy Wash~~
Third Week Visitor: Suzanne Rathavale

Other Specify:

What is the population of the area served by the clubhouse?
100,000 to 250,000

Clubhouse Budget

What is the clubhouse total annual operating budget NOT including member housing?

What is the clubhouse total annual operating budget including member housing and/or training?

*The sum of DIRECT and INDIRECT costs MUST equal to total annual operating budget including housing and/or training

Direct Costs: Indirect Costs:

What are the funding sources for the total annual operating budget (specify %)?

Funding from Governmental sources		Funding from Private sources	
State or Provincial Mental Health:	<input type="text" value="90"/> %	Private Insurance:	<input type="text"/> %
Social Services:	<input type="text"/> %	Foundation/Grants:	<input type="text"/> %
Vocational Rehab Agency:	<input type="text"/> %	Donations and other Private Sources:	<input type="text"/> %
Labor Department:	<input type="text"/> %	Income Generating activity:	<input type="text"/> %
County/Borough Government:	<input type="text" value="10"/> %	Other Specify:	<input type="text"/> %
Local/Municipal Government:	<input type="text"/> %		
National Grants:	<input type="text"/> %		
Public Insurance Programs:	<input type="text"/> %		
Other Specify:	<input type="text"/> %		

Managed Care

Is your clubhouse part of a Managed Care System? Yes No

Type of Managed Care System:
If other, please specify:

Does your clubhouse receive Medicaid funding? Yes No

What activities or services are Medicaid-funded?

All clubhouse services within the facility itself, excluding community social outings

Current Membership

Total membership:	<input type="text" value="552"/>
Total active members – month:	<input type="text" value="26"/>
Total active members 90 days:	<input type="text" value="24"/>
Average daily attendance:	<input type="text" value="11"/>
Average work ordered day program attendance:	<input type="text" value="11"/>
Outreach:	<input type="text" value="4"/>

Number of members participating in any evening or weekend program during the most recent 3-month period. No person should be counted more than once:

Intake/New Member Orientation Process

What are the eligibility requirements for membership?

Be 18 or over, have a diagnosis of a mental health condition, and want to participate in services

What percentage of people who participate in orientation become members? %

- Does the clubhouse guarantee lifetime membership to members? YES NO
- Does the clubhouse have written contracts or verbal agreements with members regarding their participation? YES NO
- Does the clubhouse require members to attend a minimum number of times or hours? YES NO
- Does the clubhouse require members to work while they are at the clubhouse? YES NO

Referral/New Members

Who refers members to your clubhouse (specify %)?

- State/County psychiatric hospital: % City psychiatric hospital: %
- Community mental health center: % Other mental health facilities: %
- General hospital: % Private psychiatrist/therapist: %
- Family member/relative: % Self Referral: %
- Other members: % Other Specify: %

Number of individuals referred to the clubhouse during the most recent fiscal year including self-referrals:

New Members: Number of referrals in the most recent fiscal year that have become members:

Are people with other diagnoses in addition to a psychiatric diagnosis eligible for membership? YES NO

- Developmentally disabled: % Traumatic brain injury: %
- Substance abuse: % Other Diagnosis: %

Members Characteristics

Please estimate the number of active members in each RACIAL category.

	Male	Female	Transgender	Other
White/Caucasian:	<input type="text" value="12"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Hispanic/Latino:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Black/African-American:	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/Alaska Native:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Asian:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Native Hawaiian/Other Pacific:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Other/L
Totals:

0	0	0

Please estimate the number of active members in each AGE category.

Less than 20 years:	2	31 to 40 years:	3	61 to 70 years:	2
20 to 25 years:	8	41 to 50 years:	2	Over 70 years:	
26 to 30 years:	7	51 to 60 years:		Age Unknown:	

Do you record diagnoses of your members? YES NO

Please estimate the number of active members in each DIAGNOSTIC category.

Schizophrenia, schizoaffective disorders:	# of Active Members	
	Unknown:	
	Other Diagnoses:	
Bipolar Disorder:		
Major Depression:		

Please estimate the number of active members (90 days) that are substance dependent:

Alcohol:	1	Nicotine/Tobacco:	19	Marijuana:	3	Opioids:	1
Please estimate the number of active members (90 days) that have co-morbid health issues:							4

Staff Characteristics

Please tell us about the composition of the clubhouse staff

Total Number of full-time staff:	4
Total Number of part-time staff:	2
Total number of full-time and part-time staff that are unit based:	4
Total number of volunteers and/or students:	1

Proportion (%) of current staff identifying themselves as current or former consumers of mental health services: 75%

Educational credentials of full-time staff:

Please indicate the number of FULL-TIME staff (currently employed) in each category.
*The total MUST equal the number of FULL-TIME staff from above.

Credentials	Administrators	Resource Staff	Generalist Program Staff
Primary school (less than high school)			
Secondary school (GED or High school diploma)			
Some college or university			
Undergraduate degree in Human Services (B.A./B.S.)	1		2
Undergraduate Non-Human Services degree (B.A./B.S.)			

Some			
uate coursework			
Master level (M.A./M.S./M.S.W.) Human Services degree			1
Master level (M.A./M.S./M.Ed) Non-Human Services degree			
Advanced graduate degree (Ph.D/M.D./D.S.W/ etc)			

Full Staff Characteristics

How long have your FULL-TIME staff been employed at your clubhouse?

Please indicate the number of FULL-TIME staff (currently employed) in each category.

Length of Employment	Administrators	Resource Staff	Generalist Staff
Less than 1 year:			
1 to 2 years:			1
3 to 4 years:			
5 to 9 years:			
10 to 14 years:			1
15 to 20 years:	1		1
20+ years:			
Positions currently open/unfilled:			

Please list the number of FULL-TIME staff employed in each salary category?

Each staff should be counted once. The total MUST equal to number of "Total Number of full-time staff:" from Staff Characteristics page.

Salary range	Administrators	Resource Staff	Generalist Staff
Up to 15,000			
From 15,001 to 20,000			
From 20,001 to 25,000			
From 25,001 to 30,000			
From 30,001 to 35,000			
From 35,001 to 40,000			2
From 40,001 to 45,000			1
From 45,001 to 50,000			
From 50,001 to 60,000	1		
From 60,001 to 75,000			
From 75,001 to 100,000			
From 100,001 to 125,000			
From 125,001 to 150,000			
Over 150,000			

Meeting Frequency

Please indicate how frequently the following meetings occur in your clubhouse

Meeting Type	Frequency
Informational Community/House	At least Weekly
Policy/Decision Making	At least Weekly
Employment	At least Monthly
Educational	At least Monthly
Substance Abuse/Prevention	Not at All
Parenting Supports	Not at All
Wellness/Health Promotion	At least Biweekly
Medication-Education	Not at All
Social	At least Weekly
Board of Directors	At least Monthly
Advisory Board	Less than Monthly
Other Meeting	
Other Meeting	
Other Meeting	

Space square feet

All space accessible to members? YES NO

Describe areas that are inaccessible:

How much of the space in your clubhouse is physically accessible to persons with mobility impairments?

Work-Ordered day

What are the daily hours of your Work-Ordered Day? (hh:mm) To:

How many distinct work units do you have?

By distinct work unit, we mean a unit that has a title, a unit leader, and a specific location in the clubhouse

What types of clubhouse work do members carry out in any of these units?

- Outreach Supported Education Research Telephone Switchboard
- Employment Maintenance/Cleaning Accounting Thrift Store
- Administration Attendance Records Other Specify:
- Clerical/Offic Enrollment/Orientation

Your clubh...e's usual vocational philosophy:

- Strong efforts for immediate job placement Temporary work, then permanent work
- Readiness assessments, then job placement Job skill training, then job placement
- Time in WOD, then job placement No policy, member decides when to work

*Primary Vocational Philosophy Time in WOD, then placement

Please describe any cultural or local influences that affect your clubhouse as you seek to provide a Standards-based employment program:

Some employers require full vaccinations for COVID

Vocational Support

Types of vocational supports provided by the clubhouse:

	TE	SE	IE	GP	DY	Other
Vocational Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Readiness Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Skill Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skill Training/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with Job Hunting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to Interviews	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to Work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program-Sponsored Jobs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Site Job Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-Site Job Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy with Employer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverage of Employee Absences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal Performance Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Meetings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transitional Employment (TE)

Is the clubhouse Transitional Employment program housed and staffed totally in the clubhouse? YES NO

Are members encouraged to return to the clubhouse for the balance of the day? YES NO
 Estimate the percentage that actually do YES NO 75

Does the clubhouse guarantee coverage for TE positions, either by other members or by staff? YES NO
 Estimate the percentage of the TE absence that are actually covered YES NO 50

Are there any staff whose exclusive responsibilities are supporting and developing the TE program? YES NO
 How many?

How often visits made to TE job sites after the initial training period?

How many clubhouse staff share TE placement management responsibilities?

What is the average duration of a TE placement? (# of months)

Members Employed

Please use unduplicated counts of members in each job category

	TE	SE	IE	GP	DY	OTHER
Number of members who worked any length of time during the FISCAL YEAR (#1)	4	9	1			
Number of members who worked for any length of time during the FISCAL YEAR worked for at least 2 WEEKS (#2)	3	9	1			
Number of members who worked any length of time during the FISCAL YEAR were employed at least 3 MONTHS (#3)	3	8	1			
Number of members who worked any length of time during the FISCAL YEAR were employed at least 6 MONTHS (#4)	3	8	1			
Total annual wages in each job category (most recent fiscal year)	4,313.75	27,244.52	3,266.92	0.00	0.00	0.00

Jobs

	IE	SE	IE	GP	DY	OTHER
Number of different employers	3	2	1			
Number of individual jobs	3	2				
Number of job placements	3	4				
Average wage per job per hour	8.13	10.84	11.23			
Range in wages per hour	FROM: 7.25	8.00	11.23			
	TO: 9.00	13.68	11.23			
Number of jobs offering 0 - 5 hours per week						
Number of jobs offering 6 - 10 hours per week						
Number of jobs offering 11 - 15 hours per week	1	6				
Number of jobs offering 16 - 20 hours per week		2	1			
Number of jobs offering 21 - 25 hours per week						
Number of jobs offering 26 - 30 hours per week						
Number of jobs offering 31 - 35 hours per week						
Number of jobs offering 36 - 40 hours per week						
Number of jobs offering over 40 hours per week						

Education

Does your clubhouse have an education component? YES NO
 Does your clubhouse have dedicated space for classes or tutoring? YES NO

Check types of education programs that your clubhouse sponsors:

- Classes/tutoring during Work-ordered day, taught by clubhouse staff
- Classes/tutoring during Work-ordered day, taught by non-clubhouse teachers
- Classes/tutoring during Work-ordered day taught by members
- Classes/tutoring outside Work-ordered day, taught by clubhouse staff
- Classes/tutoring outside Work-ordered day, taught by non-clubhouse teachers
- Classes/tutoring outside Work-ordered day, taught by clubhouse members
- Organized assistance with applications for adult education courses
- On-going supports for members in adult education courses

Active members education participation:

	GED	High School	College/University	Master's Level or Higher at College/University/Institute
Obtained a degree in the last year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currently enrolled in a degree program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currently enrolled in a non-degree program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Function of the House

Check which services are provided directly to members in the SERVICES below and when members are involved in the provision of the services, check MEMBERS

	Services	Members	Services	Members
Volunteer work for Clubhouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Volunteer work to benefit other persons/prgms	<input type="checkbox"/>
Transportation to clubhouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Financial assistance buying food/clothing	<input type="checkbox"/>
Low priced meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Money management	<input type="checkbox"/>
Help with entitlements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication administration	<input type="checkbox"/>
Links to health/dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication linkage/advocacy or planning	<input type="checkbox"/>
Reimbursed case management	<input type="checkbox"/>	<input type="checkbox"/>	Non-reimbursed case management	<input type="checkbox"/>
Supported Education	<input type="checkbox"/>	<input type="checkbox"/>	Help finding or keeping jobs	<input type="checkbox"/>
Help finding housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance use/abuse intervention/education	<input type="checkbox"/>
24-hour crisis coverage	<input type="checkbox"/>	<input type="checkbox"/>	Oversight hospital admittance/discharge	<input type="checkbox"/>
Food co-op	<input type="checkbox"/>	<input type="checkbox"/>	Reach out, home/hospital visits	<input checked="" type="checkbox"/>
Mobile outreach	<input type="checkbox"/>	<input type="checkbox"/>	Peer support groups	<input type="checkbox"/>
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	Programs/supports for family members	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent/Young Adult services	<input type="checkbox"/>
Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	Political advocacy,board positions	<input checked="" type="checkbox"/>
Wellness/nutrition/health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Education linkages	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>

Members Transportation

What is the primary means by which members get to and from Clubhouse?(%)

Walk: % Bicycle: % Car: % Club Van: %
 Public Transportation: % Other: %

Social/Recreational Programs

What days and hours is your clubhouse open for social/recreational activities?

Start Time hh:mm AM/PM	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Frequency
			3:00 PM		3:00 PM	9:00 AM		Weekly
End Time hh:mm AM/PM			5:00 PM		8:00 PM	3:00 PM		

What kinds of social/recreational opportunities do you offer?

Dining at local eateries, Local Parks, sporting events, Watching Movies, TV Watching, Game Playing, Picnics, Shopping Socials, amusement parks

Is your clubhouse open for holidays? YES NO
 IF NO: Why not?

Are holidays celebrated on the actual day of the holiday? YES NO
 IF NO: Why not?

Housing

What percentage of your membership lives in the following types of housing?

Independent Housing:	<input type="text"/> 22%	Without Housing:	<input type="text"/> %	Living with Family Member:	<input type="text"/> 26%
Clubhouse Housing:	<input type="text"/> %	Group Housing:	<input type="text"/> 52%	Criminal Justice Placement:	<input type="text"/> %
Shelter:	<input type="text"/> %	Other Describe:	<input type="text"/> %	TOTAL	<input type="text"/> %

How many active members that were homeless got housing in the last year? 0

Does your clubhouse offer housing support? YES NO

Does your clubhouse have its own housing program? YES NO

What types of housing does your clubhouse offer?

How are members placed in the clubhouse's various housing opportunities?

Does another housing program have slots reserved for clubhouse members? YES NO

Describe ways in which the clubhouse assists members with housing?

Does your clubhouse receive funds to provide housing? YES NO

Staff Salaries Construction Costs Security Deposits Furniture Rent Subsidies

Other Household Items Other Describe:

Who is responsible for managing this housing? Other Describe: 0

How many residents live in the clubhouse program now? []

How many residents are members of clubhouse? []

Are your housing services integrated into the clubhouse? YES NO

Indicate how housing services are provided at your clubhouse: []

Other Describe: []

Housing Support

What types of services are offered in clubhouse's housing program?

Housing Support	Generalist Staff	Housing Funded	Not Funded
24 hour beeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance finding housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlord negotiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other []	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Use/Abuse

Does your clubhouse currently screen for Substance Use? YES NO

Does your clubhouse currently screen for Tobacco Dependence? YES NO

Estimate the number of active members in the following categories:

Moderate Severe Tobacco user: [15]

Abstinent/Former Tobacco user: [2]

No Tobacco use [7]

Does your clubhouse offer any substance use education or support services? YES NO

Estimate the number of members who meet the ICD-10 harmful use or substance dependence

Moderate/Severe: []

Mild Prot
Abstinent:
No Substance Use problem:
Unknown Substance Use:

Reach Out

Does your clubhouse have a reach out program? YES NO
 How many members (unduplicated) receive outreach annually?

Monthly 'On-call' coverage

'Warm line' clubhouse telephone counseling service (Hours/Month):
 Clubhouse 'hot line' or on-call crisis services (Hours/Month):
 Other agency 'on-call' or crisis services (Hours/Month):

Advocacy/Case Management

Does your clubhouse provide advocacy and community support YES NO
 services to members?

Training

Has the clubhouse DIRECTOR participated in the three week Clubhouse Training or the two week comprehensive training? YES NO

Director Name	Training Base	Training Date
Scott Bombach	Gateway House, Greenville, SC, USA	10/19/2004

Have currently employed STAFF participated in the three week (or two week) Clubhouse Training at any international training base? YES NO

Staff Name	Training Base	Training Date
Crystal Kuhns	Gateway House	8/10/2013
Caprese Jones	Gateway House	4/13/2005

Have active MEMBERS participated in the three week (or two week) Clubhouse Training at any international training base? YES NO

Member Name or ID	Training Base	Training Date
Henry Brooks, Jr.	Gateway House, Greenville, SC, USA	7/26/2004
Dustin Murray	Gateway House, Greenville, SC, USA	10/4/2007
Rebekah McIntosh	Gateway House, Greenville, SC, USA	6/11/2019

Has anyone from your clubhouse attended the three week (administration/auspice) of YES NO the Clubhouse Training as a third week administrator?

Administrator Name: Gateway House Training Base Training Date:

Has anyone from your clubhouse attended new clubhouse development training? YES NO

Research and Record Keeping

Do you keep computerized records? YES NO

Select the software programs/instruments your clubhouse utilizes to maintain clubhouse records

International Association of Psychosocial Rehabilitation Services (IAPRS) TOOLKIT:

Applistic: A.W.A.R.D.S.: Salesforce: Flourish:

Other Instruments:

Does your clubhouse require a written or electronic rehabilitation and/or goal plan for active members? YES NO

IF Yes, What percent of active members have a current plan? %

Do members have access to their own clubhouse records? YES NO

Do members sign-off on their own records, rehabilitation plans or progress notes? YES NO

Are you currently involved in a research project? YES NO

Are you in the process of developing a research project? YES NO

If you are involved in a research project/developing a research project please provide the following information:

Project Title(s)	Name(s) of primary contact(s) and/or lead investigator(s)	Is project Funded?	Funding Source(s)	Amount Funded
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Is your clubhouse interested in participating in a research project? YES NO

What specific question would you like to address?

Do you collaborate with a university researcher or a researcher outside of your clubhouse? YES NO

Researcher Name: Institutional Affiliation:

Phone # _____
Email: _____

If NO, Do you plan to have one in the future? YES NO

Funding, Governance and Administration

Does your clubhouse try to meet all of the Clubhouse Standards? YES NO

Are there standards with which your clubhouse is unable to comply? YES NO

Select standards which are difficult for your clubhouse:

- 1 2 3 4 5 6 7 8 9 10 11 12 13
- 14 15 16 17 18 19 20 21 22 23 24 25 26
- 27 28 29 30 31 32 33 34 35 36 37

What mode of decision-making do you typically use in your clubhouse?

Voting Consensus Other Describe: _____

What is the primary model of decision making? _____ 2

Are clubhouse members involved in firing/hiring of staff YES NO

Organizational Structure

How is the clubhouse managed or auspiced? _____

Community Mental Health

Other Specify: _____

Board of Directors

Does your clubhouse have Board of Directors? YES NO

IF YES,
What are its functions?

Are board members selected by the clubhouse? YES NO

How many Board members are clubhouse members? _____

Does your clubhouse have an Advisory Board? YES NO

IF YES,
What are its functions?
Support and promote the goals and objectives of the clubhouse and its members by promoting community awareness, review the program's quality, advocate for the members and program within the MH System and the employment community and assist in other special projects as

needed

How many Advisory Board members are clubhouse members? 1

Clubhouse Associations

Does your clubhouse belong to any formal or informal association? YES NO

IF YES, Describe: Fayette Chamber of Commerce, Psychiatric Rehabilitation Assn. PA
Psychosocial Rehab Society

Does your state/country have a clubhouse coalition? YES NO

IF YES, Does your clubhouse belong to it? YES NO

IF YES, Which Coalition: Pennsylvania Clubhouse Coalition

In what ways has your clubhouse been active in the local coalition?

Regular check in meetings. Providing technical support to other Clubhouses.

Clubhouse Accreditation

Clubhouse Accreditation: 1 year 3 year Conditional 3 year Date: 3/19/2023

Other Accreditation describe: PA Dept. of MH/ Substance Abuse Date: 12/31/2021

JACHO 1 year 3 year Date:

CARF Date: