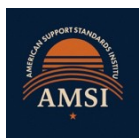


Quality Framework for Intake Specialists

Part 1 – Implementation of CQL Basic Assurances®

AMSI STANDARD ISQ1-1
FIRST DRAFT EDITION, APRIL 2025



AMERICAN SUPPORT STANDARDS INSTITUTE

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Introduction

This standard defines work (service) quality for Intake Specialists supporting individuals with intellectual and developmental disabilities (IDD) in employment services. It consists of two parts, each published as a separate but complementary standard:

- **Part 1:** *Implementation of CQL Basic Assurances®* (this document) focuses on aligning intake practices with the Council on Quality and Leadership's (CQL) ten quality factors, including indicators and tailored implementation guidance.
- **Part 2:** *Operational and Performance-Based Quality Factors* will address additional intake-specific expectations not covered in the CQL Basic Assurances®, such as performance efficiency, interagency coordination, documentation practices, and compliance.

This standard is part of the broader AMSI framework for work (service) quality, aligned with:

- **WSQ1 – Work (Service) Quality:** Outlines how quality is measured using quality factors, indicators, probes, and objectives across all services.
- **PSQ1 – Person-Centered Job Coaching:** Defines expectations for job coaching in alignment with CQL Basic Assurances®.

Together, these standards form a shared language of quality across the support services sector, ensuring consistent, measurable, and person-centered practices.

Note 1:

If a Supported Employment (SEMP) provider or any other support provider offering intake services (such as a care management provider) is accredited by the Council on Quality and Leadership (CQL), the implementation of *Part 1* of this standard is mandatory to remain compliant with accreditation. The requirements outlined here exactly reflect the expectations of the CQL Basic Assurances® when applied to the intake process; they are not additional requirements but tailored operational guidance for professionals performing intake duties.

Note 2:

During the intake process, multiple professionals with different job titles (e.g., Care Manager, Employment Specialist, Job Coach, Employment Skills Coordinator) may perform various intake-related duties at different times. Depending on the phase, professionals dynamically shift between "active" (leading the process) and "passive" (supporting roles) statuses. In this standard, the term **Intake Specialist** refers to any professional who is actively performing intake duties at a given stage.

For an illustrative overview, see **Annex D: Illustrative Diagram – Intake Process and Dynamic Shifting of Professional Roles**.

Definitions of Modalities

To clarify the use of prescriptive language within this standard:

- **Shall** – Indicates a mandatory requirement.
- **Should** – Indicates a recommended best practice.
- **May** – Indicates a permissible action that is allowable within the context but not required.

1. PART 1 – Implementation of CQL Basic Assurances®

This section outlines the implementation of the Council on Quality and Leadership's (CQL) Basic Assurances® within the professional scope of Intake Specialists for employment services for individuals with IDD. Each quality factor includes specific indicators and tailored expectations for intake practices.

1.1. Rights Protection and Promotion

Indicators:

- 1a The organization implements policies and procedures that promote people's rights.
- 1b The organization supports people to exercise their rights and responsibilities.
- 1c Staff recognize and honor people's rights.
- 1d The organization upholds due process requirements.
- 1e Decision-making supports are provided to people as needed.

Implementation for Intake Specialists:

- Intake specialists shall inform individuals with IDD and their families about their rights under the ADA, Section 504, and other applicable laws at the beginning of the intake process.
- Intake specialists shall ensure that all consents obtained during intake are informed and voluntary, including consent related to the use and sharing of personal information.
- Intake specialists shall offer decision-making support tools—such as plain language materials, visual aids, or supported decision-making guides—when discussing eligibility, service needs, or vocational goals.

- Intake specialists shall verify that if any restrictive plan or support is disclosed during intake, it has been or will be reviewed by an appropriate oversight body (e.g., Human Rights Committee), and that this is clearly documented.
 - Intake specialists shall never use or rely on intake documents or forms that include blanket restrictions; all restrictions must be individualized and reviewed case by case.
-

1.2. Dignity and Respect

Indicators:

- 2a People are treated as people first.
- 2b The organization respects people's concerns and responds accordingly.
- 2c People have privacy.
- 2d Supports and services enhance dignity and respect.
- 2e People have meaningful work and activity choices.

Implementation for Intake Specialists:

- Intake specialists shall address individuals using their preferred names and avoid using diagnostic labels or disability-based references in written or verbal communication.
 - Intake specialists shall provide space for individuals and families to voice concerns and shall ensure timely and appropriate follow-up or referral.
 - Intake specialists shall maintain confidentiality and conduct intake conversations in private, safe settings where personal dignity is preserved.
 - Intake specialists shall promote dignity by using inclusive, plain language and offering information that reflects cultural and individual preferences.
 - Intake specialists shall help individuals explore meaningful employment and community activities, aligned with their interests and aspirations.
-

1.3. Natural Support Networks

Indicators:

- 3a Policies and practices facilitate continuity of natural support systems.
- 3b The organization recognizes emerging support networks.
- 3c Communication occurs among people, their support staff, and their families.
- 3d The organization facilitates each person's desire for natural supports.

Implementation for Intake Specialists:

- Intake specialists shall request and record information about natural supports—such as family members or friends—with the individual's consent.
 - Intake specialists shall encourage the participation of trusted support persons in the intake process when it supports the individual's goals.
 - Intake specialists shall communicate with natural supports in accordance with privacy rules and individual preferences.
 - Intake specialists shall identify potential gaps in natural supports and may refer individuals to community-based resources that can enhance social connection.
-

1.4. Protection from Abuse, Neglect, Mistreatment, and Exploitation

Indicators:

- 4a Policies prohibit abuse, neglect, mistreatment, and exploitation.
- 4b People are free from abuse and neglect.
- 4c Systems exist to track and review incidents and risks.
- 4d Staff know how to detect and report concerns.
- 4e Investigations are prompt and thorough.
- 4f Responses to substantiated cases are appropriate.

Implementation for Intake Specialists:

- Intake specialists shall complete mandated reporter training in accordance with local, state, and federal regulations.
 - Intake specialists shall explain to individuals their rights to be free from abuse, neglect, and mistreatment in language they can understand.
 - Intake specialists shall document and immediately report any disclosures or observations that raise concerns of abuse or harm.
 - Intake specialists shall approach all interviews with a trauma-informed mindset and take appropriate steps to avoid traumatization.
 - Intake specialists shall follow agency procedures to ensure appropriate escalation and documentation of all allegations or concerns.
-

1.5. Best Possible Health

Indicators:

- 5a People have supports to manage their healthcare.

- 5b People access quality healthcare.
- 5c Documentation promotes continuity of services.
- 5d Acute needs are addressed quickly.
- 5e Treatments and medications are safely administered.
- 5f Staff respond to emergencies.

Implementation for Intake Specialists:

- Intake specialists shall ask about any health needs that may affect employment planning or support requirements and shall document these in the intake file.
 - Intake specialists shall refer individuals to appropriate health professionals or care coordinators if healthcare-related concerns are outside the scope of intake.
 - Intake specialists shall maintain confidentiality of health-related disclosures and store this information securely.
 - Intake specialists shall follow emergency procedures immediately if a health crisis occurs during intake.
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1.6. Safe Environments

Indicators:

- 6a The organization provides individualized safety supports.
- 6b The physical environment promotes people's health, safety, and independence.
- 6c The organization has individualized emergency plans.
- 6d Routine inspections ensure that environments are sanitary and hazard-free.

Implementation for Intake Specialists:

- Intake specialists shall conduct all intake activities in settings that are physically safe, emotionally supportive, and free from barriers or hazards.
- Intake specialists shall ask about any known or anticipated safety concerns related to previous work experiences, current environments, or future job placements.
- Intake specialists shall collect emergency contact information during intake and ensure it is stored in accordance with agency and legal privacy standards.
- Intake specialists shall report any observed safety issues in their work environment to administrative leadership and support safety-related continuous improvement.
- Intake specialists may assist individuals in identifying areas where adaptive supports or environmental modifications may be needed for employment participation.

1.7. Staff Resources and Supports

Indicators:

- 7a The organization implements a system for staff recruitment and retention.
- 7b The organization implements an ongoing staff development program.
- 7c The support needs of individuals shape the hiring, training, and assignment of all staff.
- 7d The organization implements systems that promote continuity and consistency of direct support professionals.
- 7e The organization treats its employees with dignity, respect, and fairness.

Implementation for Intake Specialists:

- Intake specialists shall participate in staff training and development initiatives that address disability rights, inclusive employment practices, communication, trauma-informed engagement, and cultural responsiveness.
- Intake specialists shall document observations of any staff capacity needs that could affect service quality and share them with program supervisors to inform workforce planning.
- Intake specialists shall apply trauma-informed and person-centered approaches consistently in their role, modeling best practices for all intake activities.
- Intake specialists shall provide feedback to help shape recruitment and retention policies that reflect real-world intake and service needs.
- Intake specialists may participate in working groups, quality circles, or internal committees that address onboarding, policy updates, or support staff well-being.

1.8. Positive Services and Supports

Indicators:

- 8a People's individual plans lead to person-centered and person-directed services and supports.
- 8b The organization provides continuous and consistent services and supports for each person.
- 8c The organization provides positive behavioral supports to people.
- 8d The organization treats people with psychoactive medications for mental health needs consistent with national standards of care.
- 8e People are free from unnecessary, intrusive interventions.

Implementation for Intake Specialists:

- Intake specialists shall ensure that individuals have the opportunity to express their goals, interests, and service expectations during intake in a way that is documented and respected throughout service delivery.
 - Intake specialists shall document support needs in neutral, person-centered language, avoiding judgmental or pathologizing phrasing.
 - Intake specialists shall refer individuals to licensed clinicians or behavioral specialists if behavioral challenges or the need for supports are identified through intake discussion or documentation.
 - Intake specialists shall not make recommendations regarding the use of medications, behavioral interventions, or restrictive procedures. These matters must be referred to qualified personnel with oversight responsibilities.
 - Intake specialists shall confirm that any history of intrusive or restrictive interventions is accompanied by documentation of rights review, consent, and clinical necessity.
-

1.9. Continuity and Personal Security

Indicators:

- 9a The organization's mission, vision, and values promote attainment of personal outcomes.
- 9b The organization implements sound fiscal practices.
- 9c Business, administrative, and support functions promote personal outcomes.
- 9d The cumulative record of personal information promotes continuity of services.

Implementation for Intake Specialists:

- Intake specialists shall align their practices with the organization's mission and values by supporting outcomes that emphasize independence, inclusion, and dignity.
- Intake specialists shall ensure that intake documentation is complete, accurate, legible, and organized in a way that supports continuity between intake, planning, and ongoing service delivery.
- Intake specialists shall respect the individual's preferences for how their personal information is shared and shall secure written consent in accordance with agency policy and applicable laws.
- Intake specialists shall help bridge communication between intake and interdisciplinary teams to ensure a smooth and coordinated transition into supports.

- Intake specialists may suggest improvements in documentation formats or data systems to better promote continuity and outcomes tracking.
-

1.10. Basic Assurances® System

Indicators:

- 10a The organization monitors Basic Assurances®.
- 10b A comprehensive plan describes the methods and procedures for monitoring Basic Assurances®.

Implementation for Intake Specialists:

- Intake specialists shall use the organization's quality management systems and forms that align with Basic Assurances® monitoring and accreditation standards.
 - Intake specialists shall contribute relevant data and insights from the intake process to help assess organizational strengths, gaps, and compliance with rights, safety, and quality expectations.
 - Intake specialists shall support organizational learning by participating in internal quality reviews, accreditation site visits, or required staff evaluations.
 - Intake specialists shall explain the concept of Basic Assurances® to individuals or families when questions arise, using accessible, plain language.
 - Intake specialists may support efforts to improve quality assurance documentation, systems, and training related to Basic Assurances® implementation.
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Annex A: Core Duties of an Intake Specialist in Supported Employment Services for Individuals with IDD

The intake specialist shall:

1. Conduct initial assessments to gather personal, medical, and employment histories to determine eligibility and support needs.
2. Register individuals with the program and ensure intake forms and consents are completed and stored securely.
3. Inform individuals and families about rights and confidentiality under ADA, HIPAA, and related laws.
4. Coordinate service referrals (e.g., to ACCES-VR, OPWDD, healthcare providers, job coaches).

5. Maintain accurate and confidential documentation of all client interactions, assessments, and referrals.
 6. Collaborate with employment specialists, care managers, and other professionals to support the development of individualized employment plans.
 7. Provide decision-making support and plain-language explanations to help individuals understand the intake process and their options.
 8. Identify and document any safety, health, behavioral, or accessibility needs that may affect employment participation.
 9. Track progress from intake through service initiation and communicate updates to relevant team members.
 10. Assist with onboarding and inclusive orientation as part of final intake stages, ensuring job site readiness and quality expectations are explained.
-

Annex B: Related Job Titles and Federal Occupational Codes

The duties of an **Intake Specialist in Supported Employment Services for Individuals with Intellectual and Developmental Disabilities (IDD)** match several job titles listed in the U.S. government's occupational classification system, known as the **Standard Occupational Classification (SOC)**.

This role does not match just one official occupation. Instead, it combines parts of several roles. Below is a list of SOC job titles that reflect what Intake Specialists do:

Relevant Job Titles Based on SOC Descriptions

- **Rehabilitation Counselor (21-1015)**
Helps individuals with disabilities prepare for and find employment. Matches duties like employment planning, counseling, and ADA-related support.
- **Mental Health Counselor (21-1014)**
Works with people experiencing emotional or behavioral challenges. Related to intake duties around identifying support needs and coordinating services.
- **Substance Abuse and Behavioral Disorder Counselor (21-1011)**
Supports individuals with behavioral concerns and substance use. Overlaps with intake assessments and safety screenings.
- **Educational and Career Counselor (21-1012)**
Guides individuals in exploring their employment options. Connects to job readiness and helping people understand the intake process.
- **Social and Human Service Assistant (21-1093)**
Helps people access services and supports. Closely matches work around documentation, referrals, and ongoing coordination.

- **Eligibility Interviewer (43-4061)**
Reviews client histories to determine if they qualify for services. Similar to assessing intake eligibility.
- **Receptionist and Information Clerk (43-4171)**
Registers individuals, manages intake forms, and shares basic information. Matches tasks like onboarding and intake documentation.
- **Healthcare or Mental Health Social Worker (21-1022 / 21-1023)**
Coordinates care and helps people access services. Relevant when intake specialists work closely with families and health providers.

This list is provided to support understanding of how Intake Specialist responsibilities align with recognized job roles in the U.S. workforce system. It may help guide hiring, training, and program funding.

Annex C: Guidance for Classifying Complex Occupations Using SOC Codes


Some roles — like the **Intake Specialist in Supported Employment Services for Individuals with IDD** — do not fit neatly into a single occupational code. These roles involve duties that match multiple official SOC occupations.

To classify such complex occupations correctly, the U.S. Office of Management and Budget (OMB) and Bureau of Labor Statistics (BLS) provide clear guidance:

◆ Coding Guidance from the SOC System

As stated in the **2018 SOC User Guide** (U.S. Bureau of Labor Statistics and OMB):

“If a worker's duties span more than one occupation, code the job to the occupation that requires the highest level of skill. If the skill levels are equivalent, classify according to the occupation in which the worker spends the most time.”

 *Source:* 2018 SOC User Guide – Coding Complex Jobs (See page 25, Section 2.5 “Coding Combination Jobs”)

◆ Example from the Occupational Requirements Survey (ORS)

The **ORS Collection Manual** by the BLS provides further instruction:

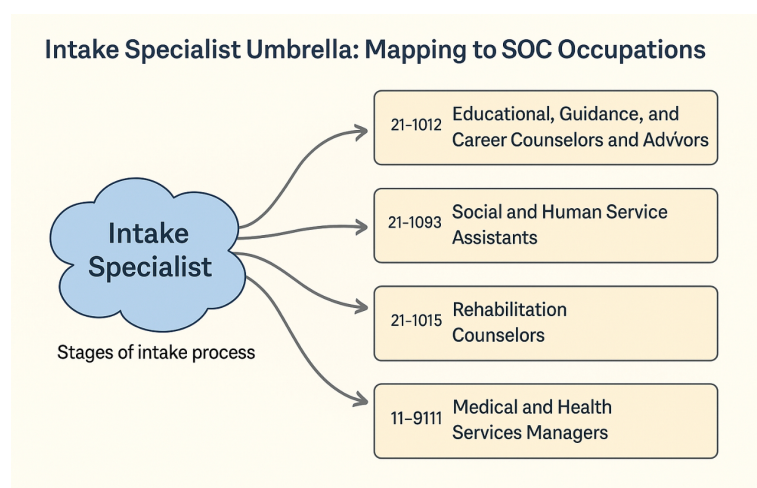
“When a position includes duties across multiple occupations, coders are instructed to use their judgment based on time spent, skill level, and primary function.”

📖 Source: BLS ORS Collection Manual

◆ Application to Intake Specialists

This guidance supports the classification of **Intake Specialists** under a “bunch” of **related SOC codes** (see Annex B), rather than forcing a single code. This flexible approach ensures fair funding, role recognition, and appropriate training and certification frameworks.

Annex D: Illustrative Diagram – Intake Process and Dynamic Shifting of Professional Roles.



The diagram shows how, during different stages of the intake process, various professionals transition between active and passive roles to deliver a comprehensive, coordinated intake experience for individuals with IDD.

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