

Quality Framework for Intake Specialist

Part 2 – Operational and Performance-Based Quality Factors

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Table of Contents

Introduction.....	3
Note on Scope and Application.....	3
Definition Box: What Are Service Codes?.....	4
PART 2 – Operational and Performance-Based Quality Factors	4
1. Quality Factor 1: Intake Planning and Service Mapping	4
2. Quality Factor 2: Interdisciplinary Communication and Referral Coordination	5
3. Quality Factor 3: Documentation Integrity and Intake Records Management .	6
4. Quality Factor 4: Equity, Accessibility, and Inclusive Intake Practices.....	7
5. Quality Factor 5: Timeliness and Responsiveness of Intake Services	8
6. Quality Factor 6: Stakeholder Communication and Satisfaction Monitoring...	9
7. Quality Factor 7: Intake Staff Competency and Professional Development ..	10
8. Quality Factor 8: Integration of Intake with Service Outcomes and Employment Success	11
9. Quality Factor 9: Risk Management and Ethical Intake Practices.....	12
10. Quality Factor 10: Continuous Quality Improvement and Data Use in Intake Services	13
Special Note	15

Introduction

This second part of the *Quality Framework for Intake Specialists* defines expectations beyond the foundational safeguards outlined in **Part 1**, which is based on the **CQL Basic Assurances®**. Part 2 focuses on operational consistency, documentation, coordination, performance, and quality improvement—factors that influence how intake services are delivered and sustained across various service settings.

This guide is structured around the **AMSI quality framework**, which defines quality through a system of **Quality Factors**, each supported by specific **Indicators** and **Probes**. These components ensure accountability and promote service excellence in supported employment intake practices.

This framework draws on two complementary AMSI standards:

- **WSQ1 – Work (Service) Quality**, which defines how quality is assessed using factors, indicators, and measurable objectives across the support services industry.
- **PSQ1 – Person-Centered Job Coaching**, a supplemental standard that integrates CQL-aligned and operational practices for job coaches and complements this intake-specific guide.

By incorporating these principles, this guide offers a unified and scalable method for evaluating and enhancing the performance of intake services in supported employment environments.

Note on Scope and Application

The structure and length of the intake process can vary significantly among supported employment providers. Some organizations may treat intake as a brief administrative step, while others include comprehensive activities such as eligibility assessments, career planning, and onboarding at the employer site.

This guide aligns with the full sequence of intake-related activities described in **AMSI IDS1: Taxonomy of Supported Employment Services for Individuals with IDD**. It is designed to be **adaptable** — providers are encouraged to apply the relevant Quality Factors that align with their specific intake functions and service design.

Importantly, all requirements addressed in **Part 1** of this guide are aligned with the **CQL Basic Assurances®**. If a Supported Employment (SEMP) provider is accredited by the **Council on Quality and Leadership (CQL)**, implementation of **Part 1** is mandatory regardless of how intake is structured. These foundational safeguards are non-negotiable under CQL accreditation and apply to all configurations of intake.

Definition Box: What Are Service Codes?

Service codes are standardized identifiers used by agencies (e.g., Medicaid, OPWDD, ACCES-VR) to define, track, and reimburse services delivered. These codes:

- Specify the type of service delivered (e.g., job coaching, intake, job development)
- Link staff time to billing, payroll, and compliance
- Align services with contract and funding requirements

Examples include:

- **H2023** – Supported Employment (Medicaid HCPCS code, per 15 minutes)
- **Intake Codes** – Assigned by ACCES-VR or internal tracking systems

Intake Specialists must accurately document service codes to support traceable, reimbursable, and compliant service delivery.

PART 2 – Operational and Performance-Based Quality Factors

1. Quality Factor 1: Intake Planning and Service Mapping

Definition:

The organization ensures that each individual's intake experience is structured, person-centered, and aligned with service eligibility requirements and long-term employment goals.

Indicators:

1.1. Intake plan is developed collaboratively with the individual and includes steps, timelines, and evaluations.

1.2. Provider-delivered services and referrals are clearly identified using the AMSI intake taxonomy.

1.3. Intake steps are traceable to funding sources and appropriate service codes.

1.4. Mapping tools (e.g., checklists or visual guides) are used to document progression through intake phases.

1.5. Individuals confirm understanding of the mapped steps; plans are revised as needed.

Associated Probes (Performance Measures Related to Indicators 1.1 – 1.5):

- **Probe 1: Intake Plan Completion Rate**
Percentage of individuals with documented, individualized intake plans
↳ Indicator 1.1
- **Probe 2: Referral Coordination Log**
Number of referrals tracked and documented during the intake process
↳ Indicator 1.2
- **Probe 3: Funding Code Linkage Documentation**
Rate of intake plans that clearly identify and link services to appropriate funding codes
↳ Indicator 1.3
- **Probe 4: Service Mapping Tool Utilization**
Use of structured mapping tools (e.g., checklists, flowcharts) to plan and document the intake sequence
↳ Indicator 1.4
- **Probe 5: Understanding of Intake Plan**
Documentation indicating that individuals confirmed understanding of their plan (e.g., case notes, signed summaries, visual confirmations)
↳ Indicator 1.5

2. Quality Factor 2: Interdisciplinary Communication and Referral Coordination

Definition:

The organization ensures effective coordination between intake specialists and all professionals involved in the individual's support to promote seamless and informed intake processes.

Indicators:

- 2.1. Relevant team members are identified, and communication is initiated.
- 2.2. Consent is obtained to share information with other professionals.
- 2.3. Referral actions are documented, and completion is confirmed.
- 2.4. Structured tools (e.g., tracking forms or calendars) are used to monitor referral progress.
- 2.5. Intake staff participate in interdisciplinary meetings or case reviews.
- 2.6. Follow-up is conducted to ensure referral outcomes are achieved.

Associated Probes (Performance Measures Related to Indicators 2.1 – 2.6):

- **Probe 1: Referral Timeliness Rate**
Percentage of referrals completed within required timelines
↳ Indicators 2.1, 2.4, 2.6
- **Probe 2: Consent Documentation Rate**
Percentage of intake files with documented consent to share information
↳ Indicator 2.2
- **Probe 3: Referral Completion Confirmation**
Evidence of follow-up or verification that referred services were completed
↳ Indicators 2.3, 2.6
- **Probe 4: Participation in Case Collaboration**
Number of interdisciplinary meetings attended by intake staff
↳ Indicator 2.5

3. Quality Factor 3: Documentation Integrity and Intake Records Management

Definition:

The organization ensures that intake documentation is complete, accurate, professional, and securely maintained in compliance with all applicable legal, organizational, and funding requirements.

Indicators:

- 3.1. Documentation is clear, timely, and complete throughout the intake process.

3.2. Documentation complies with legal and organizational standards (e.g., HIPAA, FERPA, retention policies).

3.3. Approved formats and tools are used to record intake-related information.

3.4. Records are verified for accuracy before final submission or data entry.

3.5. Language in documentation is objective, respectful, and person-centered.

3.6. Intake records are stored securely in centralized, access-controlled systems.

Associated Probes (Performance Measures Related to Indicators 3.1 – 3.6):

- **Probe 1: Documentation Accuracy Rate**
Percentage of files reviewed without major errors or corrections
↳ Indicators 3.1, 3.4
 - **Probe 2: Timely Documentation Submission**
Rate of documentation completed within required submission deadlines
↳ Indicator 3.1
 - **Probe 3: Compliance with Standards**
Audit results confirming HIPAA, FERPA, and internal policy adherence
↳ Indicators 3.2, 3.3, 3.6
 - **Probe 4: Person-Centered Language Use**
Supervisor or audit confirmation of respectful, individualized language
↳ Indicator 3.5
-

4. Quality Factor 4: Equity, Accessibility, and Inclusive Intake Practices

Definition:

The organization promotes equity and inclusion by ensuring that the intake process is accessible, culturally responsive, and free from barriers for all individuals, regardless of disability, language, literacy, or background.

Indicators:

4.1. Communication methods and materials are accessible and culturally appropriate.

4.2. Accommodations and alternative formats are provided as needed.

4.3. Barriers to intake participation are identified and addressed.

4.4. Communication preferences are routinely identified and honored.

4.5. Intake Specialists demonstrate cultural humility and avoid bias.

4.6. Tools are used to assess and improve accessibility and inclusion.

Associated Probes (Performance Measures Related to Indicators 4.1 – 4.6):

- **Probe 1: Accommodation Documentation Rate**
Number and type of accommodations recorded during intake
↳ Indicators 4.1, 4.2, 4.4
- **Probe 2: Inclusivity Feedback from Individuals**
Survey or verbal feedback on intake experience related to equity and respect
↳ Indicators 4.1, 4.5
- **Probe 3: Staff DEI Training Rate**
Percentage of intake staff completing DEI or accessibility training annually
↳ Indicator 4.5
- **Probe 4: Use of Inclusion Checklists or Tools**
Evidence that intake environments are routinely evaluated using tools
↳ Indicator 4.6

5. Quality Factor 5: Timeliness and Responsiveness of Intake Services

Definition:

The organization ensures that intake services are delivered within defined timeframes and respond to the urgency, complexity, and needs of the individuals served.

Indicators:

5.1. Intake phases follow defined timelines for eligibility, documentation, and referrals.

5.2. Inquiries and follow-ups are addressed within expected timeframes.

5.3. Tasks are prioritized based on urgency, funding, or service disruption risk.

5.4. Tools are used to track intake deadlines and task progress.

5.5. Timeline expectations and delays are communicated proactively.

5.6. Time-sensitive concerns are escalated to supervisors as needed.

Associated Probes (Performance Measures Related to Indicators 5.1 – 5.6):

- **Probe 1: Timely Completion of Intake Files**
Percentage of intake files finalized within required timelines
↳ *Indicators 5.1, 5.2*
 - **Probe 2: Response Time Tracking**
Average time taken to respond to intake-related inquiries and documentation requests
↳ *Indicators 5.2, 5.5*
 - **Probe 3: Risk-Based Prioritization Evidence**
Documentation or supervisor confirmation that tasks were prioritized based on urgency or risk
↳ *Indicator 5.3*
 - **Probe 4: Use of Task Monitoring Tools**
Use of calendars, dashboards, or trackers by intake staff to monitor deadlines
↳ *Indicator 5.4*
 - **Probe 5: Delay Escalation Documentation**
Evidence that intake delays or risks were communicated to supervisors as appropriate
↳ *Indicator 5.6*
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6. Quality Factor 6: Stakeholder Communication and Satisfaction Monitoring

Definition:

The organization ensures transparent and consistent communication with individuals and families throughout the intake process and uses stakeholder feedback to improve intake services.

Indicators:

- 6.1.** Individuals and families receive regular updates on intake status and decisions.
- 6.2.** Questions and feedback are encouraged and addressed during the intake process.
- 6.3.** Intake staff participate in formal feedback collection activities (e.g., surveys, check-ins).
- 6.4.** Follow-up notes or summaries are documented and shared at key milestones.
- 6.5.** Satisfaction surveys or other feedback methods are offered and encouraged.

6.6. Patterns or concerns from stakeholders are shared with supervisors for quality improvement.

Associated Probes (Performance Measures Related to Indicators 6.1 – 6.6):

- **Probe 1: Stakeholder Feedback Collection Rate**
Percentage of intake files with documented feedback or satisfaction surveys completed by individuals or families
↳ Indicators 6.3, 6.5
- **Probe 2: Communication Log Documentation**
Number of documented intake updates or milestone-related communications in the individual's file
↳ Indicators 6.1, 6.4
- **Probe 3: Inquiry Response Tracking**
Average time to respond to questions or clarification requests during the intake process
↳ Indicators 6.2, 6.5
- **Probe 4: Feedback Follow-up Rate**
Percentage of stakeholder concerns addressed or escalated within 10 business days
↳ Indicator 6.6

7. Quality Factor 7: Intake Staff Competency and Professional Development

Definition:

The organization ensures that intake staff possess the qualifications, training, and professional support necessary to provide high-quality, ethical, and person-centered intake services.

Indicators:

7.1. Intake staff meet baseline qualifications and onboarding requirements.

7.2. Required training is completed in intake procedures, documentation, rights protection, and cultural competence.

7.3. Staff receive supervision, mentoring, or performance feedback specific to intake responsibilities.

7.4. Staff participate in ongoing professional development relevant to IDD and supported employment.

7.5. Supervisors assess intake performance and offer coaching to strengthen skills.

7.6. Training completion is tracked to identify gaps or emerging needs.

Associated Probes (Performance Measures Related to Indicators 7.1 – 7.6):

- **Probe 1: Training Completion Rate**
Percentage of intake staff with up-to-date required training and onboarding documentation
↳ Indicators 7.1, 7.2
 - **Probe 2: Supervision and Feedback Participation**
Frequency of performance reviews, mentoring sessions, or intake-specific supervision logged per staff member
↳ Indicator 7.3
 - **Probe 3: Continuing Education Hours Logged**
Average number of hours of continuing education or in-service training completed annually
↳ Indicator 7.4
 - **Probe 4: Skill Assessment or Coaching Documentation**
Supervisor records confirming skill checks, coaching sessions, or performance support
↳ Indicator 7.5
 - **Probe 5: Training Gap Identification Log**
Documentation that training gaps were identified and addressed through tracking systems
↳ Indicator 7.6
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8. Quality Factor 8: Integration of Intake with Service Outcomes and Employment Success

Definition:

The organization ensures that information gathered during the intake process contributes directly to meaningful, person-centered employment outcomes and supports smooth transitions to job development, training, and long-term supports.

Indicators:

8.1. Intake activities are aligned with service goals, including competitive integrated employment.

8.2. Intake findings are communicated to staff responsible for job development and long-term support.

8.3. Employment preferences, strengths, and support conditions are clearly documented.

8.4. Intake data is reviewed to support planning and service delivery.

8.5. Intake staff participate in case transitions or handoff meetings.

8.6. Risks affecting future employment success are identified and documented.

Associated Probes (Performance Measures Related to Indicators 8.1 – 8.6):

- **Probe 1: Employment-Linked Intake Plans**
Percentage of intake plans that include documented employment preferences, goals, or support needs
↳ Indicator 8.1
- **Probe 2: Team Communication or Handoff Confirmation**
Documentation of intake summaries or relevant details shared with job coaches and other service staff
↳ Indicators 8.2, 8.5
- **Probe 3: Service Continuity Notes**
Supervisor or staff records showing that intake-identified supports were referenced in ongoing planning
↳ Indicators 8.3, 8.4
- **Probe 4: Employment Milestone Achievement Rate**
Percentage of individuals who met employment milestones linked to intake goals
↳ Indicator 8.6

9. Quality Factor 9: Risk Management and Ethical Intake Practices

Note:

If the organization is accredited by the Council on Quality and Leadership (CQL), foundational risk prevention, rights protection, and ethical safeguards are detailed in **Part 1** of this guide under the **CQL Basic Assurances®**.

Definition:

The organization promotes ethical intake practices and manages risks effectively by following professional standards, identifying safety concerns, and ensuring objective, person-centered documentation.

Indicators:

9.1. Intake staff follow ethical standards as defined by the organization and professional codes.

9.2. Safety concerns and suspected abuse are identified and reported promptly.

9.3. Documentation avoids conflicts of interest and maintains objectivity and person-centered focus.

9.4. Intake staff participate in ethics and risk prevention training annually.

9.5. Structured tools are used to screen and document risks when applicable.

9.6. Supervisors or clinicians are consulted when ethical or risk-related uncertainty arises.

Associated Probes (Performance Measures Related to Indicators 9.1 – 9.6):

- **Probe 1: Reported Risk Events and Ethics Incidents**
Number of documented ethical violations or reported risk events during intake
↳ Indicators 9.1, 9.2, 9.3
- **Probe 2: Ethics and Risk Training Compliance**
Percentage of intake staff who completed annual ethics and risk prevention training
↳ Indicator 9.4
- **Probe 3: Risk Assessment Tool Usage**
Documentation that structured risk assessment tools were used when appropriate
↳ Indicator 9.5
- **Probe 4: Supervisor Consultation Records**
Frequency of case consultations or documented supervisory guidance addressing ethical or safety concerns
↳ Indicator 9.6

10. Quality Factor 10: Continuous Quality Improvement and Data Use in Intake Services**Definition:**

The organization uses intake-related data and stakeholder input to evaluate and improve the quality, efficiency, and impact of intake services over time.

Indicators:

10.1. Intake data is collected and documented (e.g., timelines, barriers, outcomes, and feedback).

10.2. Intake staff participate in quality improvement activities such as audits and reviews.

10.3. Data trends are used to identify service gaps and improvement opportunities.

10.4. Logs or dashboards are maintained to track quality indicators and follow-up actions.

10.5. Intake staff contribute to the development and implementation of action plans.

10.6. Intake staff collaborate with QA personnel to apply data-informed service improvements.

Associated Probes (Performance Measures Related to Indicators 10.1 – 10.6):

- **Probe 1: Intake Data Collection Completion Rate**
Percentage of intake files with documented data on timelines, barriers, and outcomes
↳ Indicators 10.1, 10.3
 - **Probe 2: Participation in QI Activities**
Percentage of intake staff involved in audits, reviews, or data analysis processes
↳ Indicator 10.2
 - **Probe 3: Intake Data Dashboard or Log Usage**
Use of performance tracking tools or logs by intake staff to monitor key indicators
↳ Indicator 10.4
 - **Probe 4: Action Plan Contributions**
Documentation of intake staff involvement in developing or implementing improvement plans
↳ Indicators 10.5, 10.6
 - **Probe 5: Improvements Linked to Intake Data**
Number of quality improvements in services directly based on analysis of intake data
↳ Indicator 10.6
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