GAMIK CARE READY WORKFORCE PARTNERS (GCRWP)

Comprehensive DSP Performance Evaluation & Compliance Toolkit

Corporate Domain: gcrwp.com | **Document Control ID:** GCRWP-DSP-EVAL-2026-V2 | **Regulatory Alignment:** CMS HCBS Final Rule (42 CFR § 441.301), OSHA General Duty Clause, OIG LEIE Guidelines, HIPAA Privacy & Security Rules

SECTION 1: Strategic Competency Mapping Matrix

This matrix establishes an unyielding audit trail by converting the six standard narrative self-assessment questions into quantitative, legally defensible scoring metrics mapped to eleven Core Competencies.

Self-Assessment Question	Primary Competency Alignment	Secondary Competency Alignment	Regulatory Mandate / Audit Target
Q1: Past Accomplishments	**7. Quality Improvement**	2. Mission and Values	CMS Quality Assurance & Performance Improvement (QAPI)
Q2: Core Strengths	**11. Job Knowledge**	1. Customer Focus	State Medicaid Provider Qualifications & Scope of Care
Q3: Areas for Improvement	**4. Performance Management**	10. Financial Stewardship	Medicaid Fraud, Waste, and Abuse (FWA) Mitigation
Q4: Training Needs	**9. Professional Development**	3. Staff Development	State Mandated Annual Training Hours & Competency Logs
Q5: Coming Year Goals	**2. Mission and Values**	7. Quality Improvement	CMS HCBS Person-Centered Service Plan (PCSP) Integration
Q6: Management Support	**8. Communication**	5. Employee Engagement / 6. Wellness	OSHA Workplace Safety / State Incident Reporting Timelines

SECTION 2: Multi-Setting Narrative Self-Assessment Templates

Prompt 1: Please discuss your accomplishments from the past year.

Option A [Residential Care / Intermediate Care Facility Focus]: Achieved 100% compliance on daily Medication Administration Records (MAR) with zero errors. Successfully supported a resident in building personal autonomy by implementing a task-analysis routine for meal preparation; the individual can now prepare their own breakfast safely with minimal verbal prompts, directly fulfilling their Individualized Service Plan (ISP) goals.

Option B [Community Programs / HCBS Day Services Focus]: Spearheaded a community integration initiative that connected three individuals with local adaptive volunteer opportunities. Effectively documented behavioral trends using objective data collection sheets, contributing to a measurable 20% reduction in community-transit behavioral incidents over the past 12 months.

Prompt 2: What part of your job do you think you do well?

Option A [Residential Care Focus]: Excel at implementing Person-Centered Thinking strategies during moments of high anxiety or agitation. Maintain meticulous, objective house logs that respect individual privacy rights under HIPAA while ensuring accurate, shift-to-shift cross-communication.

Option B [Community Programs Focus]: Excel at community resource mapping and ensuring the individuals I support are treated as full members of their neighborhood spaces, adhering strictly to the CMS HCBS Final Rule regarding community access. Maintain flawless mileage logs, community receipts, and utilization data.

Prompt 3: Where do you think you could improve?

Option A [Residential Care Focus]: Working to optimize time management to ensure that qualitative direct care and quantitative electronic documentation are balanced. Aim to log ISP goal progress concurrently throughout the shift rather than waiting until the end-of-shift handoff window.

Option B [Community Programs Focus]: Working on balancing the "dignity of risk" with safety boundaries. Recognizing that allowing individuals to experience natural consequences is a vital part of independence, I am learning to step back and coach individuals through challenging public situations rather than taking over.

Prompt 4: Are there areas where you think you need additional training?

Option A [Residential Care Focus]: Requesting advanced training in Positive Behavior Support (PBS) plans and specialized crisis de-escalation methods to better support individuals experiencing severe acute emotional distress.

Option B [Community Programs Focus]: Requesting formal instruction on advanced adaptive communication software (AAC apps) and specialized dietary modification protocols (such as Dysphagia/ Choking prevention) to maximize community safety.

Prompt 5: What goals would you like to work on in the coming year?

Option A [Residential Care Focus]: Design and execute a formalized independent money-management skill program for two residents, helping them achieve measurable progress toward financial self-sufficiency by Q3.

Option B [Community Programs Focus]: Expand our local employer network to identify integrated, competitive employment avenues for individuals seeking vocational goals, aiming for at least one successful job placement.

Prompt 6: How can I support you and help you be more successful?

Option A [Residential Care Focus]: Request quarterly, proactive feedback on documentation logs to ensure alignment with prospective state audit requirements, rather than waiting for the annual review cycle.

Option B [Community Programs Focus]: Request clear, unified programmatic consistency across all shift teams regarding behavioral response boundaries, preventing individual confusion during community activities.

SECTION 3: Evaluator’s Core Competency Rubric (Audit-Hardened)

1. Customer Focus (CMS HCBS Rights & Person-Centered Alignment)

Level 3 (Exceeds): Proactively develops custom choices that expand the individual's community footprints; systematically incorporates direct individual feedback into daily care plans; highly praised by families for proactive, transparent communication.

Level 2 (Meets): Consistently honors individual choices and preferences as outlined in the Person-Centered Service Plan (PCSP); maintains respectful, professional boundaries with families and legal guardians.

Level 1 (Needs Improvement): Treats direct care as a series of purely transactional tasks; disregards expressed choices or overrides individual preferences to save time.

2. Mission and Values (Dignity of Risk & Inclusion Mandates)

Level 3 (Exceeds): Masterfully coaches individuals through complex public or social barriers to secure true community inclusion; consistently utilizes the "dignity of risk" concept to foster personal growth while maintaining safety.

Level 2 (Meets): Understands, protects, and promotes individual civil rights, self-advocacy, and personal autonomy during daily shift routines.

Level 1 (Needs Improvement): Fosters learned helplessness by executing tasks *for* individuals unnecessarily; dismisses self-advocacy efforts or ignores personal freedom mandates.

3. Staff Development (Workforce Stability & Peer Training)

Level 3 (Exceeds): Voluntarily models best practices for new hires; mentors incoming staff on specialized behavioral plans and house compliance protocols, actively reducing organizational turnover.

Level 2 (Meets): Collaborates productively during shared shifts; communicates essential programmatic details clearly to peers during shift handoffs.

Level 1 (Needs Improvement): Engages in behavior that disrupts team cohesion; refuses to assist coworkers during demanding operational moments.

4. Performance Management (Accountability & Policy Adherence)

Level 3 (Exceeds): Actively requests constructive criticism; demonstrates immediate, permanent self-correction in response to quality assurance internal audits.

Level 2 (Meets): Receives management feedback professionally and successfully corrects performance or paperwork errors within requested timelines.

Level 1 (Needs Improvement): Becomes defensive, dismissive, or resistant when given corrective feedback; fails to correct documented performance errors.

5. Employee Engagement (Proactive Agency Alignment)

Level 3 (Exceeds): Arrives at staff meetings with written, actionable solutions for programmatic challenges; voluntarily joins internal safety or compliance committees.

Level 2 (Meets): Attends all mandatory staff meetings, remains attentive, and contributes productively to team discussions.

Level 1 (Needs Improvement): Exhibits chronic disengagement; openly spreads negativity regarding operational policies or agency leadership.

6. Wellness (OSHA Safety Compliance & Professional Boundaries)

Level 3 (Exceeds): Serves as an anchor of calm during intense behavioral crises, preventing emotional escalation; models flawless ergonomic safety and body-mechanic transfer techniques for peers.

Level 2 (Meets): Follows all written safety, ergonomic, lifting, and crisis management protocols; strictly preserves clear professional boundaries to prevent burnout.

Level 1 (Needs Improvement): Violates physical safety guidelines (e.g., poor lifting techniques, ignoring safety equipment protocols); allows personal stress to negatively impact interactions with individuals or peers.

7. Quality Improvement (Data Integrity & Incident Reduction)

Level 3 (Exceeds): Identifies critical micro-trends in behavioral data or tracking sheets; suggests plan adjustments that measurably lower General Incident Reports (GIRs).

Level 2 (Meets): Logs all ISP data points with high accuracy; records baseline changes immediately; participates transparently in agency internal reviews.

Level 1 (Needs Improvement): Records incomplete, highly subjective, or late data; data collection is unusable for state compliance validation.

8. Communication (HIPAA Compliance & Regulatory Handoffs)

Level 3 (Exceeds): Produces flawless, highly objective case notes that serve as the internal agency benchmark; ensures seamless communication cross-overs that shield the agency from clinical gaps.

Level 2 (Meets): Submits objective daily logs before shift conclusion; flags critical incidents to management within required state notification windows.

Level 1 (Needs Improvement): Uses emotional, subjective, or speculative language in formal records; violates HIPAA privacy requirements; fails to alert supervisors to urgent medical or behavioral changes.

9. Professional Development (Continuing Education Compliance)

Level 3 (Exceeds): Secures advanced industry-specific training certifications beyond mandatory baselines; infuses advanced care concepts directly into daily service delivery.

Level 2 (Meets): Completes 100% of state-mandated annual continuing education and compliance modules on time.

Level 1 (Needs Improvement): Allows mandatory training certifications to lapse, risking provider compliance status; shows resistance to learning updated care regulations.

10. Financial Stewardship (Medicaid Fraud, Waste, and Abuse Prevention)

Level 3 (Exceeds): Manages community budgets and house resources with zero waste; documentation provides an absolute shield against billing clawbacks or Medicaid utilization reviews.

Level 2 (Meets): Submits mileage tracking sheets, petty cash receipts, and corporate purchase records with accurate documentation on time; respects agency vehicles and facility property.

Level 1 (Needs Improvement): Submits messy, unvouched, or late financial records; drives unauthorized corporate miles; treats program assets carelessly, introducing financial audit risks.

11. Job Knowledge (Regulatory Core Competency Mastery)

Level 3 (Exceeds): Detects subtle physiological or behavioral changes before they escalate into emergencies; flawlessly executes complex medication administrations and behavioral plans without supervision.

Level 2 (Meets): Passes med administration audits with zero errors; accurately implements individual protocols and knows exact emergency response procedures.

Level 1 (Needs Improvement): Demonstrates distinct gaps in fundamental care protocols; has a record of medication logging errors or safety plan non-compliance.

SECTION 4: Manager Narrative Commentary Examples

Level 3: Exceeds Expectations (EE)

> *"Employee demonstrates masterful execution of person-centered care and compliance management. Their documentation serves as our agency benchmark—it is objective, metrics-driven, and completely audit-ready under HIPAA standards. They have driven a measurable reduction in behavioral incidents for the individuals they support by analyzing tracking data and proactively fine-tuning crisis prevention techniques. Furthermore, their dedication to mentoring incoming team members directly supports our workforce stability targets. They continuously champion the CMS HCBS Final Rule by expanding true community choice and autonomy."*

Level 2: Meets Expectations (ME)

> *"Employee consistently delivers reliable, high-quality care that fully satisfies state and agency compliance requirements. They are completely up to date on all mandatory training and maintain a flawless medication administration record. Daily notes are submitted objectively and on time, safeguarding our Medicaid billing cycles. They maintain excellent, respectful relationships with the individuals we serve, strictly honoring their ISP choices while keeping their health and safety paramount. They work collaboratively with their peers and accept managerial direction with professionalism."*

Level 1: Needs Improvement (NI)

> *"Employee currently presents operational compliance risks that require immediate correction. Gaps have been noted in daily data collection, including missing or late ISP tracking notes, which creates potential exposure during state audits. Care tasks are occasionally approached transactionally, with a tendency to perform tasks for individuals rather than coaching them toward independence, which conflicts with our person-centered integration model. Defensive reactions to supervisor feedback must be replaced with a willingness to learn. A formal plan will be put in place to ensure all required documentation and core job safety protocols are consistently executed."*

SECTION 5: SMART Goals for Next Review Period

Managers must establish at least two SMART goals during the review to track ongoing regulatory compliance:

- **Goal 1: Documentation Accuracy & Medicaid Compliance (Targeting Competency 7 & 8)**
  Statement: "DAP (Data, Assessment, Plan) shift notes and ISP goal data points will be recorded electronically with 100% completion prior to logging off every shift for the next 6 consecutive months, ensuring zero late entries for quarterly internal audits."
- **Goal 2: HCBS Independence Skill Building (Targeting Competency 1 & 2)**
  Statement: "The DSP will select one individual served and break down their primary ISP independence goal into a 5-step task analysis by [Date]. The DSP will consistently coach and track the individual's independent execution of these steps across shifts, targeting a 15% increase in unprompted skill execution by next quarter."
- **Goal 3: Medication Administration & Zero-Error Protocols (Targeting Competency 11)**
  Statement: "The DSP will maintain a 100% error-free Medication Administration Record (MAR) log for the upcoming review year, adhering strictly to the 'Triple-Check' verification system during every med pass sequence."

SECTION 6: Formal Performance Improvement Plan (PIP) Workflow

When to Implement: Mandatory for any DSP receiving an overall evaluation tally score between 11 and 18 points, or any individual receiving a Level 1 (NI) in Job Knowledge, Financial Stewardship, or Communication.

GCRWP FORMAL PERFORMANCE IMPROVEMENT PLAN (PIP)

Employee Name: _____ Supervisor Name: _____

Job Title: **Direct Support Professional** Date of Issuance: _____

Review Interval Focus: [ ] 30 Days [ ] 60 Days [ ] 90 Days

1. CORE COMPLIANCE AND PERFORMANCE DEFICIENCIES IDENTIFIED:

[Specify clear dates, incident IDs, or data log gaps regarding compliance issues]

2. REQUIRED CORRECTIVE ACTION STEPS AND MEASURABLE METRICS:

- **Documentation:** Must log all ISP progress entries daily before leaving shift.
- **Medication Pass:** Must pass 3 consecutive supervisor-shadowed MAR audits.
- **Safety Protocol:** Must apply formal Crisis Prevention Intervention (CPI) rules.

3. AGENCY SUPPORT AND MONITORING TIMELINE:

- Supervisor will conduct weekly documentation quality reviews every Friday.
- Supervisor will provide bi-weekly feedback check-ins regarding behavioral logs.

4. SEVERE CONSEQUENCE AND COMPLIANCE TERMINATION CLAUSE:

Failure to meet and maintain the objective performance standards outlined in this PIP within the specified monitoring window will result in immediate disciplinary action, up to and including the termination of employment with Gamik Care Ready Workforce Partners (GCRWP).

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SECTION 7: Printable GCRWP Evaluation Summary Sheet

GCRWP COMPLIANCE AUDIT & PERFORMANCE SCORECARD

Employee Name: _____ Evaluator Name: _____

Evaluation Date: _____ Review Period: _____

Facility / Program Location: _____

SCORING MATRIX TALLY:

Input a score of 1 (Needs Improvement), 2 (Meets), or 3 (Exceeds) for each box.

[ ] 1. Customer Focus

[ ] 2. Mission and Values

[ ] 3. Staff Development

[ ] 4. Performance Management

[ ] 5. Employee Engagement

[ ] 6. Wellness

[ ] 7. Quality Improvement

[ ] 8. Communication

[ ] 9. Professional Development

[ ] 10. Financial Stewardship

[ ] 11. Job Knowledge

TOTAL CUMULATIVE SCORE: _____ / 33 Points

FINAL DETERMINATION RATING BRACKET:

[ ] **30 - 33 Points:** Exceeds Expectations (EE) → Highly Commended / Eligible for Lead Role
[ ] **19 - 29 Points:** Meets Expectations (ME) → Fully Compliant / Standard Schedule Maintained
[ ] **11 - 18 Points:** Needs Improvement (NI) → Mandatory PIP Workflow Activation

MANDATORY CORPORATE AUDIT VERIFICATION CHECKS:

[ ] Monthly OIG Exclusion List (LEIE) cleared? Date Checked: _____

[ ] All State Mandated Continuing Education Hours Met? Hours Verified: _____

[ ] Current CPR/First Aid Certification valid? Expiration Date: _____

STRATEGIC ACTION PLAN & MANAGEMENT REMARKS:

Employee Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____