



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 1.1.7	Subject: QUALITY ASSURANCE
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 3
Section 1: General Administration	Effective Date: 7/29/1999
Signature: /s/ Mike Batista, Director	Revised: 10/20/2014

I. POLICY

The Department of Corrections will maintain a monitoring system that assures system-wide compliance with all Department policies and division or facility operational procedures, applicable statutory requirements, and staff performance standards.

II. APPLICABILITY

All divisions, facilities, and programs Department-owned contracted, as specified in contract.

III. DEFINITIONS

Action Plan – The Department document that identifies division, facility or program policy, procedure, and operational issues of noncompliance, corrective action recommendations, assigned staff, and action time lines to ensure compliance objectives are met.

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

DOC 1.1.7(A) Quality Assurance Office Audit Manual Standard Operation Procedures Guide – The document that defines the Quality Assurance Office’s responsibilities, functions, and audit processes.

Monitoring Instrument – The Quality Assurance Office internal document designed as a policy and standards-based checklist to assess division, facility or program compliance with Department policies, facility operational procedures, contractual obligations, and statutory requirements.

Monitoring Review Team – Quality Assurance Office staff members, and other Department staff as determined appropriate by the Quality Assurance Director to participate in a monitoring review.

Quality Assurance Office (QAO) – Is an office located within the Director’s Office, which audits to determine division, facility, or program compliance with Department policies and facility operational procedures, contract agreements, statutory language, and safety, security and emergency response requirements.

IV. DEPARTMENT DIRECTIVES

A. General Requirements

1. All applicable records, personnel, properties, and operations are subject to QAO audit activities.

Policy No. DOC 1.1.7	Chapter 1: Administration and Management	Page 2 of 3
Subject: QUALITY ASSURANCE		

2. General responsibilities of the QAO include the following:
 - a. collect, organize, and interpret data to analyze operational efficiency and compliance with legislative intent and statutes;
 - b. assess, prioritize, track, schedule, and perform monitoring and advisory reviews in consultation with the Department director, or designee, for guidance and review priorities;
 - c. review and appropriately refer any incidents of alleged fraud, waste, and abuse;
 - d. support administrators in an advisory capacity regarding strategic planning, managerial control systems, and operational impacts on the Department;
 - e. develop and maintain *DOC 1.1.7(A) Quality Assurance Office Audit Manual Standard Operations Procedure Guide*, to ensure audits are performed and records are maintained in accordance with appropriate standards; and
 - f. provide, when requested, advisory reviews that include audits or evaluations of apparent procedural errors or irregularities.
3. An administrator, or designee, may send requests for monitoring or advisory reviews to the QAO.

B. Monitoring Review

1. Responsibilities of the QAO during the review process:
 - a. Preparation:
 - 1) notify the appropriate administrator verbally before conducting a monitoring review, unless circumstances justify bypassing the notification requirement and bypass is approved by the Department director, or their designee;
 - 2) meet or communicate with the administrator at least 30 days prior to the monitoring review in accordance with *DOC 1.1.7(A) Quality Assurance Office Audit Manual Standard Operations Procedure Guide*; and
 - 3) provide formal classroom and on-the-job training for the assigned monitoring review team(s).
 - b. Execution:
 - 1) organize and manage on-site activities;
 - 2) coordinate schedules, attend to participant details, and provide technical assistance for monitoring instrument application;
 - 3) facilitate the monitoring review team's daily verbal briefing to key division, facility or program staff to address significant issues and assess the review status.
 - c. Upon completion:
 - 1) facilitate the monitoring review team's final briefing to summarize findings and recommend key division, facility or program staff are included;
 - 2) discuss findings and recommendations with the administrator when appropriate;
 - 3) compile the action plan based on monitoring review information and submit the action plan draft to the administrator for review and comment when tasked by the director or deputy director;
 - 4) attempt to resolve any disagreement with the administrator over action plan findings;
 - 5) refer unresolved issues to the Department director, or designee;

Policy No. DOC 1.1.7	Chapter 1: Administration and Management	Page 3 of 3
Subject: QUALITY ASSURANCE		

- 6) forward the final action plan for review by the Legal Services Bureau when appropriate; and
- 7) provide the administrator and Department director with a copy of the completed monitoring review and action plan.

C. Action Plan

1. After an action plan is completed, the QAO will complete the following:
 - a. forward the action plan to the administrator;
 - b. assist the administrator with resources and technical assistance required to complete the action plan;
 - c. review proposed corrective actions and results to determine if issues are adequately resolved and compliance achieved;
 - d. visit the division, facility, or program to verify action plan compliance when appropriate, and in accordance with the provision of *DOC 1.1.7(A) Quality Assurance Office Audit Manual Standard Operations Procedure Guide*; and
 - e. summarize and report action plan completion and achievements to the Department director, or designee.
2. An administrator that receives an action plan is responsible for the following:
 - a. complete the action plan to reflect the corrective actions taken or to be taken;
 - b. request a variance from the Department director, or designee, if physical plant or resource issues prevent the division, facility or program from completing the action plan;
 - c. assign staff to facilitate compliance within scheduled time lines;
 - d. return the completed action plan within 30 business days of its receipt to the QAO, unless an alternate date is agreed upon between the administrator and the QAO; and
 - e. ensure effective resolution and compliance with the monitoring report and action plan recommendations.

V. CLOSING

Questions concerning this policy should be directed to the Quality Assurance Director.

VI. REFERENCES

- A. 4-4017; *ACA Standards Supplement, 2010*
- B. *DOC Policy 1.2.19, Fraudulent Acts Reporting*
- C. *Quality Assurance Office Audit Manual Standard Operations Procedure Guide 1.1.7(A)*

VII. ATTACHMENTS

None