

Audit Checklist

General

Accommodations

ORR-Accessibility

The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility.

Policies and Procedures for Accommodations

The provider has proof of related policies/procedures for accommodations. These Policies should include how provider routinely identifies and addresses individual and systemic needs. Will assure access and accommodation of persons with Limited-English proficiency (LEP), assure system sensitivity and accommodation of diverse ethnic and cultural backgrounds, accommodation of individuals with communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, assure persons with visual, hearing or other physical impairments and mobility challenges are accommodated.

Provider Responsiveness

Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.)

Training for Accommodations

Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, diabetes, etc.

Competencies

Code of Conduct

Provider has a code of conduct for staff.

Competency Policy: Orientation Training

Provider has human resource procedures that address SCCMHA competencies for Orientation/training.

Competency Policy: Performance Monitoring

Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum.

Competency Policy: Staff Pre-hire screening

Provider has human resource procedures that address SCCMHA competencies for staff pre-hire screening. This should include Criminal Background checks and Recipient Rights checks, as well as licensing/credential checks, where applicable.

Human Resources Policy

Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions.

Job Descriptions on site

Job descriptions are available and are on file at provider location.

Services Documented

Services are provided appropriately and documented.

Staff Knowledge, Skills, Experience

Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs.

Training Minimum Standards

Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 80% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review)

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Confidentiality/Rights

Confidentiality of Privacy

Provider demonstrates protection of individual's privacy.

Confidentiality of Records

Provider demonstrates protection of individual's information and records.

Customer Service/Consumer Input

Assistance to Consumers

Consumers are offered assistance as requested or indicated.

Consumer Satisfaction

Consumer satisfaction is sought and action is taken to promote consumer satisfaction.

Dignity and Respect

Consumers are treated with dignity and respect

Program Areas

Consumers are involved in program areas (evaluation, quality, development, operations, governance).

Documentation & Records

Evidence-Based Practices

SCCMHA Provider adheres to the Evidence-Based Practices related to their service as measured by the SCCMHA review team.

Providers Complete Reference Checks

Providers are verifying references as a part of their pre hire screening and there is proof in the staff files.

Signatures

Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.)

Health & Safety

Consumer Health

The promotion of consumer health is evident.

Emergency Procedures

Provider has emergency procedures (fire, medical, and severe weather emergencies, etc.) that are reviewed with new employees and annually and proof that these procedures are followed by staff (listing of emergency contacts and phone numbers posted).

Health and Safety Policy

A Health & Safety policy/procedure is available for the facility.

Infection Control Plan

There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues.

Provision for 24/7

Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access.

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Site Maintained The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs.

Supervision The program offers supervision of consumers in a safe and secure environment.

PCP

ORR-PCP Current The PCP is current, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals).

PCP Consumer Input Choice/preferences of individuals are sought, noted, and responded to (snacks, kitchen menu, work ordered day activities, etc.)

PCP Scope Amount, duration, scope of services are supported by PCP (What services, how often, and how long).

Pre-Audit Review

Consumer Participation in Audit A consumer must be involved in at least one audit per category of audits.

Entrance conference with provider on date of audit. Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit.

Exit Conference with provider on date of audit. Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire.

Quality Improvement

Plan of Correction from Last Audit Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider.

Quality Improvement Provider has specific initiated or given goals/measures.

Repeat Citations Provider has evidence that previous citations have been corrected from the last annual audit.

Recipient Rights

ORR-Access to Incident Report Forms Staff have unrestricted access to Incident Report Forms and staff know when and how to fill them out.

ORR-Access to Recipient Rights Booklets Consumers or visitors have unrestricted access to the "Your Rights" Booklets with the correct contact information on the back of the booklet.

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ORR-Access to Recipient Rights Complaint Forms	Consumers or visitors have unrestricted access to Recipient "Rights Complaint Forms"
ORR-Other Counties Postings	There are other County or agency Recipient Rights postings other than Saginaw. Please list these for future reference by SCCMHA Office of Recipient Rights
ORR-Policies and Procedures	Provider has a copy of SCCMHA Recipient Rights Policies and Procedures and knows were to locate.
ORR-Recipient Rights Annual Training	Staff have had approved Recipient Rights Training within the last year.
ORR-Recipient Rights Posted	Recipient Rights Poster is posted with contact names and brochures/forms are available. Your Rights Summary Poster, Summary of Abuse and Neglect Reporting Requirements, Whistle Blowers Protection Act, Bullard Plawecki Act.
ORR-Recipient Rights Training	Staff have been trained in Recipient Rights within 30 days of hire by an approved training curriculum.
Periodic Review of Incident Reports	Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements.

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Children's Case Management/Outpatient

Authorizations

Authorization Requests

Authorizations for consumer needed services are requested in a timely manner.

Behavioral Management

Procedure for Managing Risk

Provider has a policy and procedure on how they will manage high risk consumers.

Centralized Structure

Crisis Services

Crisis services are available through a centralized structure.

Intake Services

Intake services are available through a centralized structure.

Chart Review

Physical Health Care and Nutritional Screening

Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse

Staff Visitation to Schools/Coordination with Schools

Staff routinely visit schools to gather information about how the child is doing in the school environment as well as in the home.

Client Financial Responsibility

Ability to Pay Assessment

There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months)

Medicaid Denial

There is proof that Medicaid benefits were denied for non-Medicaid consumers.

Confidentiality/Rights

Grievance and Appeals Process

Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate.

Consumer Eligibility

CAFAS

The CAFAS is completed on all eligible children (between the ages of 7 and 17) at the time of assessment, quarterly, and at the time of closing.

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Consumer Eligibility	Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acute of need criteria (includes residency, hospital history, DX, LOCUS or CAFAS as appropriate).
Coordination of Benefits	Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible amnagement and ability to pay renewals.
Medicaid Applications	Program ensures Medicaid applications are completed for all persons.
Review Mechanism	Program has mechanism to review and respond to consumer changes in level of need (review progress notes, updated PCP, referral for additional service).
Services Match Eligibility	Services being delivered match eligibility criteria.

Coordination with Others

Communications to Providers	There is evidence of ongoing or as needed communication with other key providers, including residential or other supports, schools, clubhouse, day program, and/or other community resources as appropriate.
Coordination with Other Team Members	There is appropriate coordination with other team members (PT, OT, Nursing, etc.)
Crisis Service Coordination	There is evidence of crisis service coordination where appropriate.
Mental Health Providers	Pertinent communications, including sharing of the PCP document occurs with other mental health providers.
PCP Monitoring by Other Providers	There is evidence that the Case Manager/Supports Coordinator monitor the implementation of PCP by other providers.
PCP Provided to Other Providers	There is evidence the PCP has been provided to other key providers (not including PHCP).
Primary Healthcare Coordination	There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests.

Documentation & Records

Assessments Annual	Annual Assessments/Update Assessments are completed.
Consumer Entitlements	Entitlements are obtained, and 3rd party reimbursements sought. (Medicaid, SSI, Bridgecard)
Consumer Face Sheet	The consumer face sheet contains current information.

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Consumer Record Organization	Program has a checklist or outline of consumer record organization/requirements.
Disclosure Documentation	There is documentation of disclosures made from the record as required.
Documents	All appropriate documents are in the consumer file.
Documents Complete	Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents).
Face to Face Contacts	The record notes some frequency of face-to-face contacts with the consumer and follows the plan.
Health and Safety Issues Monitored	The record demonstrates that health and safety issues for the specific consumer are being consistently and continually monitored and addressed.
Intake Paperwork	Intake paperwork is completed based on procedures in place.
Level of Care Change	Documentation (ACT, Intensive Case Management, Outpatient Case Management, Home-based services, Substance Abuse) is in place supporting level of care change.
Materials Archived	The record contains current materials and does not contain significant material that should be archived. (Refer to Medical Records Policy and Attachments)
ORR-Guardianship Papers	Guardianship papers are in the file and match stated consumer status.
Substance Abuse/Jail Assessment	There is evidence of Substance Abuse and/or Jail Assessment and coordination as appropriate.
Supervisory Review	There is evidence in the consumer's chart that supervisory review took place.
<u>Involvement of Psychiatrist</u>	
Medication Monitoring	There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.)
Psychiatric Involvement	There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted.
<u>MCO Standards Timeliness</u>	
Access Reports	Access timeliness reports are completed (State reporting).

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Claims/Service Activity Logs

Claims/Service Activity Logs (services provided) match services in the plan.

PCP

Accommodations

The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer.

Assessments

Assessments are completed by qualified mental health professional (QMHP), mental retardation professional (QMRP), or children's mental health professionals (CMHP).

Changes in Consumer Needs

Changes in consumer needs are reflected in the person-centered plan.

Community Involvement

There is evidence in PCP of efforts to promote consumer community inclusion and/or increase community involvement.

Conflict Resolution

There is evidence that the consumer has been provided with conflict resolution resource information. Who should be contacted if dissatisfaction or concerns arise.

Consents and Privacy Notices

Proper consents and privacy notices are given.

Consumer Crisis Plan

Consumer crisis plan development opportunity is documented.

Consumer Goals and Objectives

The consumer goals and objectives reflect dreams and desires of consumer and are written in the consumer's own words when possible. Consumer participates on an ongoing basis in discussions of his/her plans, goals, and status.

Consumer Meetings

There is evidence consumer meetings are held according to his/her choice, including where, when, and who.

Coordination of Service

Coordination of services are evident in plan.

Frequency of Plan Review

The frequency of plan review for the individual consumer is specified. SC/CM determine on an ongoing basis, if the services specified in the plan have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and Scope (Face to face and Telephone) of Case management monitoring activities must reflect the intensity of the Beneficiary's Health and Welfare needs identified in the plan.

Goals are Measurable

Goals are stated in measurable terms.

Goals are Monitored

There is evidence of goal monitoring against planned cycle for each consumer.

Health and Safety Issues

The PCP reflects the identification of and attention to consumer health and safety issues.

Natural Supports

Natural supports at varied levels are assessed in the assessment and plan, and are developed if needed. Plan or preplanning documents include discussion about family, friends or others (community at large, neighbors, church, etc.) who do now, or could be asked in the future, to support the person in achieving desired outcomes.

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ORR-Advance Notice of Adverse Action	There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal.
PCP Assessment Based	The PCP is based upon an assessment of the person's strengths and weaknesses.
PCP Consumer Copy	Consumers have been provided copy of his/her PCP within 15 business days of the PCP Meeting (Effective 7/20/2003).
PCP Development Time	PCP is developed within 7 days of commencement of services or if consumer is hospitalized for less than 7 days before discharge/release.
PCP Home Based Assistants	Services provided by Home Based Assistants must be clearly identified in the IPOS.
PCP/Treatment Plans	Home Based Assistants must be trained prior to implementation of consumer plan,
Periodic Review Evidence	There is evidence of periodic review of effectiveness of the plan, including consumer satisfaction.
Provider Involvement	There is evidence of provider involvement in discharge planning as appropriate, for example, with hospitals.
Restrictive Plans	Restrictive plans have evidence of BMRC (Behavior Mgmt Risk Committee) consultation. Restriction of movement or other restrictions are covered in the consumer plans and reviewed by the BMRC for appropriate implementation based on State guidelines.
Specific Service Needs Addressed	The plan of care reflects specific consumer needs and involvements in all appropriate community or mental health services.
<u>PCP Pre-planning</u>	
PCP Pre-planning Activities	Pre-planning meeting includes all activities of consumer choice (where, when, who, what and an independent facilitator was offered for planning activities).
PCP Pre-planning Cultural Accommodations	Pre-Planning shows evidence of any appropriate cultural accommodations of the consumer.
PCP Pre-planning Documentation	Pre-planning meeting activities are properly documented.
PCP Pre-Planning Meetings	PCP Pre-Planning Meetings occur before a PCP meeting is originated.
<u>Pre-Audit Review</u>	
Audit Findings Other	There are plans of correction from Contract Compliance. (Review Contract file)

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Audit Findings--previous year	Audit findings from past year have been corrected. (Review Contract file) Check for Matt's home inspections as well as our audit files
Contracts	Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB)
Licenses Expired	Verify that there are no expired licenses/certifications. (Review Expirations Report from DB)
Training Records	Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB)
<u>Psychiatrist</u>	
Laboratory Procedures	There is evidence of appropriate laboratory procedures relative to medication management.
Medication Consent	There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly.
Medication Documented	There is notation of client current medications in the file. This list should include both medical and psychotropic medications.
<u>Recipient Rights</u>	
Consumer Choice	The consumer has been offered choice of provider/staff.
ORR-Adequate Action Notice	There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record.
ORR-Consent to Treatment	There is a copy of the Informed Consent to Treatment in consumer records. (This may be a part of the universal acknowledgement form)
ORR-Recipient Rights Notification	There is evidence in the chart that consumers have been notified of rights. Upon start of service and periodically during the time services are provided to the recipient. SCCMHA has defined periodically to be annually.
Recipient Rights Reporting	There is evidence of rights reporting by staff as appropriate.
<u>Records/Policies</u>	
Sentinel Event/ Critical Event Analysis	Providers have a Sentinel Event / Critical Event Analysis post a critical event.
<u>Service Related</u>	
Family Therapy	Therapy for client and family or other persons significant to the client for the purpose of improving the client/family function--not including individual psychotherapy or family planning counseling.

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Home Based Services

Home based services are provided to Individuals and families with multiple svc needs that require access to an array of mental health services. Family unit is the focus of treatment.

Specific Children's Programs

Case Type

The consumer's case type(s) is/are identified as appropriate.

Children's Crisis

There are crisis management procedures in place. (DD are handled by Supports Coordination).

Collaborative Approach

There is an interagency collaborative approach to wraparound services.

Dually Diagnosed Children

Both mental health and substance abuse issues are addressed in the treatment plan, progress notes and delivered by appropriately credentialed staff.

Family Centered Planning

There is evidence of Family Centered planning and supports and service.

Infant Mental Health

Infant Mental Health consumer is within the appropriate age range of 0-3.

Intensive Childrens Case Management

Documentation supports the need for multiple services, coordination and linking.

Staffing Ratios

The appropriate staffing ratio is in place (1:15 ratio or worker to family).

Waiver Documentation

Documentation (assessments, etc.) is in file and includes waiver application for Children's Waiver.

Wraparound

Wraparound services involve the coordination and delivery of an intensive individualized life-domain based plan with evident involvement of other community agencies and a child and family team.

Staff Qualifications

Children's Diagnostic and Treatment Services Certification

Each staff person has the minimum of 24 hours of training in Children's Services to meet the Children's Diagnostic criteria.

Credentialing of Professionals

Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.

Job Descriptions on file

Job Descriptions are on file

Staff Qualifications for Case Mgr

A mental health case manager/ support coordinator must be a professional who possesses at least a bachelor's degree in a human services field typically associated with mental health, or an R.N.

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Staff Qualifications for Children

Staff person is certified as QMHP (Qualified Mental Health Professional) for MI, QMRP (Qualified Mental Retardation Professional) for DD. Check to be sure staff have the number of training hours required for childrens diagnostic.

Staff Qualifications for Therapist

Staff Have appropriate qualifications to bill services being provided under Medicaid.