

# 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)



# *Audit Checklist*

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.

# Audit Checklist

## Clubhouse--PSR

### Behavioral Management

Crisis Management

There are crisis management procedures in place. This information should be provided by the SC/CM, behavior specialist, parent, guardian or consumer.

### Clubhouse

Clubhouse Schedule

Clubhouse must have schedule when program components occur which specifies the work ordered day.

Clubhouse Staffing

Clubhouse has staffing to supervise units within the PSR program.

Health and Safety

There are no behavioral, safety, health issues either for the individual or the clubhouse community that cannot be handled in a low staff to member program.

Informal Setting/Clubhouse Environment

Clubhouse is in a community location off-site of other services or if onsite has an established space that is non permeable to other agency staff and unique identifying features when possible: separate entrance; separate phone line; etc;

Member activity and supports

Members are actively engaged and supported on a regular basis by program staff and member, in activities and tasks the member has chosen.

Member Records

Clubhouse has current PCP and all supporting assessment on site in member records.

Members Schedules w/in Ordered Day

Member choose and commit to a clubhouse unit(s) for a period of time. (On a daily basis members may choose from the unit's various tasks.)

PCP Environment/Interaction

Program environment, staff/member interaction and clubhouse case records support PCP practice and principle of recovery.

Person Centered Practice

The clubhouse program environment, staff/member interaction and clubhouse case records support person centered practice and principles of recovery.

Program Access

Members have access to the program during times other than the ordered day including weekend, evening & holiday hours.

Program Structuring

Both informal and formal structures exist which member can influence and shape program operations. (Members leading house/unit meetings; participating in internal/external advisory committees; exhibit sense of "ownership")

Program Support/Maintenance and Development

Staff and members share equally the work of carrying out the units and services of the clubhouse

PSR/Clubhouse Enrollment

Documentation of DCH Medicaid enrollment with Current CMHSP or direct service provider

Schedule/Structure Availability

Evidence of a published or publicly available clubhouse schedule including ordered and non-ordered day activities either posted in the club or available in hard copy or newsletter.

# Audit Checklist

Target Attendance	Provider target attendance for the clubhouse program will be 75-100 members monthly attendance.
Target Population	Target population includes persons with co-occurring substance abuse and/or persons with borderline personality disorders
Target Populations	Services are focused to those persons with serious mental illness who have PSR goals. (Co-occurring substance abuse, borderline personality disorder, co-occurring conditions (MI/SA), moderate DD (IQ 60 and above) early stage dementia)
TE Packet	Clubhouse program has evidence that 'X' numbers are engaged in TEP's
TEP Duration	Placements are "Transitional", ranging from three months to nine months. This allows as many members as possible to gain work experience.
TEP rate	Members are paid the prevailing wage rate but at least minimum wage, directly by the employer.

## **Consumer Quality of Life**

Member Driven Policies	There is evidence of policies being driven by Clubhouse Members.
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## **Customer Service/Consumer Input**

Holidays	There is evidence of Clubhouse Members choosing to keep open or close for particular holidays.
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## **Documentation & Records**

Non SCCMHA Consumer Person Centered Plans	Provider is responsible to develop Person Centered Plans on consumers that are not consumers of SCCMHA Services.
Supervision Documented	There is documented evidence that non professionals were appropriately supervised. The evidence can be in performance evaluations, staff communication logs, staff meeting minutes. Evidence of supervision of support staff directly providing services.
Support Groups Held Outside Wrok Ordered Day	There is evidence of all Support Group meetings are held outside the work ordered day.

## **Pre-Audit Review**

Audit Findings Other	There are plans of correction from Contract Compliance. (Review Contract file)
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
Compliance Notices	Do they exist and if so what were responses. (Review Contract file)

# Audit Checklist

Grievances Addressed	All grievances on file have been addressed--corrective action plan(s) in place. (Contact Recipient Rights/Customer Service Supervisor)
Licenses Expired	Verify that there are no expired licenses/certifications. (Review Expirations Report from DB)
Recipient Rights Corrective Action	Any Recipient Rights Corrective Action plans have been implemented. (Contact Recipient Rights/Customer Service Supervisor)
Training Records	Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB)
<b><u>Recipient Rights</u></b>	
ORR-Facility Initiates Contact with CM/SC When Appropria	There is evidence of provider initiating contact with CM/SC when there are concerns or issues that need to be brought to the attention of CM/SC to make changes in consumer plan or referrals to other team members.
ORR-House/Program Rules	House/Program Rules are posted, given to the consumers, reflect consumer input, and do not include any restrictions that would violate consumer rights. Questions regarding restrictiveness should be directed to recipient rights office.
<b><u>Service Related</u></b>	
Communications	There is communication with case managers, support coordinators, or therapists about any concerns or problems. These communications may prompt plan changes or just awareness of items that may need to be followed up at next visit with consumer.
<b><u>Skill Building/Supported Employment</u></b>	
Center-based skill building only	Activities for Daily Living (ADL) services increase and/or maintain daily living skills.
Challenging Paid work or activities	The activities or paid work is challenging.
Community Based skill building only	Services are designed to obtain employment, teach functional activities of daily living, job skills, and promote community participation.
Follow Up Services for Work placement	There is communication with consumer and employer, possibly retraining, readjustment to work setting or intervention related to workplace social skills.
Sufficient Paid work or activities	The activities or paid work is sufficient.
Training for Consumers	Job training includes job tasks, job coaching, adjustment to work setting, job independence, vocational endurance, increase production rate workplace social skills, and regular communication with employers.
Training for SEP	Job training includes job tasks, job coaching, adjustment to work setting, job independence, vocational endurance, increase production rate, workplace social skills, and regular communication with employers.
Variety of Paid work is offered	There is a variety of paid work offered beyond janitorial and fast food in the community.

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