

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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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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Substance Abuse

Centralized Structure

Provider Contracts

The CA has copies of all current provider contracts and these contracts were initiated prior to any activity on the part of the provider.

Chart Review

Recovery

Consumer/Program Response Score

Confidentiality/Rights

Grievance and Appeals Process

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

Coordination with Others

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

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.

Licensing by MDCIS

All Access Assessment Referral Services (AAR) agencies are licensed by MDCIS for Screening, Assessment, Referral and Follow-up (SARF) services.

Medical Necessity Criteria for Mental Health and Substance

The PHP has a process for ensuring that substance abuse treatment providers make clinical decisions consistent with the Medical Necessity Criteria for Medicaid Mental Health and Substance Abuse Services requirements. (evidenced by PHP administrative policy and procedure; PHP process for assessing provider compliance; clinical treatment records at provider level indicate adherence to requirements.)

Substance Abuse Capacity to Meet Demands

The PHP has sufficient capacity to meet demands for substance abuse services. (evidenced by needs assessment, assessment of current capacity, presence or lack of waiting lists for specific services)

Substance Abuse Services Availability

The PHP meets the requirements to provide 24 hour a day 7 days a week access to substance abuse screening assessment and referral services. (evidenced by presence of screening function during an outside of regular business hours; screening assessment times and dates indicate compliance with the requirement)

Substance Abuse Time and Distance

The PHP meets the time and distance requirements for access to substance abuse services. (evidenced by compliance with requirement that services be available within 30 miles or thirty minutes in urban areas, and available within 60 miles or 60 minutes in rural areas).

TAPs had Signed Contracts

TAP's has signed contracts with all providers that provide services to consumers.

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Treatment Services

The CA makes the following treatment services available to consumers: traditional outpatient, intensive outpatient, detoxification, short-term residential, long term residential, and Methadone and/or LAAM maintenance and detoxification.

Licensure, Registration, Certification and Accreditation

Accreditation/Licensure

All Treatment providers are accredited by one of the five accrediting bodies: JACHO, CARF, COA, AOA, or NCQA.

PCP

Accommodations

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

DSM

A DSM Diagnosis is completed for each client with impression on all 5 axis.

Individual Treatment Planning

Substance abuse treatment is based on the development of an individualized treatment plan.

Substance Abuse Access and Treatment

The PHP has effective methods for assuring that substance abuse treatment is based on the development of an individualized treatment plan. (evidenced by presence of individualized treatment plan in provider records; PHP policy on substance abuse individualized treatment; PHP processes and procedures for evaluating provider compliance; and documentation supports the PHP implementation of their policies and procedures.)

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)

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)

Program Specific

TAPS Adheres to MDCH Procurement Guidelines

TAPS/ Saginaw County adheres to MDCH Procurement Guidelines

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TAPS Compliance with Balanced Budget Act (BBA)	TAPS/ Saginaw County demonstrates compliance with BBA and other regulatory requirements.
TAPS Compliance with HIPAA Requirements	TAPS/ Saginaw County demonstrates compliance with HIPAA Privacy, HIPAA Security, and transaction requirements as appropriate.
TAPS Compliant Adjudication Process	TAPS/ Saginaw County has clear, compliant claims adjudication process.
TAPS Crisis/Access Coordination	TAPS coordinates services with SCCMHA Crisis and Access.
TAPS Data Integrity	TAPS/Saginaw County has a method to assess data accuracy and integrity of provider submissions. (providers using same codes etc.)
TAPS Encounter Data	TAPS/Saginaw County provides encounter data to SCCMHA.
TAPS Encounter Reporting	TAPS/Saginaw County completes encounter reporting as required by MDCH and SCCMHA.
TAPS Financial Management	TAPS/Saginaw County has appropriate financial management including tracking of administrative costs.
TAPS Financial Reports	TAPS/Saginaw County has appropriate financial reports and appropriate financial reporting.
TAPS Follow up on State Corrective Action Plans	TAPS/Saginaw County demonstrates follow up on any state corrective action plans.
TAPS Grievance and Appeals	TAPS/Saginaw County adheres to Grievance and Appeal Requirements.
TAPS Information Systems Management	TAPS/ Saginaw County has appropriate Information Systems Management.
TAPS Measurement of Outcomes for Prevention	TAPS and Provider records have information about outcome measures or indicators for prevention activities.
TAPS Network Management	TAPS/Saginaw County has a Network Management Plan/Program such as monitoring, communications, training etc.
TAPS Performance Indicator	TAPS/Saginaw County collects and reports Performance Indicator into MDCH & SCCMHA
TAPS Provider Monitoring	TAPS/Saginaw County conducts routine provider monitoring.
TAPS Provides Member Services Functions	TAPS/Saginaw County provides member/customer services functions.

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TAPS Quality Improvement	TAPS/Saginaw County has a Quality Improvement Process.
TAPS Sentinel Events	TAPS/Saginaw County collects and reports Sentinel Event data to MDCH & SCCMHA
TAPS Staff Credentials	TAPS/Saginaw County have specific guidelines for assuring appropriate credentials of staff.
TAPS Staff Training	TAPS/Saginaw County have specific guidelines for training of their staff. What is needed and how training is accomplished.
TAPS Substance Abuse Supports and Services	TAPS ensures that the required continuum of substance abuse rehabilitative services are available. (evidenced by brochures, and documented utilization of services)
TAPS Timely Notice to SCCMHA	TAPS/Saginaw County gives timely notice to SCCMHA of audits and communications by MDCH.
TAPS Utilization Management	TAPS/Saginaw County conducts and documents Utilization Management of providers.
<u>Recipient Rights</u>	
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 Complaints	The Coordinating Agency maintains documentation of all recipient rights complaints and their resolution.