SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Audit Checklist w/ Refs
Audit Name: Substance Abuse

Administrative Delegated Functions

TAPS Adheres to MDCH Procurement Guidelines	TAPS/ Saginaw County adheres to MDCH Procurement Guidelines	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Best Practice Guidelines	TAPS/Saginaw County has a process for use of practice guidelines, including adoption process, development process, Implementation, continuous monitoring, evaluation and disemination to relevant providers.	MDCH Contract with SCCMHA, SCCMHA contract with Saginaw County.
TAPS Claims Adjudication Process	TAPS/ Saginaw County has clear, claims adjudication process.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Compliance with Balanced Budget Act (BBA)	TAPS/ Saginaw County demonstrates compliance with BBA.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Compliance with Deficit Reduction Act (DRA)	TAPS/Saginaw County demonstrates compliance with the Deficit Reduction Act which includes false claims.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Compliance with HIPAA Privacy Requirements	TAPS/ Saginaw County demonstrates compliance with HIPAA Privacy, and transaction requirements as appropriate.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Compliance with HIPAA Security Requirements	TAPS/ Saginaw County demonstrates compliance with HIPAA Security, and transaction requirements as appropriate.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Crisis/Access Coordination	TAPS/Saginaw County coordinates services with SCCMHA Crisis and Access.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Customer Services Policies	TAPS/Saginaw County adheres to MDCH Customer Services Standards which includes Access, Informed staff, Process of Handling Customer complaints, Soliciting Customer Satisfaction, and accomodations.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Data Integrity	TAPS/Saginaw County has a method to assess data accuracy and integrity of provider submissions. (providers using same codes etc.)	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Encounter Data	TAPS/Saginaw County provides encounter data to SCCMHA.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Encounter Reporting	TAPS/Saginaw County completes encounter reporting as required by MDCH and SCCMHA.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Enrollee Appeals	TAPS/Saginaw County adheres to Appeals Requirements. TAPS/Saginaw County has reports of Appeals handled at their provider level to be able to report to SCCMHA. Provides enrollees with information about right to appeal and how to do so. Acknowledges receipt of each appeal, in writing unless an expedited appeal. Provides written notice of the results of the resolution of the appeal.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Enrollee Grievance	TAPS/Saginaw County adheres to Grievance Requirements. TAPS/Saginaw County has reports of Grievances handled at their provider level to be able to report to SCCMHA. Provides enrollees with information about right to file grievances and how to do so.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.

Audit Checklist w/ Refs
Audit Name: Substance Abuse

TAPS Evaluates Subcontractors Prior to Delegated Activity	TAPS/Saginaw County has a process for evaluation of Subcontractors ability to perform delegated activity before any delegation occurs.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Financial Management	TAPS/Saginaw County has appropriate financial management including traking of administrative costs.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Financial Reports	TAPS/Saginaw County has appropriate financial reports and appropriate financial reporting.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Follow up on State Corrective Action Plans	TAPS/Saginaw County demonstrates follow up on any state corrective action plans.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Has Signed Contracts	TAPS/Saginaw County has signed contracts with all providers that provide services to consumers.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Information Systems Management	TAPS/ Saginaw County has appropriate Information Systems Management.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Measurement of Outcomes for Prevention	TAPS/Saginaw County and Provider records have information about outcome measures or indicators for prevention activites.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Medicaid Savings	TAPS/Saginaw County has obtained approval to utilize any Medicaid Savings from previous fiscal year and has proof of the Medicaid Savings being used for that purpose.	NO REFERENCE IN SYSTEM
TAPS Network Management	TAPS/Saginaw County has a Network Management Plan/Program such as monitoring, communications, training etc.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Performance Measures	TAPS/Saginaw County collects and reports Performance Indicator results into MDCH & SCCMHA. Assessments of consumer care include quality, availability, accessibility and takes action on cases where appropriate. Identifies and investigates sources of dissatisfaction, and coordinates proper follow up.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Provider Contracts	The TAPS/Saginaw County has copies of all current provider contracts and these contracts were initiated prior to any activity on the part of the provider.	Coordinating Agency Site Visit Protocol B.1 and B.2.
TAPS Provider Monitoring	TAPS/Saginaw County conducts routine provider monitoring.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Provides Member/ Customer Services Functions	TAPS/Saginaw County provides member/customer services functions. This includes a toll free telephone line, customer handbook, current provider listing, and enrollees have access to information such as organizational chart, board member list, meeting schedule, and minutes. Staff in customer services have received training in welcoming people, where to obtain information on recovery, limited English proficiency, cultural competence, community resources and Public Health Code.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Quality Improvement	TAPS/Saginaw County has a Quality Improvement Process. The Governing Body has approved the QI Plan.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Audit Checklist w/ Refs
Audit Name: Substance Abuse

TAPS Recipient Rights	TAPS/Saginaw County adheres to Recipient Rights reporting requirements. TAPS has reports of rights complaints handled at the provider level and reports these to SCCMHA.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Recipient Rights Complaints	The TAPS/Saginaw County maintains documentation of all recipient rights complaints and their resolution. This includes compliants made to subcontractors and the results of those compliants. If the CA delegates this to the providers, the providers must report to the CA any compliants and the resolution(s) to those compliants.	Coordinating Agency Site Visit Protocol E.1.
TAPS Sentinel Events	TAPS/Saginaw County collects and reports Sentinel Event data to MDCH & SCCMHA. TAPS/Saginaw County has a process for follow up on sentinel events. Reports are available upon request.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Staff Qualifications and Credentials	TAPS/Saginaw County has specific guidelines for assuring appropriate qualifications and credentials of staff.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County
TAPS Staff Training	TAPS/Saginaw County have specific guidelines for training of their staff. What is needed and how training is accomplished.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Substance Abuse Supports and Services	TAPS/Saginaw County ensures that the required continuum of substance abuse rehabilitative services are available. (evidenced by brochures, and documented utilization of services)	Medicaid Manual Covered Services, MDCH PHP Review Protocols B.16.1
TAPS Timely Notice to SCCMHA	TAPS/Saginaw County gives timely notice to SCCMHA of audits and communications by MDCH.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.
TAPS Utilization Management	TAPS/Saginaw County conducts and documents Utilization Management of providers. Program includes procedures to evaluate medical necessity, criteria used, information sources, process used to review and approve the provision of medical services, methods to correct over or under utilization, review decisions are supervised by qualified medical professionals.	MDCH Contract with SCCMHA, SCCMHA Contract with Saginaw County.

Chart Review

Adequate Action Notice	There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record.	Mental Health Code 7121(2); 42 CFR 400
Consent to Treatment	There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer)	SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08
Consumer Health	The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored.	SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1.
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.	SCCMHA Provider Manual, Service selection guidelines

Audit Checklist w/ Refs
Audit Name: Substance Abuse

Medication Administration	There is evidence that physician-prescribed oral medication, injection, or topical medication treatment is administered to a client. Medications are labeled as to what the medication is and when it should be given, with a label from the pharmacy. Topical and Oral medications are separated. There is an appropriate, documented procedure for staff disposal of any and all discontinued or unused out of date medications. This should include documented witness that signs along with person who is disposing of the medications. If there are controlled substances being administered the facility has a method of keeping track of these medications and are using two staff from different shifts to assist with counting. Staff are aware of how to dispose of medications.	Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings
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.	Mental Health Code 755(5)(b); Medicaid Manual, General Info.; Licensing sm. Group Rules R400.14 304 page 14; Licensing lg. Group Rules R400.15 304 page 10
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.	SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208
Recovery	Each program has proof of the belief in recovery in their work. Provider can demonstrate in consumer charts this belief. (does not apply to persons with developmental disabilities)	SCCMHA Policy 02.03.05 Recovery
Services Documented	Services are provided appropriately and documented.	Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement
Signatures	Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.)	Medicaid Manual, General Information for Providers, Recordkeeping

Documentation

Accreditation/Licensure	All Treatment providers are accredited by one of the five accrediting bodies: JACHO, CARF, COA, AOA, or NCQA.	SCCMHA Provider Manual, Provider Participation Agreement, 3.7,
Consumer Satisfaction	Consumer satisfaction is sought and action is taken to promote consumer satisfaction.	SCCMHA Provider Manual, Policy 09.04.03.01 Network Management & Development
Disposal of consumer PHI	Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch.	Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract.

Audit Checklist w/ Refs
Audit Name: Substance Abuse

Emergency Procedures	Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.)	SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home
Job Descriptions on site	Job descriptions are available and are on file at provider location.	Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207
Licensing by MDCIS	All Access Assessment Referral Services (AAR) agencies are licensed by MDCIS for Screening, Assessment, Referral and Follow-up (SARF) services.	Coordinating Agency Site Review Protocol C.3.
Medical Necessity Criteria for Mental Health and Substance Abuse Services	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.)	Medicaid Manual, PHP Review Protocols B.16.6.
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. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year.	SCCMHA Provider Manual Policy on Competency Requirements
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.	SCCMHA Auditing Procedure.
Program Areas	Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month.	MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Audit Checklist w/ Refs
Audit Name: Substance Abuse

Proof of Evidence Based Practices	Provider delivers evidence based practices and provider has proof of staff training in evidence based practices.	SCCMHA Evidence Based Practices Policy
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.	RFP; SCCMHA Provider Manual; Licensing Rule 400.14206
Quality Improvement	Provider has specific initiated or given goals/measures.	SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1
Repeat Citations	Provider has evidence that previous citations have been corrected from the last annual audit.	SCCMHA Auditing Procedure.
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)	Medicaid Manual, MDCH PHP Review Protocols B.16.2.
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)	Medicaid Manual, PHP Review Protocols B.16.4.
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).	Medicaid Manual, PHP Review Protocols B.16.3.
Treatment Services	The Coordinating Agency 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.	Coordinating Agency Site Visit Protocol B.3.

Facility/Program Observation

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.	SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085
Assistance to Consumers	Consumers are offered assistance as requested or indicated.	SCCMHA Provider Manual Policy 02.01.01 Accommodations
Confidentiality of Privacy	Provider demonstrates protection of individual's privacy.	SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10
Confidentiality of Records	Records or other confidential information are not open for public inspection?	Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10.

Audit Checklist w/ Refs
Audit Name: Substance Abuse

Dignity and Respect	Consumers are treated with dignity and respect	Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305
Nutrition & Dietary	Providers will follow and utilize SCCMHA's Dietary Guidelines. Menus are written and posted at least one week in advance and kept for one calendar year. Routine cleaning schedule is maintained to ensure cleanliness. Foods are monitored for expiration dates and are disposed of properly. The temperature of the freezer is such that food is frozen solid, Refrigerator is below 40 degrees F, and water temperature is between 105-120. If the home has snacks built into the daily routine these are identified on the menus.	SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 313 page 19; Licensing lg. Group Rules R400.15 313 page 14.
Provider Responsiveness	Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.)	Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02
Record Retention	Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure.	Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies.
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.	SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B
Supervision	The program offers supervision of consumers in a safe and secure environment.	SCCMHA Provider Manual Residential Services Policy 03.02.07

 PCP Review

Accommodations	The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer.	PIHP Review Protocols C.2.7. and C.2.8.; Coordinating Agency Site Visit Protocol R.2.
DSM	A DSM Diagnosis is completed for each client with impression on all 5 axis.	Medicaid Provider Manual Section 12
Individual Treatment Planning	Substance abuse treatment is based on the development of an individualized treatment plan.	Coordinating Agency Site Visit Protocol B.16.5.
PCP Consumer Input	Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan.	MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02
PCP Current	The PCP is current, signed, 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).	Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information;

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Audit Checklist w/ Refs
Audit Name: Substance Abuse

PCP Scope	Amount, duration, scope of services are supported by PCP (What services, how often, and how long).	SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3
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.)	Medicaid Manual, MDCH PHP Review Protocols16.5.

Policies and Procedures

Advance Directives	Staff are aware of any advance directives of consumers living in the facility. Provider has a procedure for determining if consumer has an advance directive and a method of informing staff what to do because the consumer has an advance directive.	SCCMHA Provider Manual Policy on Advanced Directives 03.02.14
Code of Conduct	Provider has a code of conduct for staff.	MDCH App for Participation page 42; 2.10
Competency Policy: Orientation Training	Provider has human resource procedures that address SCCMHA competencies for Orientation/training.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07
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.	Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03
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.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07Licensing lg. Group Rules R400.15 208 ; Licensing sm. Group Rules R400.14 208
Health and Safety Policy	A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards.	MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12
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.	SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5
Infection Control Plan	There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy.	SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure

Audit Checklist w/ Refs
Audit Name: Substance Abuse

Policies and Procedures for Accommodations	The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated).	MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01
Storage of Sample Medications On Site	Provider has a policy and procedure for storing, a method to inventory, dispensing, and disposing of sample medications kept on site.	SCCMHA Policy 05.01.01 Managing and Dispensing of Sample Medications.

Pre-Audit Review

Audit Findings Other	There are plans of correction from Contract Compliance. (Review Contract file)	SCCMHA Provider Participation Agreement
Audit Findings--previous year	Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review.	SCCMHA Provider Manual, Policy 05.06.01
Compliance Notices	Do they exist and if so what responses were. (Review Contract file)	SCCMHA Best Practice
Consumer Participation in Audit	A consumer must be involved in at least one audit per category of audits.	SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02
Contracts	Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB)	SCCMHA Provider Manual, Policy 02.02.06
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.	SCCMHA Auditing Procedure
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.	SCCMHA Auditing Procedure
Licenses Expired	Verify that there are no expired licenses/certifications. (Review Expirations Report from DB)	Contract Compliance
Training for New Employees	Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.	SCCMHA Provider Policy Manual
	(deleted because new training database does not allow you to add new employees until they have training)	

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Audit Checklist w/ Refs
Audit Name: Substance Abuse

Training Records	Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB)	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03

Staff File Review

Credentialing of Professionals	Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. 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. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists.	HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan
Provider Completes Reference Checks	Providers are verifying references as a part of their pre hire screening and there is proof in the staff files.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03
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, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed.	MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03;
Training Minimum Standards	Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review)	Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b)

Staff Questions

Grievance and Appeals Process	Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate.	Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Page 3; SCCMHA Provider Manual, Policy 02.01.11
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.	Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5