

## Audit Checklist w/ Refs

### Audit Name: Licensed Residential FY2022

Access to Food	Do individuals have access to food at any time? If individuals do not have access to food at any time, has the individual agreed to restrictions in their Individual Plan of Service (IPOS)? Evidence may include observation and/or interview with individual and/or provider. Evidence may also include choices offered during the Person Centered Planning (PCP) Process and documentation within the IPOS and individual Senti record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Access to Laundry	Do individuals have full access to the laundry area without restrictions? If no, is this addressed in a positive support / behavior plan and individual plan of service? Acceptable evidence is direct observation, and/or interview with individual and/or provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Appropriate Locks on Bathroom Doors	Do all bathrooms have appropriate privacy locks? Acceptable evidence is direct observation.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Appropriate Locks on Bedroom Doors	Do all bedrooms have appropriate keyed locks? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Bathroom Access	Do all individuals have full access to the bathroom? Can individuals access the bathroom at any time? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation and response from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Common Areas	Do individuals have full access to the comfortable seating / common areas without restrictions? Can individuals access common areas whenever they want? If not, is this addressed in the Individual Plan of Service (IPOS)? Acceptable evidence is direct observation, responses from individual and/or provider interview, and review of the IPOS.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Communication Jack	Do individual bedrooms offer a telephone jack, wireless internet, or an ethernet jack? Evidence may include direct observation and provider's policy and procedures.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Communications	Do individuals have a way to communicate with individuals outside of the setting without restrictions? Do individuals have access to a communication device that they can use in a private space? Acceptable evidence is direct observation, responses from individual interview, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Compliance	Does the facility have full HCBS Compliance? Evidence may include direct observation, individual and provider interviews, and policies and procedures for the facility.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

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Dining Location	Can individuals choose where they want to eat? If no, is this addressed in Positive Support/Behavior Plan and Individual Plan of Service? Acceptable evidence is direct observation, responses from consumer interview, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Eating Location	Can individuals living in this residence choose to eat alone or with others? If no, is this addressed in the Individual Plan of Service and Positive Support/Behavior Plan? Acceptable evidence is responses from consumer interview, consumer meetings, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Home Appliances	Can individuals reach and use the home's appliances as they need? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation, responses from consumer interview, consumer meetings, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Kitchen and Dining Area	Do individuals have full access to the kitchen and dining areas without restrictions? Do individuals have full access to the dining area without restrictions? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation, responses from consumer interview, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Menu Options	Can individuals choose what they eat and drink? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is responses from consumer interview, consumer meetings, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Care	If an individual needs help with personal care, is it done in privacy? Each recipient's personal care, daily living, and hygiene needs are met including eating/feeding, toileting, bathing, grooming, dressing, ambulation, and assistance with self-administered medications and are documented in appropriate logs. Provider is completing daily personal care logs for each individual on the SCCMHA Personal Care and Community Living Supports Log. Acceptable evidence is responses from individual interviews, progress notes, and personal care logs.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Care Items	Basic supply of personal care items are provided by licensee to the consumer, such as: bath soap, shampoo, toothpaste, and deodorant. Consumer has his/her own personal care items to use. Personal Care items should be labeled individually with consumer initials.	SCCMHA Provider Manual Residential Services; Licensing small. Group Rules R400.14 314 page 14; Licensing large. Group Rules R400.15 314 page 19.
Personal Possessions	Provider shall have a listing of all valuables that are accepted by the licensee for safekeeping. The list of valuables shall include a written description of the items, the date and signed by the licensee and resident. Documentation should show items that were disposed of and how items were disposed.	SCCMHA Provider Manual Licensed Residential, Licensing small. Group Rules R400.14 315; Licensing large. Group Rules R400.5 315

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Privacy Barriers	Is the inside of the residence free from cameras, visual monitors, audio monitors and alarms? If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is direct observation, responses from consumer interviews, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Private Place	Do staff have a place to talk about individuals' personal issues in a private place? Acceptable evidence is direct observation and responses from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Private Space	Is there an area in the home for individuals to meet in a private space? Acceptable evidence is direct observation and/or interview with individual and/or provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Respect for Personal Space	Do staff ask before entering individuals' bedrooms/bathrooms? Acceptable evidence is direct observation and responses from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Storage for Personal Items	Do individuals have a place to store and secure personal belongings? Acceptable evidence is direct observation and responses from consumer interviews.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Visitation	Does the residence allow friends and family to visit without rules on hours or times? Acceptable evidence is direct observation, responses from individual and provider interviews and review of the individual plan of service. Evidence may also include providers policy and procedures.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
 <b><u>Chart Review</u></b>		
Care Coordination	There is evidence of communication between the provider and other identified support persons within the individual plan of service. Supports include but not limited to case holder, parent, guardian, nurse, etc. Initial and ongoing communication is occurring as needed to address any concerns that may prevent services from being delivered as indicated in the individual plan of service.	MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Care Coordination 02.03.23
Claims/Service Activity Logs	Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan.	Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review
Complaints	Is information about filing a complaint provided in a way the individual can use and understand? Do individuals know who to call to file an anonymous complaint? Acceptable evidence is observations and interviews with individual and provider. Recipient Rights information should be available in every setting.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

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Consumer Health and Safety	<p>Provider has a direct responsibility to assist consumers with daily health care needs and take steps to decrease health and safety risk factors, as well as communicate to primary providers about consumer health and safety related issues and to coordinate care. Attention to health and safety includes monitoring of physical living settings and spaces, and appropriate alerts, referrals or interventions, according to healthy home standards including but not limited to mold, fire and pest prevention.</p>	<p>MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Continuum of Care 03.02.06</p>
Continuum of Care	<p>Does the residence offer a continuum of care? Does the setting offer all services in house? Acceptable evidence is direct observation, consumer interviews, updated IPOS, activity logs, and progress notes.</p>	<p>MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit</p>
Entitlements LR	<p>Entitlements are obtained, and 3rd party reimbursements sought. (Medicaid cards, SSI, {for county owned homes only- Bridgecard/foodstamps})</p>	<p>SCCMHA Provider Manual, Provider Participation Agreement, Page 8, Item 4.0, Compensation, Type A Spec. Res. Pg 1</p>
Guardianship/Legal Paperwork	<p>Guardianship papers are in the file and match stated consumer status. Check to see if consumer has a DHHS worker (Ward of the State) as a guardian. If so, a copy of the guardianship documentation should be in the electronic health record.</p>	<p>MDHHS PIHP Review Protocols; Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20)</p>
Healthcare Appraisals	<p>Provider will ensure Consumers have healthcare appraisals completed within 90 days prior to move to a facility and annually after move in. Appraisals include review of current symptoms, eval of bodily systems, vision/hearing screenings, lab wk, etc</p>	<p>SCCMHA Provider Manual, Type A.; Licensing sm. Group Rules R400.14 316 page 12 &amp; 21; Licensing lg. Group Rules R400.15 316 page 16</p>
House Rules	<p>Verify the provider does not have House Rules</p>	<p>MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit</p>
Individuals With or Without Disabilities	<p>Can people with different types of disabilities and individuals without disabilities live in the home? Acceptable evidence is direct observation and responses from individual and provider interview. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.</p>	<p>MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit</p>
Lease and/or Resident Care Agreement	<p>Do all individuals have a signed lease agreement and/or resident care agreement with summary of resident rights? Acceptable evidence documentation of BCAL-3266. Licensee must also document they have provided consumers information on discharge processes and complaints.</p>	<p>MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit</p>
Leave of Absence	<p>Provider insures that consumer's have all needed medications, treatments and personal items necessary for proper care during any periods of absence from the home. For consumers with guardians, the provider will obtain prior authorization from the guardian before allowing an individual to remove consumer from the residence.</p>	<p>SCCMHA Provider Manual, Type A Res. Pg 3</p>

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Medical/Dental Logs and Documentation	Health/dental status of consumer is monitored ensuring scheduled medical, dental, and clinical appts are made in a timely manner, that the consumer attends appts and that resulting reports, Rx, Evals, etc. are secured and implemented. Various appointments are kept (medical, dental, psychiatric, etc.). When missed, they are documented appropriately.	SCCMHA Provider Manual, Type A, Pg 4; Licensing sm grp rules R400.14 310; Licensing lg grp rules R400.15 310.
Medication Administration	Trained Medication passers are identified for each shift, who know the Five Rights of Medication Administration and proper medication passing procedures. Medication Passers should be knowledgeable of where to find prescriptions, why clients are taking medications, and what to do in the event of refusals, etc.	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
Medication Documentation	Medication Administration Records (MAR) are filled out accurately by Staff, including comments for per requested need (PRN) medications, refusals, or other instances of Staff documentation. 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.	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
Medication Storage & Handling	There is evidence that physician-prescribed oral medication, injection, or topical medication treatments are securely stored. 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. Provider does not have expired or compromised medications in with regular medications. Controlled substances are secured under a double-lock system.	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
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;
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
Training on Consumer Individual Plan of Services	Qualified staff are trained regarding all aspects of specific consumer's Individual Plan of Service, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, Behavior Treatment Plans, Occupational Therapy Plans, Physical Therapy Plans, Speech Therapy Plans, etc.	MSHN-SCCMHA Contract (Current FY); PIHP-MDHHS Contract (Current FY); CMHSP Staff Training Tool; SCCMHA Provider Manual

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**Consumers**

Ability to Choose Provider	Do individuals pick the agency who provides their residential services and supports? Acceptable evidence is observation and/or interviews with individual and/or provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Changes in Services and Supports	Can individuals change their services and supports as they wish? Acceptable evidence is documentation and interviews with individual and provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Choice of Residence/Residence Options	Did the individual choose to live at this residential setting? Acceptable evidence is interviews with individual and provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. What action is taken if the individual indicates they no longer want to live in current setting.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Choice of Room and Roommate Preference	If the individual shares a room, did he/she have the option of having their own room? Did they pick their roommate? Are they happy with their room and/or roommate? Acceptable evidence is interviews with individual and provider. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Clothing	Can individuals choose what clothes to wear? Acceptable evidence is interviews with individual and/or provider. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Community Involvement	Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for community involvement/contact with people not receiving services? Acceptable evidence is documentation (progress notes/activity logs) and interviews with individual and provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Housemates	If the individual lives with other people, did he/she pick their housemate? Acceptable evidence is interviews with individual and/or provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit



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Leaving the Residence	Can individuals choose to come and go from the home when they want? If no, how are resident's freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is responses from individual and/or provider interview, progress notes, and documentation within the Individual Plan of Service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Legal Activities	Are residents allowed to participate in legal activities (voting, Rated R movies, etc.)? Acceptable evidence is interviews with individual and provider. Evidence may also include documentation (progress notes/activity logs) completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
New Housing Request	Have individuals been provided with information on how to request new housing? Acceptable evidence is documentation and interviews with individual and provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. This also includes documentation in the pre-plan and/or visits to the home prior to move in.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Funds	Do individuals have access to and choice/control over their personal funds? Acceptable evidence is documentation and interviews with individual and provider. Fund sheets are kept up to date and available in the home. Individuals are not paying for items that are part of Room and Board payments. Bank statements match that of the individual funds and deposits and withdrawals are consistent. Funds on hand match the fund sheets. Amount on hand does not exceed \$200.00. Individuals have immediate access to their personal money if they choose. How do individuals have access to money after hours? Access to funds is given to individuals as written and addressed in IPOS (Provider adheres to their role as specified in the IPOS). Personal funds are documented and provider takes necessary steps to prevent mishandling. Provider will also record individual First Choice gift cards and how these are used.	Licensing sm. Group Rules R400.14 315 page 19; Licensing lg. Group Rules R400.15 315 page 15. MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Schedule	Do individuals arrange and control their personal schedule of daily appointments and activities? Acceptable evidence is interviews with individual and/or provider and documentation (progress notes/activity logs/calendars) of the individuals daily schedule.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Staff Services	Do individuals pick the direct support workers who provide their services and supports? Acceptable evidence is interviews with individual and/or provider. Discussion should include ways in which an individual can indicate their preference of worker within a setting. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

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**Documentation**

Activities and Recreation	Consumers are offered frequent opportunities for home and community activities and recreation. Activities should encourage social interaction, further growth through first hand experiences, social graces, and productive utilization of leisure time. Activities are age appropriate, dignified, and community integrated. There is an activity calendar for planned activities.	SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 317 page 22; Licensing Large Group Rules R400.15 317 page 16
Consumer Satisfaction	Consumer satisfaction is sought and action is taken to promote consumer satisfaction.	SCCMHA Provider Manual, Policy 05.06.01 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.
Emergency Procedures	Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc.	SCCMHA Provider Manual, Licensing Rules R400.14318 Licensing small Group; R400.15318 Licensing large Group; R4001438 Licensing Family Home
Fire Drills	Fire drills must be performed once per quarter per am, pm, and at least one of the drills being during sleeping hours. (Check fire drill logs)	Licensing certification rules R330 1803; Licensing sm. Group Rules R400.14 318 page 22; Licensing lg. Group Rules R400.15 318 page 17
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 Report and Survey	Licensing report and most recent survey are on file at the site and any issues are addressed. Check internet michigan.gov website for last survey.	Licensing Act 218 400.727
Meaningful Activities Outside of Residence	All consumers will be offered regular opportunity (at least 2x per week) to engage in activities of their choice outside of their home. Outside the home excludes skill build program, supported employment or clubhouse, medical appointments (MD, DO, PA, RN, DDS, OT, PT, or laboratory tests). Adult consumers are engaged in meaningful activities that are meaningful to the consumer.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit



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Periodic Review of Incident Reports	<p>Provider has a process in place to periodically review 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. Auditor will use specific trends in the home and request documentation that these were reviewed.</p>	<p>SCCMHA Provider Manual Policy on Competency Requirements; SCCMHA Policy 04.01.02 - Incident Reporting and Review</p>
Plan of Correction from Last Audit	<p>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.</p>	<p>SCCMHA Auditing Procedure.</p>
Program Areas	<p>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.</p>	<p>MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02</p>
Provision for 24/7	<p>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.</p>	<p>RFP; SCCMHA Provider Manual; Licensing Rule 400.14206</p>
Quality Improvement/Program Evaluation	<p>Provider has specific initiated or given goals/measures. Provider has a system to identify problems and a plan of correction in place.</p>	<p>MSHN-SCCMHA Contract (Current FY), PIHP-MDHHS Contract (Current FY), SCCMHA Provider Manual, Quality Assessment &amp; Performance Improvement, 04.01.01</p>
Repeat Citations	<p>Provider has evidence that previous citations have been corrected from the last annual audit.</p>	<p>SCCMHA Auditing Procedure.</p>
Shift Notes/ Progress Notes	<p>Daily documentation is kept and completed on each shift which reflects implementation of consumer plan. Provider completes daily documentation on each shift reflecting consumer participation in their plan.</p>	<p>SCCMHA Prov. Man., Type A &amp; B Specialized Res., Service Plan and Records, Paragraph 2 page 4; Licensing sm. Group Rules R400.14 316 page 21; Licensing lg. Group Rules R400.15 316 page 16</p>
Staff List/Organizational Chart	<p>There is an Organizational Chart and or Staff listing for current staff. Provider shall make available at the facility or arrange to have on site at the time of audit.</p>	<p>Licensing small grp rules R400.14 103; Licensing large grp rules R400.15 103 page 2</p>

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Vehicles Maintained	<p>The vehicles are maintained, in good working order, and are safe for consumers. Do vehicles have emergency kit, emergency numbers etc. How does provider ensure consumers get to medical appointments, etc.? If provider does not have company vehicle how do they ensure staff vehicles are safe and staff have appropriate insurance coverage? There is a vehicle breakdown and vehicle accident policy that is reviewed with staff annually.</p>	<p>Licensing small group home rules R400.14 319 pg. 22; Licensing large group rules R400.15319 pg. 17; MDCH audit review 2012.</p>
<b><u>Facility/Program Observation</u></b>		
Accessibility	<p>Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting.</p>	<p>Home and Community Based Services Medicaid Manual Requirements.</p>
Adaptive Equipment	<p>All durable medical equipment or assistive devices as ordered by PCP or physician are readily available and used as prescribed. If incontinence or other healthcare or behavioral concerns are apparent, clean bedding is supplied as needed. All equipment is safe and in good working order.</p>	<p>SCCMHA Provider Manual, Type A &amp; Type B Spec. Residential, Guidelines, Page 5, Adaptive Equipment; Licensing sm. Group Rules R400.14 306 Page 15; Licensing lg. Group Rules R 400.15 306 Page 11</p>
Assistance to Consumers	<p>Consumers are offered assistance as requested or indicated.</p>	<p>SCCMHA Provider Manual Policy 02.01.01 Accommodations</p>
Community Access	<p>Is accessible transportation available for individuals to make trips to the community (accessible transportation means having transportation services going where and when one wants to travel). If public transit is limited or unavailable, do individuals have another way to access the community? Acceptable evidence includes observation of accessible vehicles, as well as provider supplied evidence that vehicles and employees are accessible for transportation as well as information related to other means of transportation. Evidence shall be provided in providers policies as to how individuals have access to the community.</p>	<p>MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit</p>
Community Contact	<p>Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services? Acceptable evidence is direct observation, consumer interviews, provider interviews, updated individual plan of service, and activity logs.</p>	<p>MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit</p>
Confidentiality of Privacy	<p>Provider demonstrates protection of individual's privacy.</p>	<p>SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10</p>

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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.
Consumer Responsibilities	SCCMHA consumers will be encouraged to maintain their own personal living quarters and participate in day to day housekeeping. Tasks/procedures are posted.	SCCMHA Provider Manual, Type A Res. Pg 3, Type B Res. Pg 3, Physical Plant
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
Environmental Modifications	Any needed environmental modifications have been made. Provider has ensured proper follow-through of any necessary modifications (request is made through Case Manager/Supports Coordinator who forwards request on to clinical director).	Medicaid Ch III Cov svc for persons with DD pg 58
Homelike Atmosphere	The residential facility promotes a homelike atmosphere, i.e., pictures, plants, flowers, etc.	Best Practice
Inside and Outside Access	Can individuals move inside and outside the home when they want? Acceptable evidence is observation and/or interview with individual and/or provider. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Licensure for Program	Licensure is posted on site and available for public inspection. (Indicates Specialized Certification for population that is being served in the home, MI or DD or both if consumers have both diagnosis).	Licensing sm. Group Rules R400.14 103 page 3; Licensing Lg. Group Rules R400.15 103(4) page 2
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
Residence Away From Multiple Homes	Is the residence located away from multiple homes/settings (for people with disabilities)? Acceptable evidence is direct observation and responses from individual and provider interview. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

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Residence Free From Barriers	Is the home free of fences, gates, locked doors, or other ways to block individuals from entering or exiting certain areas of their home/grounds? If no, specify why. Is the home physically accessible to all individuals (i.e. grab bars, shower chairs, wheel chair ramps, etc.). Acceptable evidence is direct observation and/or interview with individual and/or provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Residence Location	Are the individual's services delivered in a setting that is separate from or outside of the building and off the grounds of a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities or Institute for Mental Disease (IMD)? Are the individual's services delivered in a setting that is separate from a residential school or child caring institution? Acceptable evidence is direct observation.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Site Accessibility	Is the home physically accessible to all individuals? If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is direct observation and responses from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Site Maintained	The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary.	SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B
Supervision	The program offers supervision of consumers in a safe and secure environment.	SCCMHA Provider Manual Residential Services Policy 03.02.07
Supervision of Shift Change	There is proper supervision of consumers during shift changes.	Best Practice
<b><u>Home Manager Questions</u></b>		
Emergency Preparedness	Two days of backup food is maintained onsite for emergencies and is consistent with consumer diet orders. Emergency kit available containing first aid kit, flashlight, battery operated radio, bottled water, adult incontinence briefs, etc. The home has a carbon monoxide detector. The telephone number for poison control center is readily available to staff and consumers. Provider should have 4 gallons of water available at all times in case of water shortage. There is a provision for Emergency Shelter for Interim and Overnight with agreement for overnight stay with hotel or motel.	SCCMHA Provider Manual, Specialized Residential Services Policy; AFC Licensing rules R400.18313 (2)
Health and Wellness	Provider is supporting the health and wellness of consumers. Menus support the food pyramid with five fruits and vegetables per day. Exercise is discussed and promoted as part of the consumer daily or weekly routine.	SCCMHA Health and Wellness and Michigan Health and Wellness initiative.

## Audit Checklist w/ Refs

### Audit Name: Licensed Residential FY2022

**Log Books**

Supervision Documented

There is documented evidence that non professionals were appropriately supervised. The evidence can be in staff communication logs, staff meeting minutes, staff performance improvement plans. Evidence of supervision of support staff directly providing services. Auditor will be looking to see that home manager is reviewing progress notes. Also looking to make sure CSM, OT, PT, Speech, Behaviorist, and Nurse are observing staff implementing the plan.

MDCH Site Review Report & Plan of correction 2/12/2003. Medicaid Manual, General Info. Pg. 3

**Policies and Procedures**

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. Provider has a policy/procedure that indicates how records will be stored, how long, and how they will be disposed of after the date of retention has expired.

Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies.

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. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol.

MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network.

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

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

## Audit Checklist w/ Refs

### Audit Name: Licensed Residential FY2022

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
Medication Disposal	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.	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
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
Pre Hire Screening	Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03
Tornado Drills	The facility will have a procedure addressing what to do in case of a tornado. The facility will have at least one tornado drill per month during the months of April through September which is typically tornado season in Michigan. Provider will have proof documentation of occurrence of the drills.	SCCMHA Safety Procedures.
<b><u>Pre-Audit Review</u></b>		
Audit Entrance conference with provider either on date of audit or prior to the desk audit.	Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Ensure the provider understand deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process.	SCCMHA Auditing Procedure
Audit Exit Conference with provider on final date of audit.	Meet with the provider to discuss findings, highlighting 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



## Audit Checklist w/ Refs

### Audit Name: Licensed Residential FY2022

Audit Findings Other	Review Contract file. Are there are plans of correction from Contract Compliance? Are there Compliance Notes? Check internet michigan.gov website for last licensing survey and any investigative reports. Note the date of the last survey and report.	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
Case Managers/Supports Coordinator Communications	Verify through letters, correspondence, meeting minutes, review logs, surveys to supervisors/chairpersons, etc. (Contact Case Manager/Supports Coordinator for issues, comments, etc.)	NO REFERENCE IN SYSTEM
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
Eligibility	Consumers are eligible to receive services from SCCMHA. (Medicaid is in effect or other CMH coverage--MI Child, Subsidy, Children's Waiver-- is in place)	Medicaid Provider Manual, SCCMHA Provider Manual 03.01.01
Incident Reporting	Incident Reports are completed as needed and a copy is filed at SCCMHA. The Incident Reports are to be filed within 24 hours of the incident. (Submit to SCCMHA Quality Department)	Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); SCCMHA Provider Manual, SCCMHA Policy 04.01.02 - Incident Reporting and Review;
Licensure/Accreditations/Licenses Expired	Gather Proper Licensing and accreditation documentations, ensure they are all current and Provider Specific and provider is in good standing. CARF, JACHO, COA, specialized residential licensing. Inpatient settings also need to have Substance Abuse licensure. (Review Contract File)	MHC (P.A. 258) MCL 330.1134; Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); Contract Compliance; SCCMHA Provider Participation Agreement
Notifications	Has Provider received any notifications from MDHHS or MSHN?	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
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
Prescription of Personal Care	Consumer Plan specifies personal care services needed by consumer and is reviewed and approved at least once per year. The plan is specific to let staff know how to care for the consumer.	AFC Licensing Specialized Certification Rules; Medicaid Manual 11.3
Quality of Life and Advocacy Reports	Quality of Life Reports (check contract files or previous audit file).	NO REFERENCE IN SYSTEM

## Audit Checklist w/ Refs

### Audit Name: Licensed Residential FY2022

Recipient Rights Corrective Action	Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction).	MMHC 330.1755 Office of recipient rights; establishment by community mental health services program and hospital; SCCMHA Provider Manual
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
<b><u>Staff File Review</u></b>		
Medication Certification	All staff passing consumer medications have been certified 10 times by a staff member that has been certified by a SCCMHA Nurse or the nurse the provider has on staff. Re -Certification will occur every three years. This certification is to assure the provider/home manager is comfortable with staff passing medications. (not all staff must be certified but staff that are passing medications must be certified and at least one staff on shift must be certified).	SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings.
Ongoing Background Checks and Sanctions	As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks at least monthly. Providers are required to review the Michigan Provider Sanction List at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review
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
Staff Job Descriptions on file	Job descriptions are on file.	SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; Licensing sm. Group Rules R400.14 208 page 9; Licensing lg. Group Rules R400.15 208 page 7.
Staff Training Records	Provider has training logs available at time of site visit with current information of completed trainings and certifications.	Licensing small grp rules R400.14 204 page 7; Licensing large grp rules R400.15 204
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. Auditor will look for quarterly training/in-service.	SCCMHA Provider Manual; SCCMHA Policy 02.01.01 - Enrollee Rights and Accommodations; SCCMHA Policy 03.02.07 - Residential Services; SCCMHA Policy 05.06.03 - Competency Requirements for the SCCMHA Provider Network;

## Audit Checklist w/ Refs

### Audit Name: Licensed Residential FY2022

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)
 <b><u>Staff Questions</u></b>		
Direct Care Wage Increase	Was provider given a direct care wage increase during the year. If so is there proof at the site that staff the increase as noted in the SCCMHA contract.	SCCMHA Contract and Direct Care Wage increases as noted from the State of Michigan.
Staff Described Plan	Staff is able to describe each plan for consumer-- dietary needs, restrictions, etc. Auditor to document the name of the staff that provided the information.	MDCH Site Review Protocols; AFC Small Group rules R400.14206 (2); Large Group rules R400.15201 (8) (c).
Staff Identification	Staff can identify each consumer's case manager/Supports Coordinator and there is evidence of communication.	MDCH App for participation pg 32 2.2.2
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