Audit Checklist w/ Refs
Audit Name: Drop In

Chart Review

Consumer Files	The provider has consumer files available and include information such as emergency contact numbers, a consumer plan, and any other relevant information.	SCCMHA Provider Manual.
Drop in Center Rules	The provider has drop in center rules of conduct for all persons that attend the drop in center. These rules are given to each consumer as part of the orientation to the drop in center and are posted where all persons who attend can read.	Provider guidelines for Drop in Center.
Meet Criteria	All consumers meet criteria for services in the Drop In Center. Participants must be diagnosed with a serious mental illness, currently receiving or have received in the past treatment for mental illness, and must be at least 18 years or older. Those consumers living in AFC homes must attend as part of a goal driven plan and not just a location for consumers to be away from the AFC for the day.	SCCMHA procedure for Referral and Authorization of Drop-in services, 09.04.03.12.
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

Documentation

Approval	The program has received MDHHS approval.	Medicaid Provider Manual for Mental Health and Substance Abuse; Under Programs Requiring Approval 1.5.
Board Members	All board members for the Drop-In Center must have had a through background check.	SCCMHA policies and Friends for Recovery Center Inc. Bylaws.
Board of Directors	All board of directors for the Drop-In Center are primary consumers.	Medicaid Manual for Mental Health and Substance Abuse under Drop-In centers.
Claims/Service Activity Logs	Claims/Service Activity Logs (services provided) match services in the plan.	Medicaid Manual, Recordkeeping
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. 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

Audit Checklist w/ Refs
Audit Name: Drop In

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
Non Profit Status	The Drop-In center has applied or had 501(c)(3) status.	Medicaid Manual for Mental Health and Substance Abuse for Drop-In Center.
Opportunities to Learn and Share Coping Skills and Strategies	Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into a more active assistance and away from passive beneficiary roles and identities, and to build and/or enhance self-esteem and self-confidence.	Medicaid Provider Manual
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.
Programming Includes Dimensions of Wellness	The daily schedule includes programs that address 8 dimensions of Wellness.	SCCMHA procedure for Referral and Authorization of Drop-in services, 09.04.03.12
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.
Reporting to the Board	The drop in center staff have an obligation to report to the contractor agency as well as Saginaw County Community Mental Health Authority. The reporting should include but is not limited to Budget, overall Quality Improvement, and other necessary reporting.	Medicaid Manual for Drop in Center.
Vehicles Maintained	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.	Licensing small group home rules R400.14 319 pg. 22; Licensing large group rules R400.15319 pg. 17; MDCH audit review 2012.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Audit Checklist w/ Refs
Audit Name: Drop In

Facility/Program Observation

Accessibility	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.	Home and Community Based Services Medicaid Manual Requirements.
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.
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
First Aid Kit	The program has a first aid kit available and is checked periodically to assure that all items are available when needed.	Best Practice.
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, 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

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

Audit Checklist w/ Refs
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PCP Review

Healthy Choices	The program gears activities and routine daily schedule around healthy options and healthy food options.	Referral and Authorization of Drop-in Services Procedure 09.04.03.12
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;
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
Peer Support Specialists Advocate	Peer Support Specialists Services advocate for the full integration of individuals into communities of their choice and promoting the inherent value of those individuals to those communities.	SCCMHA Peer Support Services Fidelity Scale
Peer Support Specialists are Members of the Team	Provider assures Peer Support Specialists participate as full-fledged members of the multidisciplinary team.	SCCMHA Peer Support Services Fidelity Scale
Peer Support Specialists Assist Consumers with Recovery	Peer Support Specialists staff assist consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers recovery/life goals.	SCCMHA Peer Support Services Fidelity Scale
Peer Support Specialists Function as Liaisons to Community	Peer Support Specialists Services function as liaisons to community resources, and assisting consumers in accessing and using such resources.	SCCMHA Peer Support Services Fidelity Scale
Peer Support Specialists Provide a Range of Services	Peer Support Specialists provide a wide range of peer support services to consumers to assist them in regaining control over their lives, the recovery process, and attain personal goals of community membership, independence, and productivity.	SCCMHA Peer Support Services Fidelity Scale
Peer Support Specialists Supervision	Peer Support Specialists are provided with supervision by appropriately licensed mental health professionals.	SCCMHA Peer Support Services Fidelity Scale
Peer Support Specialists Training	Peer Support Specialists receive standardized, accredited training (and are eligible for certification). Attend relevant seminars, meetings, and in-service training.	SCCMHA Peer Support Services Fidelity Scale
Peer Support Specialists' Services offered	Peer Support Specialists' services are offered to all consumers.	SCCMHA Peer Support Services Fidelity Scale

Policies and Procedures

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.

Audit Checklist w/ Refs
Audit Name: Drop In

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
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
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
Vehicle Emergencies	Policies will include information about vehicle breakdown and vehicle accident procedure that is reviewed with staff at least annually.	MDCH Audit Review 2012

Pre-Audit Review

Compliance Notices	Do they exist and if so what responses were. (Review Contract file)	SCCMHA Best Practice

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Audit Checklist w/ Refs
Audit Name: Drop In

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
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
Grievances Addressed	All grievances on file have been addressed-- corrective action plan(s) in place. (Contact Recipient Rights/Customer Service Supervisor)	SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.11.00
Person Centered Plan	Person Centered Plan has been reviewed for any special needs. Auditor is familiar with what the needs are for the consumer and what should be provided in the home. Auditor will want to see proof of review of consumer plan and also any special trainings that occurred for any special needs of the consumers living in the home.	MDCH Specialty App for Participation pg. 32 2.2.1
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).	Policy Standard I
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

Job Descriptions on file	Job Descriptions are on file	SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network.
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)