

Chart Review		
ABLLS-R or VB-MAPP	Consumers have ongoing determination of level of service (every 6 months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with ABLLS-R or VB- MAPP.	DCH site review protocols for Autism Beneficiaries.
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
ADOS Completed as Noted in Autism Guidelines	ADOS and ADIR are completed upon admission to the program and yearly.	MDCH Autism Guidelines
Advance Notice of Adverse Action	There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal.	Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols D.3.7. / MDCH Site Review Report & Plan of Correction 2003
Assessment Complete	Assessment is complete and documented for other disciplines (OT, PT, Speech, Psychologist, Dietician, Supported Employment Specialist). Assessment justifies the need for services an how these services will assist the consumer in reaching desired goals or outcomes.	SCCMHA Provider Manual: Performance Expectations for Enhanced Health Care Providers #5, #7; Medicaid Ch. III, Section 3.2
Assessment Timely	Assessment/reassessment for other disciplines (PT, OT, Speech, Psychologist, Dietician, Supported Employment Specialist) is timely and meets standards.	SCCMHA Provider Manual: Performance Expectations for Enhanced Health Care Providers #5
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 Face Sheet	The consumer face sheet or demographics contains current information. Auditor will be looking for current information in the consumer demographic area of the medical record and that items match what is found in other parts of the chart. Such as consumer residential living arrangement, primary care physician, employment status, medical conditions, DD proxy measures, etc.	Medicaid Manual, Mental Health and Substance Abuse, Recordkeeping
Coordination of Benefits	Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals.	SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development.
Coordination with Other Team Members	There is appropriate coordination with other team members (PT, OT, Nursing, etc.)	SCCMHA Policy and Procedures
Disclosure Documentation	There is documentation of disclosures made from the record as required.	HIPAA
Documentation of Treatment	There is documentation of treatment provided by other disciplines (PT, OT, Speech, Psychologist, Dietician)and matches the plan frequency for contacts and monitoring.	MDCH PHP Review Protocols Section G.3.6; Medicaid Ch III, Record Keeping



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Documents	All appropriate documents are in the consumer file.	MDCH/CMH Contract, Section 6.8.1
Documents Complete	Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents).	SCCMHA Provider Participation Agreement, section 5.0
Education for Parent/Guardian	Education is provided to parent/guardian as needed.	MHC (P.A. 258) MCL 330.1711
Grievance and Appeals Information	Grievance and appeals information has been provided and explained to consumer/guardian.	SCCMHA Provider Manual, Policy 02.01.11
Laboratory Procedures	There is evidence of appropriate laboratory procedures relative to medication management.	MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping
Medication Consent	There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly.	Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4.
Medication Documented	There is notation of client current medications in the file. This list should include both medical and psychotropic medications.	MDCH PHP Review Protocols G.3.4; Medicaid Manual, Mental Health and Substance Abuse, Record Keeping; SCCMHA Provider Manual Policy 02.02.16
Medication Reviews	Evaluate and monitor medications, their effects, and the need for continuing or changing the medication regimen.	Medicaid Ch. III, Covered Svcs, Pg 14, SCCMHA Provider Manual, Type A, Pg 4, section 3.15
Monitoring	Other disciplines (PT, OT, Speech, Psychologist, Dietician, Therapist) conduct monitoring based on scope, intensity and duration as defined in the and plan.	Medicaid Ch. III, 13.3
Occupational Therapy	Application of occupation-oriented or goal- oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. SVCS must be prescribed by a physician and may be provided on an individual basis or on a group basis.	Medicaid MH/SA, Covered SVCS, Pg 19
PCP Development Time	A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated.	Mental Health Code 330.1712 Sec. 712 (1); PIHP Review Protocols C.1.2.; SCCMHA Policy 02.02.06
PCP Monitoring by Other Providers	There is evidence that the Case Manager/Supports Coordinator monitor the implementation of PCP by other providers.	MDCH/CMH Contract, Attachment 6.5.1.1
PCP Pre-planning Activities	Pre-planning meeting includes all activities of consumer choice (where, when, who, what and an independent facilitator was offered for planning activities).	Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols C.1.2.; MDCH/CMH Contract, Attachment 3.4.1.1



PCP Pre-planning Cultural Accommodations	Pre-Planning shows evidence of any appropriate cultural accommodations of the consumer.	Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.8; MDCH/CMH contract, attachment 3.4.1.1
PCP Pre-planning Documentation	Pre-planning meeting activities are properly documented.	Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.1; MDCH/CMH Contract, Attachment 3.4.1.1
PCP Pre-Planning Meetings	PCP Pre-Planning Meetings occur before a PCP meeting is originated.	Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.1.6.; SCCMHA Policy 02.02.06
Physical Health	There is evidence of consumer physical health monitoring and assessment when needed and desired by consumer.	SCCMHA Provider Manual Policy 03.02.01; Guidelines for Nursing Services; SCCMHA Provider Manual Type A/Type B Specialized Residential Services Guidelines
Physical Health Care and Nutritional Screening	Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse	SCCMHA Policy 03.02.01 Healthcare Integration
Physical Therapy	Activities are provided by a qualified physical therapist/assistant to determine the client's need for services and to recommend a course of treatmentprescribed by a physician.	Medicaid MH/SA, Covered SVCS, Pg 20
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.	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.
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
Supervisory Review	There is evidence in the consumer's chart that supervisory review took place.	Medicaid Manual, Ch. I, Recordkeeping
Training Residential and Day Program	Assures that day program/ residential staff are adequately trained on each consumer's plan of service.	SCCMHA Provider Manual: Performance expectations for enhanced health care providers #3
Treatment Provision	For other disciplines (PT, OT, Speech, Psychologist, Dietician, Therapist, Supported Employment Specialist), the treatment provision matches plan; correct level of intervention/treatment based on how PCP describes.	NO REFERENCE IN SYSTEM
<u>Consumers</u>		
Medicaid Applications	Program ensures Medicaid applications are completed for all persons. Proof of completion of Medicaid application was found.	SCCMHA Provider Participation Agreement Attachment A, Section D (2).
Review Mechanism	Program has mechanism to review and respond to consumer changes in level of need (review progress notes, updated PCP, referral for additional service).	MDCH PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3



<u>Documentation</u>		
Access Reports	Access timeliness reports are completed (State reporting). Information for this item will be gathered from any sanction letters sent to the provider for issues with Access Timeliness reporting to the state.	SCCMHA Provider Manual, Tab 7
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.	
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
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
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
Recipient Rights Reporting	There is evidence of rights reporting by staff as appropriate.	SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents



Repeat Citations	Provider has evidence that previous citations have been corrected from the last annual audit.	SCCMHA Auditing Procedure.
Enhanced Health Services		
Occupational Therapy	Application of occupation-oriented or goal- oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. SVCS must be prescribed by a physician and may be provided on an individual basis or on a group basis.	Medicaid MH/SA, Covered SVCS, Pg 19
Physical Therapy	Activities are provided by a qualified physical therapist/assistant to determine the client's need for services and to recommend a course of treatmentprescribed by a physician.	Medicaid MH/SA, Covered SVCS, Pg 20
Training Residential and Day Program	Assures that day program/ residential staff are adequately trained on each consumer's plan of service.	SCCMHA Provider Manual: Performance expectations for enhanced health care providers #3
Treatment Provision	For other disciplines (PT, OT, Speech, Psychologist, Dietician, Therapist, Supported Employment Specialist), the treatment provision matches plan; correct level of intervention/treatment based on how PCP describes.	NO REFERENCE IN SYSTEM
Facility/Program Observation		
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.
PCP Review		
Changes in Consumer Needs	Changes in consumer needs are reflected in the person-centered plan.	Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.2.10. and C.5.
Conflict Resolution	There is evidence that the consumer has been provided with conflict resolution resource information. It is evident who should be contacted if dissatisfaction or concerns arise.	PIHP Review Protocols C.2.6.
Consents and Privacy Notices	Proper consents and privacy notices are given.	НІРАА
Consumer Goals and Objectives	The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status.	PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3
Consumer Meetings	There is evidence consumer meetings are held according to his/her choice, including where, when, and who.	PHP Review Protocols C.12.; SCCMHA Policy 02.03.03



Consumer Orientation	The consumer's and/or family orientation to the program is documented in the record.	MDCH App for Participation page 32; 2.2.2
Face to Face Contacts Follow Plan	The consumer plan notes the frequency of face to face contacts by each service provider. The consumer record has proof of face to face contacts that match what is noted in the consumer plan.	Medicaid Manual, Mental Health and Substance Abuse, Autism Benefit.
Goals are Measurable	Goals are stated in measurable terms.	Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1
PCP Assessment Based	The PCP is based upon an assessment of the person's strengths and weaknesses.	MDCH/CMH Contract, attachment 3.4.1.1; Medicaid Manual, Mental Health and Substance Abuse, section 7.1
PCP Consumer Copy	Consumer and/or family have been provided copy of his/her or their plan within 15 business days of the PCP Meeting (went into effect 7/20/2003).	PIHP Review Protocols C.3.; SCCMHA Policy 02.03.03
PCP Outcomes	Services and supports are based upon the desired outcomes and/or goals of the individual defined though a PCP process.	Medicaid Manual, General Information, Pg. 10; SCCMHA Provider Manual Residential Services Policy 03.02.07
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
Periodic Review Evidence	There is evidence of periodic review of effectiveness of the plan, including consumer satisfaction.	Medicaid Manual, Mental Health and Substance Abuse, 3.24
Specific Service Needs Addressed	The plan of care reflects specific consumer needs and involvements in all appropriate community or mental health services.	Medicaid Manual, Mental Health and Substance Abuse 3.24
Policies and Procedures		
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
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
Pre-Audit Review		
Audit Findingsprevious 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
Training Reports	Minimum training standard for service type is met based upon SCCMHA Training Grid. Send copy of current training report as noted in Sentri. Remind provider to contact SCCMHA Training Unit for any updates or questions.	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, 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
Credentials Verified	Credentials are verified and match discipline and role assignment.	Medicaid Provider Manual
DHS Central Registry Checks	All persons working with children of SCCMHA services will have a background check that includes DHS Central Registry for any substantiated abuse or neglect charges against children.	SCCMHA policy 05.06.03 Competency Requirements for the SCCMHA Provider Network.
Oversight Supervision by BCBA	For every 10 hours of applied behavioral intervention the Behavioral Supports Assistant must have 1 hour of BCBA oversight supervision.	Medicaid Manual on Autism Services
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



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Audit Checklist w/ Refs Audit Name: Autism

Provider verifies sanctions for staff employed.

Training Minimum Standards

Provider has a method for checking for sanctions MSHN credentialing Policy. that impact the ability to bill Medicaid and/or Medicare. Office of Inspector General Checks (OIG) are completed or some method of checking for sanctions. Provider is able to provide proof of the monthly reviews at the time of the audit.

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)