

## Audit Checklist w/ Refs

### Audit Name: Crisis Residential Services

**Chart Review**

Adequate Action Notice	There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record.	Mental Health Code 7121(2); 42 CFR 400
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
Consent to Treatment	There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer)	SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08
Consumer Health	The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored.	SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1.
Discharge Plan	Discharge plan identifies after care / follow up services with the identification and role of case manager documented for follow up / after care services.	MDHHS Site Review Protocol
Eligibility for Crisis Residential Unit Services	Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services for beneficiaries experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. Services are designed for a subset of beneficiaries who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The goal of crisis residential services is to facilitate reductions in the intensity of those factors that lead to crisis residential admission through a person-centered and recovery/resiliency-oriented approach.	MDHHS Medicaid Provider Manual
Entitlements Crisis Residential Unit Services	Entitlements are obtained and 3rd party reimbursements are sought.	SCCMHA Provider Manual
Guardianship Papers	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.	MDHHS PIHP Review Protocols
Healthcare Appraisals	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	SCCMHA Provider Manual, Type A.; Licensing sm. Group Rules R400.14 316 page 12 & 21; Licensing lg. Group Rules R400.15 316 page 16
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

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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 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 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
Psychiatric Involvement	There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted.	Medicaid Manual, 2.1
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). SAMHSA defines Recovery as "a process of change through which individuals improve their health and wellness, live a self directed life, and strive to reach their full potential." The 10 guiding principles of recovery are: Hope, Person Driven, Many Pathways, Holistic, Peer Support, Relational, Culture, Addresses Trauma, Strengths/responsibility, and Respect.	SCCMHA Policy 02.03.05 Recovery and SAMHSA 2012.
Signatures	Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.)	MDHHS Provider Medicaid Manual; SCCMHA Provider Network Management 05.06.09
Training for PCP	Qualified staff are trained regarding all aspects of specific consumer's person centered plan, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, etc.	SCCMHA Provider Manual, SCCMHA Self Determination Policy

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Treatment Program	An active treatment programing is provided. Provider implements programing to keep consumers engaged in treatment and moving toward discharge and recovery. Auditor finds evidence in the files that consumers are actively participating in treatment.	Medicaid Manual, sections 8.5.B, 8.5.C, 8.5.D
 <b><u>Documentation</u></b>		
Accepts all Referrals	Provider accepts all referrals that meet eligibility criteria as it relates to the program of service, as this service need only has one option open to consumers. Covered crisis residential services include: Psychiatric supervision, Therapeutic support services, Medication management/stabilization and education, Behavioral services, Milieu therapy, and Nursing services.	MDHHS Provider Medicaid Manual; SCCMHA Provider Contract
Consumer Fund Sheets	Consumer Fund sheets are kept up to date and available in the home. Consumers are not paying for items that are part of Room and Board payments. Bank statements match that of the consumer funds and deposits and withdrawals are consistent. Funds on hand match the fund sheets. Amount on hand does not exceed \$200.00. Consumers have immediate access to their personal money if they choose. How do consumers have access to money after hours? Access to funds is given to consumers as written and addressed in PCP (Provider adheres to their role as specified in the PCP) Personal funds are documented and provider takes necessary steps to prevent mishandling. Provider will also record consumer First Choice gift cards and how these are used.	Licensing sm. Group Rules R400.14 315 page 19; Licensing Ig. Group Rules R400.15 315 page 15
Consumer Satisfaction	Consumer satisfaction is sought and action is taken to promote consumer satisfaction.	SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development.
Coordination of Supports	There is evidence of communication between the direct care staff and other staff (if applicable), direct care staff and parent/guardian/SC/CM.	MDHHS Provider Medicaid Manual
Core Skills Training	All primary workers have completed the Core Skills Case Management training. The training includes 12 modules provided by SCCMHA.	SCCMHA Mandatory training requirements. Policy for Competency Requirements for SCCMHA Network Providers.
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.

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Emergency Procedures	<p>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.)</p>	<p>SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing Ig. Group; R4001438 Licensing Family Home</p>
Fire Drills	<p>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)</p>	<p>Licensing certification rules R330 1803; Licensing sm. Group Rules R400.14 318 page 22; Licensing Ig. Group Rules R400.15 318 page 17</p>
Job Descriptions on site	<p>Job descriptions are available and are on file at provider location.</p>	<p>Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing Ig. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207</p>
Licensing Report and Survey	<p>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.</p>	<p>Licensing Act 218 400.727</p>
Opportunities to Explore Crises	<p>Individuals who are admitted to the crisis residential services must be offered the opportunity to explore and learn more about crises, substance abuse, identity, values, choices and choice -making, recovery and recovery planning. Recovery and recovery planning is inclusive of all aspects of life including relationships, where to live, training, employment, daily activities, and physical well-being.</p>	<p>MDHHS Provider Medicaid Manual</p>
Periodic Review of Incident Reports	<p>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.</p>	<p>SCCMHA Provider Manual Policy on Competency Requirements</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>

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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
Psychiatric Supervision of Crisis Residential Unit Services	Treatment services must be clinically-supervise by a psychiatrist. A psychiatrist need not be present when services are delivered, but must be available by telephone at all times. The psychiatrist shall provide psychiatric evaluation or assessments at the crisis residential home or at an appropriate location in the community.	MDHHS Provider Medicaid Manual
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.
Shift Notes/ Progress Notes	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.	SCCMHA Prov. Man., Type A & 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
Staff List/Organizational Chart	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.	Licensing small grp rules R400.14 103; Licensing large grp rules R400.15 103 page 2
Staff Work Schedules	Provider has proof documentation of staff work schedules.	SCCMHA Provider Participation Agreement Contract, Attachment A Staffing Pattern.
Supervision of Crisis Residential Unit Services	The covered crisis residential services must be supervised on-site eight hours a day, Monday through Friday (and on call at all other times), by a mental health professional possessing at least a Master's degree in human services and one year of experience providing services to beneficiaries with mental health illness, or a bachelor's degree in human services and at least two years of experience providing services to beneficiaries with serious mental illness.	MDHHS Provider Medicaid Manual
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.

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**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.
Adaptive Equipment	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.	SCCMHA Provider Manual, Type A & 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
Assistance to Consumers	Consumers are offered assistance as requested or indicated.	SCCMHA Provider Manual Policy 02.01.01 Accommodations
Confidentiality of Privacy	Provider demonstrates protection of individual's privacy.	SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 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.
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
Homelike Atmosphere	The residential facility promotes a homelike atmosphere, i.e., pictures, plants, flowers, etc.	Best Practice
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

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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.
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.	SCCMHA Provider Manual Residential Services; Licensing sm. Group Rules R400.14 314 page 14; Licensing lg. 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.	SCCMHA Provider Manual, Tab 6, Type A Guidelines, Pg 5; Licensing sm. Group Rules R400.14 315 page 20; Licensing lg. Group Rules R400.5 315 page 15.
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
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
Staff Supervision	There is proper supervision of staff by trained personnel. No un-trained staff provides care to consumers without supervision. (check Staff schedules against progress notes etc.)	SCCMHA Provider Manual, Type A Res. Pg, 2, DCIS Specialized Certification Rules
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. Emergency procedures in place for Driving Accident, Water Shortage, Emergency Shelter for Interim and Overnight with agreement for overnight stay with hotel or motel.	SCCMHA Provider Manual, Type A, Page 3; DCIS AFC Licensing rules R400.18313 (2)

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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.
<b><u>Log Books</u></b>		
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
<b><u>PCP Review</u></b>		
Crisis Residential Unit Services PCP	The plan contains clearly stated goals and measurable objectives, derived from the assessment of immediate need, stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis. Identification of the activities designed to assist the beneficiary to attain his/her goals and objectives. Discharge plans, the need for aftercare/follow-up services, and the role of, and identification of, the case manager.	MDHHS Provider Medicaid Manual
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 Consumer Input	Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan.	MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02
PCP 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 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



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Plan of Service Development Time	Services must be delivered according to an individual plan based on an assessment of immediate need. The plan must be developed within 48 hours of admission and signed by the beneficial if possible, the parent or guardian, psychiatrist, and any other professionals involved in treatment planning, as determined by the needs of the beneficiary. If the beneficiary has an assigned case manager, the case manager must be involved in the treatment as soon as possible, and must also be involved in follow-up services.	MDHHS Medicaid Provider Manual
<b><u>Policies and Procedures</u></b>		
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

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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
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. 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
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
Storage of Sample Medications On Site	Provider has a policy and procedure for storing, a method to inventory, dispensing, and disposing of sample medications kept on site.	SCCMHA Policy 05.01.01 Managing and Dispensing of Sample Medications.
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.

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**Pre-Audit Review**

Audit Findings Other	There are plans of correction from Contract Compliance. (Review Contract file)	SCCMHA Provider Participation Agreement
Audit Findings--previous year	Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review.	SCCMHA Provider Manual, Policy 05.06.01
Compliance Notices	Do they exist and if so what responses were. (Review Contract file)	SCCMHA Best Practice
Consumer Participation in Audit	A consumer must be involved in at least one audit per category of audits.	SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02
Contracts	Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB)	SCCMHA Provider Manual, Policy 02.02.06
Entrance conference with provider on date of audit.	Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit.	SCCMHA Auditing Procedure
Exit Conference with provider on date of audit.	Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire.	SCCMHA Auditing Procedure
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
Incident Reporting	Incident Reports are completed as needed and a copy is filed at SCCMHA. The incident reports are to be filed within 24-48 hours of the incident. (Contact Recipient Rights/Customer Service Supervisor)	SCCMHA Provider Manual, Type A & B Specialized Residential, Incident Reporting
Licensure/Accreditations	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 SCCMHA Provider Participation Agreement, section 3.7
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

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Training for New Employees	<p>Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.</p> <p>(deleted because new training database does not allow you to add new employees until they have training)</p>	SCCMHA Provider Policy Manual
Training Records	<p>Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB). Any new staff must be added in the training report.</p>	SCCMHA Provider Manual; Competency Requirements for the SCCMHA Provider Network
<b><u>Staff File Review</u></b>		
Credentialing of Professionals	<p>Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists.</p>	<p>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 &amp; Credentialing Procedure &amp; Plan</p>
Medication Certification	<p>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).</p>	SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings.
Provider Completes Reference Checks	<p>Providers are verifying references as a part of their pre hire screening and there is proof in the staff files.</p>	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03
Staff Job Descriptions on file	<p>Job descriptions are on file.</p>	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.

## Audit Checklist w/ Refs

### Audit Name: Crisis Residential Services

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.	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)
<b><u>Staff Questions</u></b>		
Grievance and Appeals Process	Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate.	Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Pg 3; SCCMHA Provider Manual, Policy 02.01.11
Staff Described Crisis Residential Unit Services PCP	Staff are able to describe each plan for consumers--dietary needs, restrictions, etc. Staff can identify the activities designed to assist the beneficiary to attain his/her goals and objectives.	MDHHS Provider Medicaid Manual
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