

Audit Checklist w/ Refs

Audit Name: Children's Case Management/Outpatient

Chart Review

Ability to Pay Assessment	There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months)	MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay)
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
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
Assessments Annual	Annual Assessments/Update Assessments are completed. The assessment includes a complete Bio psychosocial and the reason for continuing stay meets the eligibility criteria.	Medicaid Manual, Recordkeeping; MDCH/ CMH PIHP Site Review Protocols, C.2.14
Authorization Requests	Authorizations for consumer needed services are requested in a timely manner.	MDCH/CMH contract, section 3.0; SCCMHA Provider Manual, Policy 05.04.01
Case Type	The consumer's case type(s) is/are identified as appropriate.	NO REFERENCE IN SYSTEM
Children's Crisis	There are crisis management procedures in place. (DD are handled by Supports Coordination).	NO REFERENCE IN SYSTEM
Collaborative Approach	There is an interagency collaborative approach to wraparound services.	MDCH/CMH Contract, Attachment 6.5.1.1
Communications to Providers	There is evidence of ongoing or as needed communication with other key providers, including residential or other supports, schools, clubhouse, day program, and/or other community resources as appropriate.	MDCH PIHP Review Protocols Section E; Medicaid Manual, Mental Health and Substance Abuse, 2.1
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 Choice	The consumer has been offered choice of provider/staff.	MDCH PIHP Review Protocols B.7.3.2.; SCCMHA Policy 02.03.03; SCCMHA Policy 03.01.03;
Consumer Entitlements	Entitlements are obtained, and primary insurance reimbursements sought. (Medicaid, SSI, Bridgecard) For consumers living independently or in a Supported Living Situation the provider has assisted the consumer in obtaining a bridgecard for assistance with groceries.	Medicaid Manual, Mental Health and Substance Abuse, Section 1.3
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

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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.
Consumer Record Organization	Program has a checklist or outline of consumer record organization/requirements.	Medicaid Ch. I Record Keeping
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
Crisis Service Coordination	There is evidence of crisis service coordination where appropriate.	SCCMHA Provider Participation Agreement Attachment A, section (2), (a) and (b)
Disclosure Documentation	There is documentation of disclosures made from the record as required.	HIPAA
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
Dually Diagnosed Children	Both mental health and substance abuse issues are addressed in the treatment plan, progress notes and delivered by appropriately credentialed staff.	NO REFERENCE IN SYSTEM
Face to Face Contacts	The record notes some frequency of face-to-face contacts with the consumer and follows the plan. For consumers that receive Model Payments from DHS, contacts need to be monthly at the home to assure the provider is following the case manager/ support coordinator order for services. For consumers that have a habilitation supports waiver, those consumers must be seen monthly in order for SCCMHA to receive reimbursement for the waiver.	Medicaid Manual, Mental Health and Substance Abuse, 3.24 and 13.3
Family Centered Planning	There is evidence of Family Centered planning and supports and service.	Medicaid Manual, Mental Health and Substance Abuse, Section 7.2 and Section 1.8
Guardianship Papers	Guardianship papers are in the file and match stated consumer status.	MDCH PIHP Review Protocols G.2.1
Health and Safety Issues Monitored	The record demonstrates that health and safety issues for the specific consumer are being consistently and continually monitored and addressed.	Medicaid Manual, Mental Health and Substance Abuse 3.24 and 13.3
Infant Mental Health	Infant Mental Health consumer is within the appropriate age range of 0-5.	Medicaid Manual, Mental Health and Substance Abuse, Section 7.2.A
Intake Paperwork	Intake paperwork is completed based on procedures in place.	Medicaid Manual, Recordkeeping
Intensive Children's Case Management	Documentation supports the need for multiple services, coordination and linking.	NO REFERENCE IN SYSTEM

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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
Level of Care Change	Documentation (ACT, Intensive Case Management, Outpatient Case Management, Home-based services, Substance Abuse) is in place supporting level of care change.	SCCMHA Provider Manual, Service selection guidelines
Materials Archived	The record contains current materials and does not contain significant material that should be archived. (Refer to Medical Records Policy and Attachments)	SCCMHA Policy 08.04.01
Medicaid Denial	There is proof that Medicaid benefits were denied for non-Medicaid consumers.	MHC 330.1814
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 Monitoring	There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.)	Medicaid Manual, Mental Health and Substance Abuse 3.15
Mental Health Providers	Pertinent communications, including sharing of the PCP document occurs with other mental health providers.	Best Practice
Parent Advocate Identified in the Plan	The role of the parent advocate is identified in the consumer/family plan by amount, duration, frequency. The plan clearly identifies the purpose and expected outcomes for the service. The billings are consistent with the plan.	Medicaid Provider Manual 17.3.N Wraparound Services for Children and Adolescents; SED Waiver Site Review Protocol Report 2009.
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

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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
PCP Provided to Other Providers	There is evidence the PCP has been provided to other key providers (not including PHCP).	Best Practice
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
Primary Healthcare Coordination	There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests.	SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208
Psychiatric Involvement	There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted.	Medicaid Manual, 2.1
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
Services Documented	Services are provided appropriately and documented.	Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement
Signatures	Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.)	Medicaid Manual, General Information for Providers, Recordkeeping
Staff Visitation to Schools/Coordination with Schools	Staff routinely visit schools to gather information about how the child is doing in the school environment as well as in the home.	NO REFERENCE IN SYSTEM
Substance Abuse/Jail Assessment	There is evidence of Substance Abuse and/or Jail Assessment and coordination as appropriate.	PIHP Review Protocols B.15.1-B.16.6
Supervisory Review	There is evidence in the consumer's chart that supervisory review took place.	Medicaid Manual, Ch. I, Recordkeeping
Waiver Documentation	Documentation (assessments, etc.) is in file and includes waiver application for Children's Waiver.	MDCH PIHP Site Review Protocols, B.12.2.3
Wraparound	Wraparound services involve the coordination and delivery of an intensive individualized life-domain based plan with evident involvement of other community agencies and a child and family team.	Medicaid Manual, Mental Health and Substance Abuse7.3N

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Consumers

Consumer Eligibility	Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, LOCUS, CAFAS, and PECAFAS as appropriate).	DCH/CMH Contract Sections 3.2 and 3.3; SCCMHA Policy 03.01.01
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
Services Match Eligibility	Services being delivered match eligibility criteria.	SCCMHA Provider Manual, Policy 05.04.01

Documentation

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
CAFAS	The CAFAS is completed on all eligible children (between the ages of 7 and 17) at the time of assessment, quarterly, and at the time of closing.	SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01
CAFAS/PECFAS	The CAFAS is completed on all eligible children (between the ages of 7 and 17) and PECAFAS (age prior to 7) at the time of assessment, quarterly, and at the time of closing.	SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01
Claims/Service Activity Logs	Claims/Service Activity Logs (services provided) match services in the plan.	Medicaid Manual, Recordkeeping
Clinical Supervision	Home based services staff must receive weekly clinical supervision (one-on-one and/or group) to help them navigate the intense needs of the families receiving home-based services. Evidence of the provision of this clinical supervision must be recorded via supervision logs, sign-in sheets, or other methods of documentation.	Medicaid Provider Manual on Home based services organizational structure.
Consumer Satisfaction	Consumer satisfaction is sought and action is taken to promote consumer satisfaction.	SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development.
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.
Crisis Services	Crisis services are available through a centralized structure.	SCCMHA Provider Manual; Policy 05.04.01
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 lg. Group; R4001438 Licensing Family Home</p>
Family Therapy	<p>Therapy for client and family or other persons significant to the client for the purpose of improving the client/family function--not including individual psychotherapy or family planning counseling.</p>	<p>Medicaid Manual, Mental Health and Substance Abuse, Covered Services</p>
Home Based Services	<p>Home based services are provided to Individuals and families with multiple service needs that require access to an array of mental health services. Family unit is the focus of treatment. Services are provided at a minimum of 4 hours per month and auditors found proof of this occurrence in the consumer chart.</p>	<p>Medicaid Provider Manual, Mental Health and Substance Abuse, Covered Services and Home Based Services Section 7</p>
Intake Services	<p>Intake services are available through a centralized structure.</p>	<p>SCCMHA Provider Manual, Policy 05.04.01</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 lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207</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
Proof of Evidence Based Practices	Provider delivers evidence based practices and provider has proof of staff training in evidence based practices.	SCCMHA Evidence Based Practices Policy
Provision for 24/7	Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access.	RFP; SCCMHA Provider Manual; Licensing Rule 400.14206
Quality Improvement	Provider has specific initiated or given goals/measures.	SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1
Repeat Citations	Provider has evidence that previous citations have been corrected from the last annual audit.	SCCMHA Auditing Procedure.
Staffing Ratios	Home Based Services due to the intensity of individual family needs. The worker-to-family ratio should not exceed 1:15 for a full-time	Medicaid Manual, Mental Health and Substance Abuse Section 7
Wraparound Training	Wraparound Facilitators meet QMHP requirements; all staff performing Wraparound services meet MDCH's education and training requirements which includes the required 3 day wraparound training.	Medicaid Provider Manual; SED Waiver Site Review Protocol Report May 2009.
<u>Facility/Program Observation</u>		
Accessibility	The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility.	SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085
Assistance to Consumers	Consumers are offered assistance as requested or indicated.	SCCMHA Provider Manual Policy 02.01.01 Accommodations
Confidentiality of Privacy	Provider demonstrates protection of individual's privacy.	SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing 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.

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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
Provider Responsiveness	Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.)	Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02
Record Retention	Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure.	Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies.
Site Maintained	The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs.	SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B
Supervision	The program offers supervision of consumers in a safe and secure environment.	SCCMHA Provider Manual Residential Services Policy 03.02.07
<u>PCP Review</u>		
Accommodations	The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer.	PIHP Review Protocols C.2.7. and C.2.8.; Coordinating Agency Site Visit Protocol R.2.
Assessments	Assessments are completed by qualified mental health professional (QMHP), mental retardation professional (QMRP); or if the case manager has only a bachelor's degree but without the specialized training or experience they must be supervised by a QMHP or QMRP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional (CMHP). Services to children with developmental disabilities must be provided by a QMRP.	Medicaid Manual, Mental Health and Substance Abuse, 13.4 Staff Qualifications.
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.
Community Involvement	There is evidence in PCP of efforts to promote consumer community inclusion and/or increase community involvement.	PIHP Review Protocols C.2.9./ MDCH Site Review Report & Plan of Correction 2002
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.	HIPAA
Consumer Crisis Plan	Consumer crisis plan development opportunity is documented.	Medicaid Manual, Mental Health and Substance Abuse 13.3; MDCH PIHP Site Review Protocols; C.2.13

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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
Coordination of Service	Coordination of services are evident in plan.	Medicaid Ch. III ,13.3
Frequency of Plan Review	The frequency of plan review for the individual consumer is specified. SC/CM determine on an ongoing basis, if the services specified in the plan have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and Scope (Face to face and Telephone) of Case management monitoring activities must reflect the intensity of the Beneficiary's Health and Welfare needs identified in the plan.	Mental Health Code 330.1714; Medicaid Manual, Mental Health and Substance Abuse, 3.24
Goals are Measurable	Goals are stated in measurable terms.	Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1
Goals are Monitored	There is evidence of goal monitoring against planned cycle for each consumer.	MDCH PIHP Site Review Protocols, B.14.3.3
Health and Safety Issues	The PCP reflects the identification of and attention to consumer health and safety issues.	Medicaid Manual, Mental Health and Substance Abuse, 13.3; PIHP Review Protocols C.2.4.
Natural Supports	Natural supports at varied levels are assessed in the assessment and plan, and are developed if needed. Plan or preplanning documents include discussion about family, friends or others (community at large, neighbors, church, etc.) who do now, or could be asked in the future, to support the person in achieving desired outcomes.	PIHP Review Protocols C.2.4.
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 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

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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 Home Based Assistants	Services provided by Home Based Assistants must be clearly identified in the IPOS.	PIHP Review Protocols B.3.5.
PCP Outcomes	Services and supports are based upon the desired outcomes and/or goals of the individual defined through 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
Provider Involvement	There is evidence of provider involvement in discharge planning as appropriate, for example, with hospitals.	Medicaid Manual, Mental Health and Substance Abuse, 13.3
Restrictive Plans	Restrictive plans have evidence of BTC (Behavior Treatment Committee) consultation. Restriction of movement or other restrictions are covered in the consumer plans and reviewed by the BTC for appropriate implementation based on State guidelines.	Medicaid Manual, Mental Health and Substance Abuse 3.3; SCCMHA Policy 03.02.06 Behavior Treatment Committee.
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
<u>Policies and Procedures</u>		
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
Competency Policy: Staff Pre-hire screening	Provider has human resource procedures that address SCCMHA competencies for staff pre-hire screening. This should include Criminal Background checks prior to hire and every two years after hire and Recipient Rights checks, as well as licensing/credential checks, where applicable.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07; Licensing large Group Rules R400.15 208; Licensing small Group Rules R400.14 208

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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
Procedure for Managing Risk	Provider has a policy and procedure on how they will manage high risk consumers.	SCCMHA Best Practice
Sentinel Event/ Critical Event Analysis	Providers have a Sentinel Event / Critical Event Analysis post a critical event.	SCCMHA Policy 05.06.01 Network Management and Development
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.
<u>Pre-Audit Review</u>		
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

Audit Checklist w/ Refs

Audit Name: Children's Case Management/Outpatient

Entrance conference with provider on date of audit.	Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit.	SCCMHA Auditing Procedure
Exit Conference with provider on date of audit.	Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire.	SCCMHA Auditing Procedure
Licenses Expired	Verify that there are no expired licenses/certifications. (Review Expirations Report from DB)	Contract Compliance
Training for New Employees	Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.	SCCMHA Provider Policy Manual
	(deleted because new training database does not allow you to add new employees until they have training)	
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
<u>Staff File Review</u>		
All staff have every two year Criminal Background checks.	All staff working with consumers have a criminal background check completed every two years. Proof of the background check is included in the staff file.	MSHN Provider Network Credentialing/Re-Credentialing Policy.
CAFAS or PECFAS Training	All staff have training in CAFAS if dealing with children age 7-17 or PECFAS if dealing with children younger. Training to be renewed every 2 years.	SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01
Children's Diagnostic and Treatment Services Certification	Each staff person has the minimum of 24 hours of training in Childrens Services to meet the Childrens Diagnostic criteria.	MDCH Childrens Diagnostic and Treatment Services Certification Interpretive Guidelines; SCCMHA Provider Manual Tab 3

Audit Checklist w/ Refs

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Credentiaing of Professionals	Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists.	HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan
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.
Job Descriptions on file	Job Descriptions are on file	SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network.
PCP/Treatment Plans	Home Based Assistants must be trained prior to implementation of consumer plan,	PIHP Review Protocols B.4.5./ MDCH Site Review Report & Plan of Correction 2003
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
Provider verifies sanctions for staff employed.	Provider has a method for checking for sanctions 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.	MSHN credentialing Policy.
Staff Qualifications for Case Mgr	A mental health case manager/ support coordinator must be a professional who possesses at least a bachelor's degree in a human services field typically associated with mental health, or an R.N.	Medicaid Manual, Mental Health and Substance Abuse, 13.4; MDCH PIHP Site Review Protocols, B.7.4.1
Staff Qualifications for Children	Staff person is certified as QMHP (Qualified Mental Health Professional) for MI, QMRP (Qualified Mental Retardation Professional) for DD. Check to be sure staff have the number of training hours required for children's diagnostic.	MDCH PIHP Site Review Protocols, B.3.4.3 and B.3.4.4; Medicaid Manual , Mental Health and Substance Abuse, Section 1.6
Staff Qualifications for Therapist	Staff Have appropriate qualifications to bill services being provided under Medicaid.	Medicaid Manual, Mental Health and Substance Abuse, Section 1.6; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network.

Audit Checklist w/ Refs

Audit Name: Children's Case Management/Outpatient

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)
<u>Staff Questions</u>		
Grievance and Appeals Process	Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate.	Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Page 3; SCCMHA Provider Manual, Policy 02.01.11
Staff Knowledge, Skills, Experience	Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs.	Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5