

Regional Monitoring of Autism Benefit – Applied Behavioral Analysis	
PROVIDER:	DATE OF REVIEW: Click or tap to enter a date.
NAMES OF REVIEWERS:	DATE REPORT SENT TO PROVIDER: Click or tap to enter a date.
CORRECTIVE ACTION REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	CORRECTIVE ACTION DUE DATE: Click or tap to enter a date.
CORRECTIVE ACTION ACCEPTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE CORRECTIVE ACTION ACCEPTED: Click or tap to enter a date.

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
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AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS					
1.1	<p>Beneficiaries IPOS addresses the needs.</p> <p>A. As part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.</p> <p>B. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk.</p>	Medicaid Provider Manual MHSA Section 18	<p>Policy &amp; Procedure</p> <p>Consumer Chart</p>	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
1.2	<p>Beneficiaries services and supports are provided as specified in the IPOS, including:</p> <p>A. Amount</p> <p>B. Scope</p> <p>C. Duration</p>	Medicaid Provider Manual MHSA Section 18	<p>Policy/Procedure</p> <p>Consumer Chart</p>	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
1.3	Beneficiaries BHT authorization was completed by Utilization Management (UM) staff who are free from conflict of interest as evidenced by documentation that the staff does not provide any other service to that beneficiary.	Medicaid Provider Manual MHSA Section 18	<p>Policy/Procedure</p> <p>Consumer Chart</p>	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
1.4	Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with	Medicaid Provider Manual MHSA Section 18; DCH Site Review	<p>Policy/Procedure</p> <p>Consumer Chart</p>	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1)	

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	ABLLS-R or VB-MAPP or other appropriate documentation of analysis (i.e. graphs, assessment reports, records of service, progress reports, etc.).	Protocol for Autism Beneficiaries; Contract SOW III.h		<input type="checkbox"/> NA	
1.5	Beneficiaries whose average hours of ABA services during a quarter were within the suggested range for the intensity of service plus or minus a variance of 25%.	Medicaid Provider Manual MHSA Section 18	Policy/Procedure Consumer Chart	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
1.6	Evidence of Corrective Action in response to the MDHHS ASD Site Review.		Most Recent MDHHS ASD Site Review, Corrective Action Plan, Evidence of Implementation	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
1.7	Observation Ratio: Number of Hours of ABA observation during a quarter are $\geq$ to 10% of the total service provided.	MSA 1559 Policy SOW III.b.	Policy/Procedure	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
<b>PROVIDER QUALIFICATIONS/CREDENTIALING</b>					
2.1	Provider follows a documented process consistent with State requirements for credentialing and re-credentialing of providers.	Medicaid Provider Manual MHSA Section 18 <a href="#">BHT Service Provider Qualifications</a> (See Behavior Technician, pgs. 8-9)  40-hour requirement documentation found: <a href="http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf">http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf</a>	Sample of employee credentialing records to confirm credentials and PSV. Staff at all levels (BCBA, BCaBA, QBHP, LP-LLP, QLP, BT, etc.) must meet the standards for to mark "yes" for each case sample.	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.2	Credentials are verified, by primary source, prior to employment. This includes criminal background and central registry checks (CR if working with minors/children) for any staff having direct access to consumers served.	Public Act 218 of 1979, MCL 400.734 (b) MSHN AFP response Section 2.4.5 PIHP Contract FY19	Policy/Procedure Sample of records	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.3	Prior to employment, the Provider verifies that the individual is not included in any excluded or sanctioned provider lists. The Provider shall search the OIG, GSA/SAM and Michigan	MDHHS Credentialing Policy	Policy/Procedure Sample of records	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1)	

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	Sanction Provider database monthly to capture exclusions and reinstatements that have occurred since the last search	MSHN Background Check and PSV Policy  <a href="#">Michigan Sanctioned Provider Site</a>		<input type="checkbox"/> NA	
2.4	Minimum training standards are met based on the MSHN regional training requirements and is documented in the staff file.	Contract section 18 – Staffing and Training Requirements	Training logs or transcripts; Sample of employee training records	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.5	Provider has a written system in place for credentialing and recredentialing licensed health care professionals in accordance with BHDDA credentialing and recredentialing processes	BHDDA P7.1.1  Contract Section 17.d.	Policy/Procedure	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
2.6	Individuals transporting consumers hold a valid driver's license appropriate to the class of vehicle being operated	Medicaid Provider Manual – NEMT; Michigan Vehicle Code Act 300 of 1949	Policy/Procedure  Personnel records – copy of driver's license	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
<b>General Administration</b>					
3.1	Provider maintains the following insurance policies: <ul style="list-style-type: none"> <li>General Commercial Liability, with PAYOR listed as additionally insured</li> <li>Professional Liability insurance current</li> <li>Motor Vehicle Liability (if transporting consumers), with PAYOR listed as additionally insured</li> <li>Worker's Compensation</li> </ul>	Contract (section 13)	Policy certificate – can be obtained from PAYOR Contract Manager	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
3.2	Provider maintains a Compliance Plan which meets the following elements: <ul style="list-style-type: none"> <li>Employee/contractor code of conduct</li> <li>Employee education program(s); training and education of the compliance officer and employees</li> <li>Communication processes between senior management and employees regarding compliance program; designation of compliance officer</li> </ul>	Contract (section 22 – Compliance Program), 42 CFR 438.608	Compliance Plan	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
	<ul style="list-style-type: none"> <li>Guidance and reporting system</li> <li>Prompt investigation and complaint resolution processes</li> <li>Corrective action planning and implementation</li> <li>Data monitoring and evaluation</li> </ul>				
3.3	Provider has safeguards established that restrict the use or disclosure of information concerning Consumers.	Contract (section 21 – Consumer Medical Records)  Mental Health Code, Section 748, 748a, and 750	Policy/Procedure	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
3.4	Provider has a provision for the disposal of consumer protected health information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed.	HITECH Act, Contract (Section 22 - HIPAA)	Policy/Procedure	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
3.5	Provider maintains a comprehensive individual service record system.	Contract (section 21 – Consumer Medical Records),  MDHHS Medical Services Administration (MSA) Policy Bulletin Chapter 1, the MDTMB Retention General Schedule #20  Community Mental Health Programs	Policy/Procedure	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
3.6	Provider shall maintain a fully operational internal Quality Assessment and Performance Improvement Program	Contract section 24 – Quality Improvement Program, Site Reviews, Performance Monitoring	QAPIP	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
<b>Recipient Rights</b>					
4.1	Were rights books provided to consumers and readily available for review?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1)	

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
				<input type="checkbox"/> NA	
4.2	Did the rights books provide the correct information for contacting the appropriate Rights Office?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.3	Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites)	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.4	Did the posters provide the correct information for contacting the appropriate Rights Office?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.5	The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.6	Were complaint forms readily available?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.7	Were recipients aware of how to file a complaint?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.8	Were staff aware of how to file a complaint?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.9	Were copies of Chapter 7 and 7A available?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	

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4.10	Were any exclusions to items able to be brought into the site (contraband) posted and visible to consumers and visitors?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.11	Were records and other confidential information secured and not open for public inspection?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.12	Were any health or safety concerns identified during the visit?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.13	Were appropriate accommodations made for persons with physical disabilities?	Contract, section 19 – Recipient Rights		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.14	Documentation that staff received RR training within 30 days of hire was reviewed?	Contract Attachment G	Policy/Procedure	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
<b>Limited English Proficiency &amp; Cultural Competence</b>					
5.1	The provider has an administrative policy and procedure in place for identifying and assessing the language needs of individuals served, including:	MDHHS Contract 3.4 MSHN LEP Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
5.2	<ul style="list-style-type: none"> <li>The provider has a written policy and/or procedure on accessing oral interpretation services, free of charge to consumers.</li> </ul>	MSHN LEP Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
5.3	<ul style="list-style-type: none"> <li>The provider notifies the consumer that oral interpretation is available for any language, and written information is available in prevalent languages; and how to access those services</li> </ul>	MSHN LEP Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	

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5.4	<ul style="list-style-type: none"> <li>Written materials are available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are visually limited or have limited reading proficiency, as required by ADA</li> </ul>	MSHN LEP Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
5.5	<ul style="list-style-type: none"> <li>The provider has available for consumers, copies of PIHP developed written information in prevalent non-English languages in its particular service area.</li> </ul>	MDHHS Contract 6.3.2  MSHN LEP Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
5.6	<ul style="list-style-type: none"> <li>Provider developed written material (if any) must use easily understood language and format available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are visually limited or have limited reading proficiency</li> </ul>	MDHHS Contract 3.6.2  MSHN LEP Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
5.7	The provider has a written policy or procedure on cultural diversity	MSHN Cultural Competency Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
5.8	<p>Services are delivered in a culturally diverse manner to all consumers including those with limited English proficiency and diverse cultural and ethnic backgrounds. The provider:</p> <ul style="list-style-type: none"> <li>Demonstrates an ongoing commitment to linguistic and cultural diversity that ensures access and meaningful participation for all people in the service area</li> <li>Includes acceptance and response for the cultural values, beliefs and practices of the community</li> <li>Applies an understanding of the relationships of language and culture to the delivery of supports and services.</li> </ul>	MSHN Cultural Competency Policy		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
<b>Documentation/Reporting Requirements</b>					
6.1	Transportation Logs include name of transporter and if ABA services were provided during transport. If ABA services are provided by BT, the name of the BT and name of transporter is included.	Contract; Statement of Work III.a	Transportation logs	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	

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6.2	Supervision Logs indicate date, duration, and content of supervision; supervision name and signature; staff name, client name	Contract; Statement of Work III.b		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.3	Family Training Progress Notes include date, content, duration, and signature of family member receiving training and staff providing training.	Contract; Statement of Work III.c		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.4	Social Skills Group Progress Notes indicate date, content, and duration of session, signature of BHT supervisors	Contract; Statement of Work III.d		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.5	Group adaptive behavior progress note includes date, content, duration of session, and signature of technician providing the service.	Contract; Statement of Work III.e		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.6	Telepractice services are pre-authorized in the IPOS and with MDHHS prior to service being rendered.	Contract; Statement of Work III.f		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.7	ABA exposure adaptive treatment - double staffing notes include dated, duration of session, and signature of both rendering providers.	Contract; Statement of Work III.g		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	

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