

Regional Monitoring of Autism Benefit – Applied Behavioral Analysis

Site Specific Standards

PROVIDER SITE:	DATE OF REVIEW: <i>Click or tap to enter a date.</i>
NAMES OF REVIEWERS:	DATE REPORT SENT TO PROVIDER: <i>Click or tap to enter a date.</i>
CORRECTIVE ACTION REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	CORRECTIVE ACTION DUE DATE: <i>Click or tap to enter a date.</i>
CORRECTIVE ACTION ACCEPTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE CORRECTIVE ACTION ACCEPTED: <i>Click or tap to enter a date.</i>

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
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Recipient Rights (on-site)					
3.1	Were rights books provided to consumers and readily available for review?	Contract, section 19 – Recipient Rights	Melissa will send	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
3.2	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	
3.3	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	
3.4	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	
3.5	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	

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
3.6	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	
3.7	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	
3.8	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	
3.9	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	
3.10	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	
3.11	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	
3.12	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	
3.13	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	

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3.14	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	
			TOTAL SCORE/%:	Points	%
Findings:					
Strength:					
Recommendations (does not require corrective action):					
Corrective Action Plan (PROVIDER COMPLETES):					
Reviewer Response:					

PROVIDER QUALIFICATIONS/CREDENTIALING (on-site)					
4.1	Provider follows a documented process consistent with State requirements for credentialing and re-credentialing of providers.	Medicaid Provider Manual MHSa Section 18 BHT Service Provider Qualifications (See Behavior Technician, pgs. 8-9) 40-hour requirement documentation found: http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf	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	
4.2	Credentials are verified, by primary source, prior to employment. This includes criminal background and central	Public Act 218 of 1979, MCL 400.734 (b)	Sample of records	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)	

	Standard	Source	Evidence may include	Score	Evidence Found, Notes, Comments
	registry checks (CR if working with minors/children) for any staff having direct access to consumers served.	MSHN AFP response Section 2.4.5 PIHP Contract FY19		<input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.3	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 Sanction Provider database monthly to capture exclusions and reinstatements that have occurred since the last search	MDHHS Credentialing Policy MSHN Background Check and PSV Policy Michigan Sanctioned Provider Site	Sample of records; OIG, SAM, MI sanctioned provider lists (or subscription service)	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
4.4	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	
4.5	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	Evaluate transportation logs; 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	
			TOTAL SCORE/%:	Points	%
Findings:					
Strength:					
Recommendations (does not require corrective action):					
Corrective Action Plan (PROVIDER COMPLETES):					
Reviewer Response:					

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TRAINING – on-site (desk-review, if home-based) (4.4)	Days upon hire	Dates of Training	Dates of Training	Dates of Training	Dates of Training	Dates of Training	Dates of Training	Dates of Training
<i>Staff Member Initials</i>								
Recipient Rights - Basic Training	30	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Healthy Insurance Portability and Accountability Act (HIPAA)	30	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Person Centered Planning (BT – includes beneficiary IPOS)	Prior to serving client	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Cultural Competency/Diversity	1 yr	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Limited English Proficiency	90	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
CPR	30	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Health Management/Blood Borne Pathogens	30	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Environmental Safety	1 yr	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Corporate & Regulatory Compliance	90	Initial	Initial	Initial	Initial	Initial	Initial	Initial

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		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Medication Administration (if passing meds)	90	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Trauma Informed Care	90	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Appeals and Grievances (BCaBA, BCBA, LLP, QBHP, QLP only)	90	Initial	Initial	Initial	Initial	Initial	Initial	Initial
		Refresher	Refresher	Refresher	Refresher	Refresher	Refresher	Refresher
Non-Physical Intervention	90	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Staff Member Initials								
Criminal Background (4.2)								
Central Registry (4.2)								
Sanction/Exclusion Monitoring (prior 3 months) (4.3)								
Valid DL (If Applicable) (4.5)								