

## Regional Monitoring of Autism Benefit – Applied Behavioral Analysis

### Organization Wide Core Standards

PROVIDER:	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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General Administration (desk or on-site review)					
5.1	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	
5.2	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> <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>	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
5.3	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	
5.4	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	
5.5	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	
5.6	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	
5.7	Evidence of Corrective Action in response to the MDHHS ASD Site Review.	Only applicable if Provider required corrective action as part of MDHHS CAP.	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	
5.8	Provider has a written system in place for credentialing and recredentialing licensed health care professionals in accordance with BHDDA credentialing and recredentialing processes.	Contract Section 17.d P 7.1.1	Policy/Procedure	<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
	Policy/procedure ensures 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.	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>		<input type="checkbox"/> NA	
5.9	Provider has a written system in place to ensure that individuals are not included in any excluded or sanctioned provider lists (OIG, GSA/SAM and Michigan Sanction Provider database) and that monitoring occurs monthly.	MDHHS Credentialing Policy MSHN Background Check and PSV Policy  <a href="#">Michigan Sanctioned Provider Site</a>	Policy/Procedure	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
5.10	Provider has a written system in place to ensure 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	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
			<b>TOTAL SCORE/%:</b>	<b>Points</b>	<b>%</b>
Findings:					
Strength:					
Recommendations (does not require corrective action):					
Corrective Action Plan (PROVIDER COMPLETES):					
Reviewer Response:					

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Limited English Proficiency & Cultural Competence (desk or on-site review)					
6.1	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	Policy/procedure ; Requests submitted to CMH for approval; evidence that services were provided as requested; bill/invoice for services	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.2	<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	
6.3	<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	Tagline posting with top 15 languages; examples of materials in other languages	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.4	<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	Examples of materials in alternative formats; 4 <sup>th</sup> grade reading level	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.5	<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	Tagline posting with top 15 languages; examples of	<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
			materials in other languages		
6.6	<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	
6.7	The provider has a written policy or procedure on cultural diversity	MSHN Cultural Competency Policy	Policy/procedures	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <input type="checkbox"/> Partial (1) <input type="checkbox"/> NA	
6.8	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: <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>TOTAL SCORE/%:</b>	<b>Points</b>	<b>%</b>
Findings:					
Strength:					
Recommendations (does not require corrective action):					
Corrective Action Plan (PROVIDER COMPLETES):					

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Reviewer Response:
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