

This form can be used for multiple staff

PROGRAM:		DESK AUDIT - Non Professional									
DATE:		TRAINING & CREDENTIALING									
STAFF MEMBER INITIALS											
HIRE DATE											
SECTION 1: TRAINING REQUIREMENTS All Staff											
PUT DATE OF COMPLETED TRAINING IN THE BOX AND ATTACH TRAINING PROOF											
1.1	CORPORATE COMPLIANCE: Note: training to be completed within 60 days of hire. Update annually.										
1.2	CULTURAL COMPETENCE: Note: training to be completed within 60 days of hire. Update annually.										
1.3	EMERGENCY PREPAREDNESS: Note training to be completed within 60 days of hire and before working independently with individuals served.										
1.4	EMERGENCY PROCEDURES (evidence of weather, fire, chemical, etc emergency training)										
1.5	KNOWLEDGE OF FIRST AID: Note: training to be completed within 60 days of hire and prior to working independently with individuals served.										
1.6	GRIEVANCE AND APPEALS: Note: training to be completed within 30 days of hire and prior to working independently with individuals served.										
1.7	HIPAA: Note: training to be completed within 60 days of hire. Update annually.										
1.8	LIMITED ENGLISH PROFICIENCY (LEP): Note: training to be completed within 60 days of hire. Update annually.										

1.9	<u>PERSON CENTERED PLANNING & SELF DETERMINATION:</u> Note: training to be completed within 60 days of hire. Update annually.																			
1.10	<u>RECIPIENT RIGHTS:</u> Note: training to be completed within 30 days of hire. Update annually.																			
1.11	<u>STANDARD PRECAUTIONS:</u> (aka Infection Control or Blood borne pathogens) Note: training to be completed before working with individuals served. Update annually.																			
1.12	<u>TRAUMA INFORMED CARE:</u> Note: training to be completed within 6 months of hire.																			
1.13	<u>Advance Directives:</u> This is only required for non-residential DCW's. within 30 days of hire.																			
1.14	<u>IPOS & ANCILLARY TRAINING FOR EACH RESIDENT:</u> (At the time of hire and when the plan is updated)																			
SPECIALIZED RESIDENTIAL																				
CHECK (X) IN BOX IF PROOF OBTAINED AND SENT TO ONPOINT																				
1.15	<u>MEDICATION SERIES:</u> Note: training to be completed within 60 days of hire and prior to working independently with individuals served																			
1.16	<u>BEHAVIORAL TREATMENT/CRISIS INTERVENTION (MANDT): RELATIONAL:</u> Note: training to be completed before 90 days of hire. MANDT must be taken sequentially and within a consecutive-month period. Relational is to be taken in class on Day 1 of MANDT. Update, ongoing as per certificate or otherwise required.																			

1.17	<p><u>BEHAVIORAL TREATMENT/CRISIS INTERVENTION</u> (MANDT): CONCEPTUAL: Note: training to be completed before 90 days of hire. MANDT must be taken sequentially and within a consecutive-month period. Half of Conceptual will be taken on Day 1 of MANDT Classes. The second half of Conceptual will be taken on Day 2 of MANDT classes. Update, ongoing as per certificate or otherwise required.</p>										
1.18	<p><u>BEHAVIORAL TREATMENT/CRISIS INTERVENTION</u> (MANDT): TECHNICAL: Note: training to be completed before 90 days of hire. MANDT must be taken sequentially and within a consecutive-month period. Technical will be taken on Day 2 of MANDT Classes. Update, ongoing as per certificate or otherwise required.</p>										
1.19	<p><u>CPR CERTIFICATION:</u> Note: training to be completed within 60 days of hire and prior working independently with individuals served. Ongoing as per certificate.</p>										
1.20	<p><u>FIRST AID CERTIFICATION:</u> Note: training to be completed within 60 days of hire and prior to working independently with individuals served. Ongoing as per certificate.</p>										
1.21	<p><u>HEALTH AND WELLNESS:</u> Note: training to be completed within 60 days of hire and prior to working independently with individuals served.</p>										

1.22	INTRO INTO HUMAN SERVICES: Note: training to be completed within 60 days of hire and prior to working independently with individuals served.																			
1.23	NUTRITION AND FOOD SAFETY: Note: training to be completed within 60 days of hire and prior to working independently with individuals served.																			
1.24	The organization uses approved training curriculum on required compliance related Laws, Rules, and Regulations.																			
SECTION 1: TRAINING																				
SECTION 2: CREDENTIALING																				
PUT DATE OF COMPLETED TRAINING IN THE BOX AND ATTACH TRAINING PROOF																				
2.1	Proof Individual is Age 18 or older. (copy of driver's license, passport, or state ID). If staff transports clients, proof of license required.																			
2.2	DATE OF HIRE: (Job Offer Letter, Workforce Letter, etc.)																			
2.3	ONPOINT COMPLIANCE CHECKS-CORPORATE COMPLIANCE/RECIPIENT RIGHTS: (At time of hire)																			
2.4	Initial Criminal Background Check -prior to hire date (electronically date-stamped screenshot from Michigan ICHAT website, workforce letter)																			
2.5	Ongoing Criminal Background Check * <i>completed every two years</i>																			
2.6	Initial Michigan Public Sex Offender Registry Check prior to hire (electronically date-stamped screenshot from mspсор.com)																			

2.18	Initial and Ongoing Staff Driving Records for those who transport individuals served. Prior to transporting and ongoing thereafter. *If staff transport in own vehicles, proof of insurance coverage is required.*								
2.19	SIGNED JOB DESCRIPTION, JOB APPLICATION OR RESUME (Proof of job qualifications)								
2.20	PERFORMANCE EVALUATION OF STAFF								
SECTION 2: CREDENTIALING									
NOTES RELATED TO INDIVIDUAL STAFF TRAINING OR CREDENTIALING RECORDS:									

ONPOINT - Quality Monitoring Review (QMR) Site Visit

PROVIDER:
 FACILITY:
 DATE:
 REVIEWER:

SCORING INSTRUCTIONS - EVIDENCE DEMONSTRATES:
 2: FULLY MET THE STANDARD
 1: PARTIALLY MET THE STANDARD
 0: DID NOT MEET THE STANDARD
 NA: REQUIREMENT NOT APPLICABLE TO THIS REVIEW OR TO THIS PROVIDER
 NS: ITEM NOT SCORED BY THIS REVIEWER.

SCORING INSTRUCTIONS FOR THE HEALTH & SAFETY SECTION: ASSIGN A SCORE BASED ON PHYSICAL EVIDENCE INDICATING OVERALL

SECTION 3 - HEALTH & SAFETY		SCORE	*H & S REQUIREMENTS ARE CUSTOMIZED FOR EACH TYPE OF PROVIDER.
LICENSED FACILITIES -			
3.1	<u>Exterior - Facility Structure:</u> From the outside, home appears to be in good repair and well maintained (Note: Roof, exterior walls, doors, windows/screens, stairways, sidewalks, attached structures, etc. - no obvious maintenance, safety issues).		
3.2	<u>Grounds & Premises:</u> (Driveway, surrounding yard areas, detached structures) appear well maintained and free of any obvious hazards, letter, refuse, etc.		
3.3	<u>Interior - Condition & Cleanliness:</u> Home furnishings, flooring, walls, etc. are clean and in good repair. Proper food storage; clean countertops, cutting boards, appliances, flooring, bathrooms, etc.; garbage, and clutter is minimal; odor free; evidence of good housekeeping practices.		
3.4	<u>Interior - Safety:</u> Electrical outlets are not overloaded, adapters and extension cords not in use, no exposed wiring; light fixtures are working properly, all switches, outlets and junction boxes have secured cover plates.		
3.5	The facility has a home-like atmosphere. A.) Kitchen with cooking functions is accessible to residents to get a snack or prepare meals (with assistance if needed). B.) There is a private space for the residents to meet with visitors (personal space can be used). C.) Residents are permitted to decorate personal spaces to their own taste.		
3.6	<u>Maintenance of Facility:</u> A preventive maintenance schedule for the home and surrounding grounds shall be maintained and available for review.		
3.7	<u>Removing Physical Barriers:</u> Service facility is equipped with architectural features designed to overcome physical barriers for persons who use wheelchairs, and persons with mobility difficulties. (Example: Access ramp, elevator, wide hallways, wide doorways, bathrooms w/accessibility features, power doors, assistive technology, etc.)		
3.8	Home is free of restrictions (door alarms, locked gates, video and sound monitors, physical barriers). If restrictions are present, HCBS procedures shall be followed and IPOS identifies rationale for restriction.		
3.9	The home does not have house rules (HCBS).		
3.10	<u>Menus</u> are posted, changes indicated, special dietary needs noted. <u>Alternative meals</u> offered.		
3.11	<u>Pet Policy:</u> If the program has pets, they have a pet policy for the conditions and guidelines for animals at the facility. Policy must include the maintenance of animal health records and the facility cleaning while animals are present.		
3.12	<u>Program has procedures/protocols for response to fire, severe weather, medical emergencies and other emergencies requiring evacuation, including E-Scores and staffing patterns. This includes contingency arrangements for emergency overnight stays and in the event of an extended evacuation, the plan for the continuation of services. Emergency plan should include emergencies while transporting individuals.</u>		

3.13	<u>Emergency evacuation maps, routes</u> are displayed in prominent locations at the house.		
3.14	<u>Fire Drills</u> (Various Shifts) are conducted per AFC Licensing standards (each shift, each quarter), properly documented and evaluated.		
3.15	<u>Tornado Drills</u> (at least once per year) are properly documented and evaluated.		
3.16	<u>Fire extinguishers</u> are present, properly charged (indicator arrow is within the green gauge) and are monitored and serviced routinely. (documentation present)		
3.17	<u>Smoke detectors</u> are present and tested routinely (documentation present)		
3.18	<u>First Aid & Spill Kits:</u> available and in good condition.		
3.19	<u>Emergency Evacuation Bag:</u> kept in an accessible area and equipped with items that can be of assistance in case of an emergency evacuation (Ex: emergency contact #'s, water, food, FA supplies, blankets, flashlights, portable radio, batteries, etc.) Providers maintain tracking log to document periodic checks of the evacuation bag to determine if information is current and items have not expired.		
3.20	<u>Transportation:</u> A.) Program has adequate transportation to meet the needs of the home. B.) Program vehicles appear to be safe, well maintained and in good operating condition (maintenance logs/records: first aid kit present).		
3.21	Program can demonstrate that Residents are actively engaged and is involved in making their own choices by having their own ideas, and preferences, within reason. (Ex: Town Hall Meeting Minutes for Residents, Resident Menu Selection, In- House Activity selection, a Calendar of Community Outings & Events, Home Decore, etc.).		
3.22	The organization has posted the LRE's (or local CMH's) 800# Compliance Hot Line for reporting fraud, waste and abuse in a conspicuous space, and has informed staff how to report FWA. OnPoint #: 1-800-795-6617 Ext.2739 or LRE #: 1-800-420-3592		
3.23	The organization has Policies that address the protection of "Whistleblowers" and those accused of misconduct. (posted)		

Section 3 – Overall Performance

SECTION 4 - QUALITY IMPROVEMENT		SCORE NOTES:	
4.1	Copies of Incident Reports are kept separately from the Clinical Record of the individual(s) and copies are maintained on the site.		
4.2	Incidents are properly documented (and includes follow-up taken to prevent re-occurrence), reviewed by supervisory staff and reported to the appropriate agencies (ORR, AFC Lincensing, APS, CPS, etc.)		
4.3	<u>Safeguards to protect records and confidentiality of individuals served.</u> Electronic and paper records are kept in a secure loctaion that prevents unauthorized access (i.e.-information is kept in a locked cabinet and in a room that locks) and provides reasonable measures to protect agains fire, water damage, and other hazards. Adequate protections are in place to prevent data breach (strong passwords, limiting staff access to electronic records, etc)		
4.4	Removing Barriers for Oral Communication: In compliance with individuals Treatment Plan the program has developed resources and incorporated features to its service/care system design need to communicate to Standard English. [Example: LEP Reasources, Bi-lingua I Staff, Communication Resources in Alternative Languages/Formats (Braille, Spanish, Audio Enhancements, Sign Language communictaion; TDI; Communicaion Enhancement Device; Signs; Consumer-specific Communictaion Techniques, etc.); Interpreters]		

4.5	Cultural Competence and Sensitivity: Program demonstrates ability to provide services to individuals served care needs for whom culturally specific issues play a significant role in the manner that care is to be delivered. (Example: Staff knowledge of consumer's value/belief system; haircare; diet/cuisine; entertainment; community integration activities; contact with family, etc.)		
4.6	Internal reviews of Specialized Residential homes: residential providers will complete the document and internal review of all their homes annually (includes prescribe maintenance medication management, emergency response, response to Incident Reporting, transportation, training requirements, sampling of clinical records, performance monitoring and credentialing, involvement of persons served and/or organizational policies and practices).		
4.7	Plan(s) for Improvement in response to citations/recommendations from the most recent reviews (Licensing, LRE, OnPoint, MDHHS, or Accrediting Body, etc.) has been submitted to the appropriate agency and a copy of the plan has been submitted to the CMHSP. Remediation of citations is completed as requested.		

Section 4 – Overall Performance

SECTION 5 - CORPORATE COMPLIANCE / FINANCE	SCORE	THE STANDARDS OF THIS SECTION ARE TO BE APPLIED ACCORDING TO THE NATURE OF THE SERVICES PROVIDED, ORGANIZATIONAL CAPACITY, PROGRAM SIZE AND CASE SPECIFIC NEED.
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5.1	The organization has developed a Privacy Notice addressing all federal requirements and disseminates the Privacy Notice to recipients at intake/admission and as required by law thereafter. Each resident has acknowledged receipt of privacy notice. MUST HAVE DATE ON CURRENT NOTICE.		
5.2	Each client residing in the home has a completed and signed Summary of Resident Rights: Discharge and Complaints form. The Summary of Rights is required by MDHHS as a HCBS standard and provides individuals with information about their rights in Adult Foster Care homes. MUST HAVE NAME, SIGNATURE, AND DATE ON CURRENT SUMMARY DOCUMENT.		
5.3	The organization has developed a "Code of Conduct" (or its equivalent) for its employees regarding ethical and legal practice expectations, and it has been disseminated to all employees. Ex: Employee Handbook, etc.		
5.4	If the organization takes responsibility for the funds or holds valuables for the persons served <u>written policies and procedures</u> exists that define the following: A.) How the persons served will give informed consent for the expenditure of funds. B.) How the persons served will access the accounting records of their funds. C.) How funds will be segregated from Provider funds for accounting purposes. D.) How interest earned will be credited to the accounts of persons served. E.) How individuals' funds are not commingled or used for each other's expenses. F.) How revenues and expenses are tracked by Provider. *Provider can demonstrate that it follows these policies and procedures.* If the Provider take responsibility for the funds of individuals served, they can produce cash on hand for each individual, all receipts. (Example: Resident Fund 1 form, including date of expenditure, the purpose, the receipt, and desposit documents since the start of the current fiscal year. Resident Funds 2 form.)		

Section 5 – Overall Performance

SECTION 6 - DOCUMENTATION & RECORD KEEPING		SCORE	COMMENTS:
Treatment Plans			
6.1	Provider will maintain a copy of the current Individual Plan of Service (IPOS, IPOS Addendum's) for the cuurent planning cycle.		
6.2	Provider will maintain a copy of the current Ancillary Plan(s) as applicable. (i.e. Behavioral Treatment Plan, Care Plan/protocols, OT, PT, etc.)		
SERVICE DOCUMENTATION			

6.3	Outing Log is present and documents all outings offered to individuals and specifies resident participation (specialized residential).		
6.4	Documentation of services provided is sufficient to demonstrate that services are being implemented as planned. Ancillary plans, when applicable, are consistent as directed. (Evidence that interventions that fall under the responsibility of provider are being carried out per the pertinent plan provisions i.e., behavior management plan, PT, OT, etc.)		
6.5	Individual's progress and status in meeting objectives established in IPOS or addendum, and a descriptor of specific interventions by staff is recorded in the daily notes for every shift. Service Notes: (data, narrative) are signed/initialed, credentialed (as applicable) and dated. A.) The service note record has documentation of what has happened on each shift. This includes any behavior observation during each shift. B.) What role did staff play in compliance of goals and objectives for any Ancillary plans, i.e., OT, PT, etc. C.) Personal Care and Community Living Supports have been completed every day and documented as such. D.) Community activity and inclusion is being completed and documented.		
COORDINATION OF CARE			
6.6	Documented evidence of contact with Primary Service Provider (CM, SC), other service providers, family and other relevant parties. Note: Recommended (not required) that this be a separate document/log of all contact for each Individual and kept in Individual's record.		
6.7	Documented evidence of contacts with Primary Care Physician/other Healthcare Professionals. There is evidence that individual is receiving medical attention adequate to his/her needs. (Evidence: Service Notes, Incident Reports, Specific Healthcare tracking forms, Healthcare Appraisal form, medical appointment slips/documents, documented evidence of contact/exchange of information with Healthcare Professionals).		
6.8	Are staff knowledgeable on the provider process (information/instruction) in responding to medical emergencies that may occur to this individual while under the case of program is available and readily accessible.		
MEDICATION MANAGEMENT			
6.9	Medication list/chart matches the doctor's prescriptions/orders and/or packaging/labels, discontinuations and med changes.		
6.10	Medication administration in properly documented (Staff initials for every administration for the period reviewed, proper documentation of problems/variations, etc.)		
6.11	PRN medications include parameter for use and when administered, the reason is given, and the results are clearly documented on the M.A.R.		
6.12	<u>Written Procedures</u> are in place for receiving, filing, and <u>documenting new physician orders and for ordering / receiving Monthly Medications</u> from the pharmacy.		
6.13	Medication: A.) Topical & Oral Medications are maintained separately and are double locked for safety. B.) Refrigerated Medications are properly stored, double locked and maintained.		
RECORD KEEPING			
6.14	Contents of the service Records are organized in labeled sections, arranged in a comprehensive manner, kept in secured locations and easy to access.		
6.15	The Clinical record identifies name and contact information of the primary provider who is responsible for the record and for assessing, coordinating, linking and monitoring services. (Typically supports coordinator/case manager)		
6.16	Authorization for release and/or exchange of information with identified parties are signed by the appropriate parties (Individual/Guardian, program representative, etc.) are up to date.		

6 – Overall Performance