

Provider - Home Name
Site Review Date

Provider Staff present during Site Review:

BABH Staff present during Site Review:

PERFORMANCE REQUIREMENT/STANDARD		Actual Score	Possible Score	FINDINGS/EVIDENCE	Corrective Action Required
1.00	Management of Human Resources (Balanced Budget Act Requirement; Licensing/Certification Rules for Specialized Residential Programs; BABH Policy Chapter 4)				
1.01	This facility is properly licensed.		2		
1.02	This facility is properly certified.		2		
1.03	All staff are compliant with training requirements.		2		
1.04	All staff are compliant with employee record requirements.		2		
	Total Score (Not included in Overall Score)	0	8		
	Section 1 Percent (Not included in Overall Percent)	0%			
2.00	Performance Improvement and Strategic Planning/Leadership				
2.01	Each person should play an active role in evaluating the services they receive from the provider. The provider should have an Individual Satisfaction process in place which addresses the following: At least annually, satisfaction surveys are given to each person and/or guardian for their feedback on the quality of services being provided to the person. Results are collected, with information relayed to the home staff. Where appropriate, homes will utilize the data from the surveys; and when improvements are recommended, the provider will indicate their plan of action to address the issue. Each home should have the overall corporation data results as well as the survey information that pertains to their specific home.		2		
2.02	The organization's vision statement is posted in the home in an area easily seen by everyone. There is evidence that training on the vision statement is part of new employee orientation and is discussed in staff and consumer meetings at least annually. The people you support, as well as staff, understand the vision of the organization and is aware of the staff direction and goals of the provider organization.		2		
2.03	The organization has an internal performance improvement plan that identifies what kinds of information to collect to measure progress; communication expectations, plans, and processes to assess, improve, and maintain the quality of the organization's operations.		2		

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2.04	The organization must be supportive of their staff thereby establishing an inviting, caring environment. There are appropriate interactions and communications between home manager, direct support professionals and persons served as observed by the reviewers.		2		
2.05	The provider has a process in place for continuing to educate direct support professionals about Community Inclusion, Relationship Building and Empowerment.		2		
2.06	The provider has a system in place for monitoring and addressing its rate of staff turnover.		2		
2.07	Exceeds Satisfaction Thresholds as defined by the Provider or minimum of BABH 85%. This is not scored on the audit. It is pulled forward to the provider profile for consumer satisfaction.	NA	NA		
Total Score		0	12		
3.00	Improving Outcomes For People (Attachment B: Performance Requirements and Performance Indicators)				
3.01	Assuring maximum choice and control for all persons served in their home routines. Meal choices and preparation; allowing and encouraging participation in household tasks and routine housekeeping, laundry, grocery shopping, stocking cupboards, yard work, etc.; active participation in the development of the homes schedule of activities and choices to be carried out; the provider will find support staff that have the same interests and are willing to participate in each experience; support and encourage people who want to vote; people living in the home should have direct control of their spending money at all times; decisions about purchases or spending must be made with the person present; withdrawals of personal funds are initiated by the individual and in amounts and frequencies determined by him/her.		2		
3.02	Promote and support building meaningful and lasting relationships. At a frequency determined by the individual, the provider will facilitate opportunities, including, but not limited to: social opportunities of not more than three people, with opportunities for one-to-one experiences; church attendance and/or membership, and participation in organized church activities; entertainment experiences; support in developing relationships with family and friends, and associating with others in clubs, social organizations or volunteer experiences; participation in sports or other physical activities; and opportunities to care for pets.		2		

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3.03	Assuring active engagement that truly connects people in the community by: Active participation and choices in community experiences; the experiences and events that the individuals participate in are sponsored by the community and not always by human services/disability organizations. Good and services associated with community living should be experienced by the individuals we serve, whenever possible, in the community utilizing available natural and community supports and vendors. The provider will have adequate transportation for each home so that individuals can fully participate in community activities; and unannounced audits will occur.		2		
3.04	Support each individual in completion of MyProfile or a similar tool 30 days before the PCP; separated from above.		2		
Total Score		0	8		
4.00	Compliance Program and Plan - Provider agrees to maintain a Compliance Plan and will furnish copies of the plan to the CMHSP upon request. The Compliance Plan must include, at a minimum, all of the following elements:				
4.01	Compliant with Medicaid Event Verification - Not included in site review score. Scored separately in the Provider Profile.	NA	NA		
4.02	Documentation supporting each shift		2		
4.03	Written policies, procedures and standards of conduct that articulate the organization's commitment to comply with all applicable federal and state standards, including, but not limited to: the False Claims Act, the elimination of fraud and abuse in Medicaid provisions of the Deficit Reduction Act of 2005, Michigan Medicaid False Claims Act and Michigan Whistleblowers Protection Act.		2		
4.04	The designation of a compliance officer and committee that is accountable to senior management.		2		
4.05	A system of reporting compliance		2		
4.06	Prompt investigation and complaint resolution processes		2		
4.07	Corrective action planning and implementation		2		
4.08	Data monitoring and evaluation		2		
Total Score		0	14		
5.00	Health Insurance Portability and Accountability Act - The organization agrees to operate as a HIPAA Covered Entity and/or Program under 42 (CFR Part 2) and provide written policies and procedures which includes:				
5.01	Maintaining the confidentiality of all protected information consistent with federal and state confidentiality, privacy and security requirements, including the HIPAA regulations.		2		
5.02	Restricting access to protected health data and information by the Provider's employees.		2		

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5.03	Immediate reporting to BABH of any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the provider becomes aware of.		2		
5.04	Protecting all recipient information, medical records, data and data elements collected, maintained or used in the administrations of the agreement from unauthorized disclosure as required by state and federal regulations.		2		
5.05	Ensuring that any subcontractor or Business Associate of the Provider's has the same obligations as the Provider not to share any protected health data and information that falls under confidentiality, privacy and security. (Organization)		2		
Total Score		0	10		
6.00	Continuum - Contract Performance Requirements & Performance Indicators				
6.01	The residential provider (Home Manager) supports and actively participates in coordination of care activities, providing adequate information, arranging for ordered services among health care professionals and settings, obtaining results. (Care Management)		2		
6.02	Evidence available of individual's participation and acceptance with weights and general health status remain stable.		2		
6.03	Evidence of current CLIA Certification available for homes that do glucose monitoring in house.		2		
Total Score		0	6		
7.00	Assessment				
7.01	All home staff are appropriately responding to assessed medical needs of individuals.		2		
7.02	Assigned RN will address individual's fall/risk status upon intake, annually and PRN as needed.		2		
7.03	Evidence that RN was informed of critical health information so physician can be notified.		2		
7.04	Per health care management policy, evidence that RN maintains a current medical problem list, medication history, allergies, update regularly, and keep in individual's chart so a running history is present.		2		
Total Score		0	8		

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8.00	Individual Education				
8.01	Prior to an individual's medical appointment, medical procedure, etc., the person, including staff and, when appropriate, their family, will receive education, at their level of understanding, specific to the service they will be receiving. Documentation of such information sharing will be noted in the person's chart. The intent is that people will be prepared as appropriate for the appointment/procedure (e.g. who, what, why, where, when). The Communication Form is filled out and taken to all health related appointments. This form is placed and maintained in the individual's medical record after the appointment.		2		
8.02	RN for home to provide or approve all health education material prior to home staff sharing with individuals and/or family members.		2		
8.03	Provider will ensure on-going training/in-service to home staff related to specialized medical procedures in the home as the consumer's illness/condition occurs, yearly and on an as needed basis as the consumer's condition changes. The Provider will ensure this training is provided by the professional staff for the specific discipline. Evidence of this training must be documented in the staff's personnel file.		2		
Total Score		0	6		
9.00	Surveillance, Prevention, & Infection Control Findings				
9.01	Process followed to reduce the risks of local and widespread infections in individuals served and employees are addressed with proper follow-up. (Infection Control Reporting)		2		
9.02	Risk exposure potential is assessed and documented for all staff according to the organizations policy. (i.e.: TB, Hep B)		2		
9.03	Proper size gloves, PPE (Personal Protective Equipment) and Spill Kits are readily available and utilized by all staff.		2		
9.04	Antibacterial soap and/or hand disinfectant is available for use by all in the home.		2		
9.05	CPR masks are on-site, visible and readily available for all. If not outwardly visible, location must be noted with sign.		2		
9.06	Are sharps containers maintained as regulated? How and when do you dispose of filled containers? Is this included in the organization's Infection Control Plan?		2		
9.07	Individual's most recent TB test is part of the medical record. TB test required for individuals who enter the residential system for the very first time and those exiting a state facility and were not tested while at the state facility. Evidence that individual's with a previous positive PPD test are annually monitored for signs/symptoms of reactivation. (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf)		2		
Total Score		0	14		

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10.00	Medication and Health Care Management				
10.01	Before initiating a course of medication for an individual, the med passer shall do all of the following: (a) check if the individual may be allergic to the medication as noted on the medication sheet or front page of the daily book, (b) refer to the protocol for administration and monitoring as indicated by the home RN. Reviewer will interview home staff during audit as to the procedure used.		2		
10.02	Only medications currently ordered to treat the condition(s) of the individuals are ordered or on hand.		2		
10.03	Medications are properly and safely stored. Medications are labeled and stored in containers separating orals from topicals. Med container must include a current picture of the individual. Pictures are updated annually. A lock box is available for refrigerated meds and controlled substances. There is only one set of keys available to staff. Those keys are in the possession of the designated medication passer for the shift and passed to the medication passer for the next shift at shift change.		2		
10.04	Medication specific information is readily accessible to those involved in the medication management system.		2		
10.05	There is a process for safely providing medications to meet the individual's needs when pharmacies are closed. This information is posted so the information is available to all staff.		2		
10.06	There is a process to safely manage medications brought into the facility by individual's or their families. (vitamins, herbals etc.) Must have physician order.		2		
10.07	There is an effective organizational process for providing scheduled medications to individual's when he/she is away from home with family/others on an authorized visit.		2		
10.08	Medications are transported from one site to another in a pharmacy labeled bottle in a safe and secure manner.		2		
10.09	Self-administered medications are safely and accurately administered per Person-Centered Plan. If the medication is insulin, staff must verify the individual's blood sugar and the units of insulin needed prior to the individual injecting. Staff must initial that this was done.	NA	NA		
10.10	Evidence showing that if appropriate, RN has been called for approval to administer medication for behavior control prior to administration.		2		
10.11	Home staff respond appropriately to actual or potential adverse drug events and medication errors by contacting the RN and completing an incident report per policy.		2		

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10.12	Provider will ensure processes are implemented for safe and effective medication use and disposal of medications that are either discontinued, expired, or recalled. Provider will ensure a procedure/process is in place to cover these incidences and the meds will be sent back to the pharmacy for disposal.		2		
10.13	Name, strength, dosage, start and stop date and reason for use for any medications prescribed, are listed on the medication history sheet and kept current. A record of all prescribed medications must be kept in the prescription section of the individual's record and retained for a period of 1 year. Informed consent for all provider agency prescribed medications are current.		2		
10.14	Medication allergies, adverse reactions, and significant medical conditions are clearly noted in the medical history sheet of the individual's record. If the individual has no known allergies or history of adverse reactions or significant medical conditions, this is also prominently noted in the record. All allergies, including food and environmental, are to be prominently noted in front of daily books.		2		
10.15	All lab reports must be placed into the individual's home record, reviewed, initialed and dated by the Health Care Professional (RN). Physician's signature to be obtained at the next doctor's appointment. Consultations, abnormal labs and imaging study results should be obtained as well and included in the individual's record including a plan for follow-up with the physician by the home RN.		2		
10.16	Prescribed medications are dispensed accurately and safety following the 5 Rights of Medication Administration.		2		
Total Score		0	30		
11.00 Care & Management of Information					
11.01	The organization maintains a medical record with current information for every individual assessed, treated, or served and incorporates information to and from subsequent medical contacts with the individual by the specific discipline as according to the time frame noted in the PCP. (i.e.: medical, psychiatric, special appointments/tests)		2		
11.02	All case records contain a summary of Sec. 748 in the front of the record.		2		
11.03	All case records contain a current Person/Family-Centered Plan.		2		
11.04	All case records contain evidence that the Person/Family-Centered Plan is being implemented.		2		
11.05	All case records do not contain peer review incident report forms.		2		
11.06	Resident funds are adequately documented and maintained in all case records.		2		
Total Score		0	12		

PERFORMANCE REQUIREMENT/STANDARD		Actual Score	Possible Score	FINDINGS/EVIDENCE	Corrective Action Required
12.00	Training				
12.01	Staff present appear to know how and when to file a recipient rights complaint.		2		
12.02	Recipients present appear to know how to file a recipient rights complaint.		2		
12.03	Staff present appear to treat recipients with dignity and respect.		2		
	Total Score	0	6		
13.00	Environment				
13.01	The site is clean.		2		
13.02	The site is free from all safety hazards.		2		
13.03	Appropriate accommodations are made for persons with physical disabilities.		2		
13.04	Cleaning supplies are stored properly.		2		
13.05	The air temperature of the site is appropriate for the season.		2		
13.06	Recipients have and wear their own suitable clothing.		2		
13.07	Recipients receive meals specific to individual needs.		2		
13.08	The site has an adequate supply of food present.		2		
13.09	There are provisions for privacy in bedrooms and bathrooms.		2		
13.091	The telephone is accessible and allows for privacy.		2		
13.092	Funds for phone use and postage are available for those who need them.		2		
	Total Score	0	22		
14.00	Restrictions				
14.01	Procedures are in place to allow for individual religious worship.		2		
14.02	Program rules are posted in a conspicuous location.		2		
14.03	All limitations on visiting hours and telephone usage are listed in the program rules.		2		
14.04	All general limitations on freedom of movement are listed in the program rules; additional limitations are in the approved plan of service.		2		
14.05	All personal property restrictions are listed in the program rules.		2		
14.06	All program rules listed are reasonable and lawful.		2		
	Total Score	0	12		
15.00	Rights System				
15.01	Rights booklets are readily available for recipients and visitors.		2		
15.02	The name, address, and telephone number of the Recipient Rights Officer is listed on each rights booklet.		2		
15.03	The name, address, and telephone number of the Recipient Rights Officer is posted in a conspicuous location.		2		
15.04	Abuse and neglect reporting poster is posted in an area for easy staff review.		2		

PERFORMANCE REQUIREMENT/STANDARD		Actual Score	Possible Score	FINDINGS/EVIDENCE	Corrective Action Required
15.05	A summary of the Whistleblowers Protection Act is posted.		2		
15.06	Recipient rights complaint forms are readily available.		2		
15.07	Incident report forms are readily available.		2		
Total Score		0	14		
Overall Score (Not including Section 1 Total Score)		0	174		
Overall Percent (Not including Section 1 Percent)		0%			

Comments:

Scoring Key:

0 = Non-Compliance

1 = Partial Compliance

2 = Full Compliance

NA = Not Applicable (the points possible are removed from the total points)