

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 2	Continuous Quality Improvement		
Section: 3	Oversight/Monitoring		
Topic: 1	Site Reviews		
Page: 1 of 5	Supersedes: Pol: 3-17-11 Proc:12-11-14, 10-24-13, 12-15-11, 5-2-11, 3-17-11	Approval Date: Pol: 6-18-15 Proc: 5-5-15	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">Board Chairperson Signature</div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">Chief Executive Officer Signature</div>
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Oversight/Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that all contracted clinical service providers receive an annual site review.

Purpose

This policy and procedure is established to monitor and ensure compliance with performance requirements as listed in BABHA's Nursing and Program Site Review Templates.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All CSSs, Clinical Management and Agency Nurses-Residential
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Residential Services
 - Policy Only Policy and Procedure
- Other:

Definitions

Contracted Clinical Service Providers: Any service provider in which BABH has a signed agreement with to provide a clinical service. This includes but is not limited to specialized residential services, vocational providers, clubhouse providers, inpatient units, primary providers of outpatient therapy and case management, community living supports, behavior aides, and psychiatric services.

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Procedure

Each contracted clinical service provider will receive a site review on an annual basis. Site reviews will cover both nursing, when applicable, and program components and are usually scheduled 7 Days in advance of the review. The Quality and Compliance Coordinator is responsible for conducting and/or coordinating each review. The site review may be at one of two levels based on the most current Audit Guidelines.

I. Nursing Review

The Nursing Review will be conducted by a Registered Nurse who will review the following components:

1. Continuum (Contract Performance Requirements and Performance Indicators)
2. Assessment
3. Care and Management of Information
4. Individual Education
5. Surveillance, Prevention, and Infection Control Findings
6. Medication and Health Care Management
7. Clinical Laboratory Improvement Amendments (CLIA) certification

II. Program Review

The Program Review will be conducted by the Quality and Compliance Coordinator who may review the following components:

1. Consumerism and Community Connect Standards
2. Performance Improvement and Strategic Planning
3. Leadership, related to Contract requirements
4. Management of the Environment
5. Management of Human Resources
6. Event Verification/Provider Billing
7. Corrective Action Plans
8. Compliance Program and Plan
9. Health Insurance Portability and Accountability Act

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Note: Items reviewed are not limited to, but may include employee records, including training records; staff meeting minutes; consumer meeting minutes; consumer records; community inclusion logs; daily progress notes; floor books; communication logs; home license and certification; provider policies, procedures and agency plans.

Upon completion of the site review, the Quality and Compliance Coordinator provides a short, overall summary of the review to the designee of the agency and/or organization.

Completed site review results are sent to the clinical contracted service provider's Chief Executive Officer and/or designee within 30 days of the actual review. If a plan of correction is required, BABHA will send the provider a letter, after which the provider has 30 days, from the date of the letter, to complete and forward the corrective plan to Quality and Compliance Coordinator.

Substantially low scores may result in an unannounced return visit by the Quality and Compliance Coordinator. If there is no evidence of improvement, the findings will be forwarded to the appropriate Service Director for further follow up.

The first instance of a finding of non-compliance with the above will result in a dialogue about the finding and expectations for performance, including a written summary of that meeting and a statement of correction agreed to by the parties. A provider's failure to implement these requirements and expectations on an audit may be considered failure to meet the terms and expectations of the service provider's contractual agreement with BABH, potentially resulting in the initiation of negative contract action as outlined in the terms of the contractual agreement.

Attachments

Related Forms

Nursing Site Review Template (G:/BABH/Agency Site Review/Site Review)

Program Site Review Template(s) (G:/BABH/Agency Site Review/Site Review)

- Full Audit Tool (Updated) (G: BABH/Agency Site Review/Site Review)
- Administrative Audit Tool (Updated) (G;/BABH/Agency Site Review/Site Review)

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Related Materials

FY 14 Audit Guidelines

References/Legal Authority

Commission on Accreditation of Rehabilitation Facilities (CARF)
Michigan Department of Health and Human Services (MDHHS)
Michigan Mental Health Code
MSA Contract for Medicaid Services
Residential Provider Manual

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
R. Westendorf/M. Wolber	Janis Pinter	1/14/11	New	New
Lynn Begres	Janis Pinter	5/12/11	Revision	CLIA forms review added to Nursing Review Revised RN residential site review template
R. Westendorf	Joseph Sedlock	12/15/11	Revision	New Program Review Templates: Full, Focus and Administrative FY 12 Audit Guidelines
J. Steckley/B. Roszatycki	Michael Swank	10/24/13	Revision	Triennial Review-Updated with Person first Language and updated job title.
Diane Swank/Sandra Gettel	Janis Pinter	12/11/14	Revision	New Program Review Templates: Full and Administrative, Updated Audit Guidelines, Changed position title of Provider Network Coordinator to Quality and Compliance Coordinator, changed advance notice from 30 days to 7, discontinued provider network survey, discontinued Focus Audit.
Sandy Gettel	Janis Pinter	5/5/15	Revision	5-5-2015 all clinical contracted service providers was added. Recovery money

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				deleted. 2 weeks for report to be completed was updated to 30 days. Moved from Chapter 4 Section 12 Topic 35 to Chapter 2 Section 3 Topic 1.
S. Holsinger	J. Pinter	11/2/22	No changes	Triennial review-no changes