BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 1 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

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

Purpose
This policy and procedure is established to monitor and ensure compliance with performance requirements as listed in BABHA's Provider contracts.

Education Applies to
☒ All BABHA Staff
☐ Selected BABHA Staff, as follows:
☒ All Contracted Providers: ☐ Policy Only ☒ Policy and Procedure
☐ ~~☐~~ Selected Contracted Providers, as follows: ~~Residential Services~~
☐ Policy Only ☒ Policy and Procedure
☐ Other:

Definitions
Atypical Provider: As defined by MDHHS in the Medicaid Manual, providers who provide support services and generally do not have professional licensure requirements, and may not have an assigned National Provider Identifier (NPI number). Examples are providers of community living support and supported employment services.

Contracted Clinical Service Provider~~s~~: ~~-~~ Any service provider in which BABHA 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.

~~Good Standing: A provider is in good standing relative to site reviews when they have achieved a score on their last site review of at least ___%, and there are no quality, compliance, nursing or recipient rights concerns that have risen since that time that would warrant review.~~

High-Risk Services: Services delivered outside of consumer service sites and specialized residential settings, particularly self-determined arrangements where the consumer acts as the employer and/or where a single atypical provider staff delivers services in the consumer's residence.

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 2 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Limited Use Provider: A provider from whom BABHA purchases ~~limited (~~non-high risk) services at a low patient volume (less than 10 people served per year) and/or low business volume (less than $25,000 in claims per year~~;~~ (derived from definition of significant business transactions at 42 CFR 455.101)

Typical provider ~~:~~ – As defined by MDHHS in the Medicaid Manual, professional health care providers that provide health care services, who must meet education and state licensure requirements and have assigned NPI numbers. Examples are physicians, nurses, social workers and occupational therapists. ~~primary and tertiary~~

~~Atypical provider – secondary, tertiary~~

~~Primary~~

~~Secondary~~

~~tertiary~~

Procedure

1) Applicability

a. ~~**Licensed**~~ Independent Practitioners

i. Individual practitioner's, practitioner partnerships and organizations brokering individual practitioner services, who do not operate a ~~clinic~~ consumer service site where people served by BABHA are seen, are subject to credentialing (including privileging), event verification, and must meet training and documentation requirements. They are not subject to desk or on-site reviews.

ii. Individual practitioner's, practitioner partnerships and organizations brokering individual practitioner services, who do operate a ~~clinic~~ consumer service site where people served by BABHA are seen are subject to the desk/on-site review process.

b. Reciprocity within the Mid-State Health Network Region

i. Contracted Psychiatric Inpatient Hospitals, Applied Behavioral Analysis providers (for children with autism), and Fiscal Intermediaries are subject to reviews by

CMHSP's in the MSHN geographic area of responsibility which are coordinated regionally.

ii. BABHA will perform such reviews utilizing regionally determined review tools as determined through an agreed upon geographic or rotational assignment.

iii. For local providers under contract with BABHA, the regional process permits the Quality and Compliance Coordinator and in-house subject matter experts to include the review of additional standards if necessary to comply with BABHA policy.

iv. BABHA will deem the results of such reviews as compliant with this policy and procedure.

c. BABHA as County of Financial Responsibility

i. Where BABHA has engaged the services of a CMHSP in another county (or a service provider agency in its geographic service area) to provide services to a person for whom BABHA has financial responsibility, if the provider is subject to review per this policy and procedure, BABHA will obtain a copy of the local CMHSP's review if possible.

ii. BABHA will deem the results of such reviews as compliant with this policy and procedure.

iii. If a local CMHSP review cannot be obtained, a desk review will be completed to verify compliance with standards.

iv. If a desk review is not possible, the Quality and Compliance Coordinator will consult with their supervisor regarding next steps, including the feasibility of an on-site review.

d. Consumer as Employer of Service Provider Staff

i. See the Reciprocity section for information about Fiscal Intermediaries.

ii. The Quality and Compliance Coordinator will complete a review of employee trainings and records annually to ensure compliance with standards. ~~[How do we assess consumer satisfaction with their staff?]~~

e. Other Contracted Clinical Service Providers

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 4 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

i. All other contracted clinical service providers are subject to the desk and on-site review process as defined in this policy and procedure.

ii. Limited Use Providers

1. Providers who services are used by BABHA on a limited basis will be reviewed against a reduced set of standards, as defined in this policy and procedure. ~~**[what if scale changes mid-cycle?]**~~

f. Direct Operated Programs

i. Services and programs directly operated by BABHA which are directly reviewed by Mid-State Health Network or the MI Department of Health and Human Services will not be subject to review by the BABHA Quality and Compliance Coordinator or other in-house subject matter experts through a site review process; however, a review of documentation of Medicaid provided services may be reviewed.~~.~~

~~Services and programs which are not subject to external review, . . .~~

~~1)~~2) Review Components

a. Provider reviews are comprised of the following components, the frequency of which varies as described in the Review Schedule section of this procedure:

i. Qualifications, including privileging, credentialing and training.

ii. Quality and Compliance

iii. Employee Records

iv. Employee Trainings

~~ii.~~v. Verification of Medicaid services (if applicable)

~~**iii. Nursing (for specialized residential and other service settings where medications are administered)**~~

~~**iv. Recipient Rights**~~

3) Review Staff~~Team~~

~~The Nursing Review will be conducted by a Registered Nurse, as determined by the Nursing Team Leader.~~

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 5 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

a. Quality and Compliance Review- The Program Review will be conducted by the Quality and Compliance Coordinator. For services or programs for which BABHA has a designated Coordinator, ~~including Applied Behavioral Analysis, Vocational Services and Self-Determination,~~ the Quality and Compliance Coordinator will seek input from the Coordinator ~~will at least assist, if not participate in,~~during the review.

b. The Quality and Compliance Coordinator is responsible for scheduling the review and coordinating the participation of other subject matter experts involved.

The Recipients Rights Review will be conducted annually by a Recipients Rights staff as determined by the Recipient Rights/Customer Service Supervisor and BABHA Recipient Rights Policies and Procedures. This will be a separate process from the review completed annually by the Quality and Compliance Coordinator.

c. ~~The Quality and Compliance Coordinator is responsible for scheduling the review and coordinating the participation of other subject matter experts involved~~

4) Review Schedule

~~**Each contracted clinical service provider will be receive a Full or Administrative reviewed for compliance with applicable standards on an annual basis as defined in this policy and procedure.**~~

Reviews ~~will cover nursing, when applicable, program components, and recipient rights and are~~involving on-site visits will be scheduled at least 30 ~~7 D~~days in advance of the review and at least 14 days in advance for a desk review.

a.

b. ~~The Quality and Compliance Coordinator is responsible for conducting and/or coordinating each review.~~ All providers new to the BABHA provider network will receive:

i. An orientation meeting within the first 3~~3~~0 days to orient the provider to the site review process (i.e., this policy and procedure) and the standards relevant to the service they will be providing.

ii. A ~~n on-site~~ baseline review will be completed within 3~~3~~ months after the implementation of their contract.

iii. The baseline review will consist of a review of documentation, employee trainings, employee records, employee qualifications/credentials, and other areas deemed appropriate.

A full site review will subsequently be completed in line with the full site review schedule determined by Quality and Compliance Coordinator.

iv.

v. Each provider will also be reviewed for compliance with applicable recipient rights requirements as defined in BABHA Recipient Rights policies and procedures. This review is also completed after the initiation of a new contract and annually thereafter.

c. Site Reviews will be completed on an annual basis:

~~1. **The review may be at one of two levels based on the most current review results.**~~

~~All new provider will receive an initial review within 3 months of the contract. This review will include Training requirements, Recipient Rights >>>>>>>~~

~~All new providers (primary, secondary, tertiary) will receive An full on-site review during the first year of the contract for the Quality & Compliance Review, and Nursing Review. All current providers (primary, secondary, tertiary) will receive an annual review. The type of review will be based on the results of the most current review.~~

~~c. Each contracted clinical service provider will be receive a Full or Administrative reviewed for compliance with applicable recipient rights requirements as defined in BABHA Recipient Rights policies and procedures. For quality, compliance and nursing standards the following schedule will be followed:~~

~~09/12/22: we started to run a list of staff missing credentials (in their signature in Phoenix) in preparation for each site review; to ensure these appear on documentation – required for some audits and some referrals; also to ensure QMHP type credentials are being added after they are earned.~~

	~~Provider Organization/ Agency/ Group Practice~~		~~Individual Providers (solo practice)~~	
	~~• Operating a consumer service site~~	~~• NOT operating a consumer service site~~	~~Without consumer service site~~	~~With consumer service site~~

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 7 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

		~~Provider Organization/ Agency/ Group Practice~~		~~Individual Providers~~ ~~(solo practice)~~	
~~Privileging~~				~~X~~	~~X~~
~~Credentials and Training~~	~~Section Two: Qualifications~~ ~~• Exclusion debarment checks~~	~~Confirm all staff and officers checked~~	~~Confirm all staff and officers checked~~		
	~~Section Two: Qualifications~~ ~~• Criminal background check (fingerprint based if serving children)~~	~~Confirm all staff and officers checked~~	~~Confirm all staff and officers checked~~		
	~~Section Two: Qualifications~~ ~~• Credentials, including QIDP, QMHP, etc.~~	~~sampled~~	~~sampled~~		
	~~Section Two: Qualifications~~ ~~• Training records~~	~~sampled~~	~~sampled~~	~~only for training req'ts from MSHN or Medicaid~~	
~~Comprehensive Review~~	~~Section One: Organizational Structure~~				
	~~HIPAA covered entities or not~~ ~~IR/Death reporting~~ ~~ATP's~~ ~~ABD's~~ ~~SIS/LOCUS/CAFAS~~				
	~~Section Three:~~ ~~Service Delivery~~ ~~Cult comp~~ ~~Person centered/ recover~~		~~X~~		~~X~~
	~~Service Delivery Site Visit~~	~~X~~			
	~~Section Four: Individual Service Records~~	~~X~~	~~X~~		
	~~Section Five: Other~~				

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 8 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

		~~Provider Organization/ Agency/ Group Practice~~		~~Individual Providers (solo practice)~~	
~~Interim Review~~	~~Follow-up to Plan of Correction~~				
	~~Qualifications (inc exc debar)~~				
~~Enhanced Review~~	~~Scope /focus dictated by purpose of review~~				
~~Medicaid Event Verification~~	~~-~~				
~~Enhanced Medicaid Event Verification~~	~~Scope /focus dictated by purpose of review~~				

~~d. on an annual basis as defined in the following grid:~~
~~An Formal Full On-site review will occur every two years thereafter.~~

~~A desk review will be completed for providers during the years they are not scheduled for an on-site review.~~

d. If an on-site or desk review results in findings of non-compliance with a standard(s), an action plan to achieve compliance will be requested, per the timelines specified in this procedure.

e. ~~A desk review will be completed to verify satisfactory completion of the action plan (see 8a also).~~ The Quality and Compliance Coordinator will review the action plan to determine that it will successfully bring the items found to be of non-compliance into compliance.

~~e.~~f. Desk reviews may be converted to on-site reviews at the discretion of the Quality and Compliance Coordinator if:

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 9 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

i. The nature of the standards to be reviewed or the service provided necessitates an on-site method; or

ii. Concerns are reported or complaints are received regarding consumer service sites or other provider functions that require an on-site review.

g. Providers who perform less than satisfactorily on a review will be subject to additional reviews, as follows: ~~[total points possible varies by provider type, so one mistake can place a certain type of provider under heavy review when it does not for others…]~~

i. ~~All p~~Providers that received a composite score between 9090% and 100% on the formal review shall ~~receive~~ be ~~an administrative~~ reviewed per the standard site review schedule.

ii. ~~All p~~Providers who have received a composite score of at least 80% but less than 90% will receive additional follow-up deemed appropriate by the Quality Manager. ~~only an administrativeon-site reviews in lieu of desk reviews, until their compliance standing improves. w.~~

iii. All providers who receive an 805% or less will be reviewed again within 120 days to ensure areas that demonstrated deficits have been brought up to satisfactory levels. At which time the next review cycle will be determined.

~~Review Components~~

~~The Full On-Site Review~~

~~The full rreview tool will include contain the following major sections: the following: The Recipients Rights Review, the program Quality and Compliance review, including the Training and Employee Record Attachments. Theand Nursing Review, if applicable. Any quality/utilization or contract issues that may arise requiring follow up.~~

~~Administrative Review~~

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 10 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

h. The b~~B~~aseline and annual desk or on-site reviews will cover all standards applicable to the service(s) delivered by the provider.

i. Once a standard has been reviewed with a given provider during the baseline and first annual reviews, subsequent desk or on-site reviews will address:

a. Any remaining action plan items not previously validated as complete;

b. Review of any new or modified services, programs, trainings, employees or other service delivery components not previously reviewed;

c. Revisions/ modifications to existing standards which warrant review; and

d. A readiness review of any new and/or pending standards for ability to comply.

ii. The Quality and Compliance Review section ~~will~~ may be reduced for limited use providers as defined in this policy and procedure.

b. Desk and on-site review may~~will~~ also include Medicaid E~~e~~vent V~~v~~erification activity for service claims submitted in accordance with BABHA policy and procedure C13-S02~~x~~-T20~~xx~~.

c. Multi-Site Providers

i. Reviews of providers with multiple service sites, such as specialized residential service providers, will be coordinated so the corporate office and sub-sites, such as adult foster care homes, will be reviewed in a coordinated manner.

ii. Review findings reported back to the provider via a single report to the extent feasible.

iii. Review Tool

a. BABHA will create a standard provider review tool specific to each service type. ~~The tool will list each standard for each component, the source of the standard and interpretive guidance for complying with the standard.~~

b. The standards contained in the tool will be based upon BABHA contractual obligations for Medicaid and General Fund services,

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 11 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

applicable state and federal regulations, and applicable BABHA, MSHN and state policies and procedures.

c. The tool will be reviewed at least annually and new standards added or existing standards modified as needed during the year, based upon changes to contractual and regulatory requirements.

~~The review tool will clearly identify the status of each standard, as follows:~~

- ~~Existing standards~~
- ~~Existing standards that have been clarified/modified~~
- ~~New and/or pending new standards, including the effective or implementation date~~

d. The tool will include attachments for review of clinical records (when applicable), training records, personnel records, etc ~~and so on~~.

e. The tool will be shared with providers ~~well in advance of their reviews, including~~ when standards are significantly revised or new standards are added, to ensure transparency regarding standards and expectations for providers.

f. When standards are added or revised, providers will receive notice of the standard in a timely manner and whenever warranted, provided with a transition period in which to achieve compliance, assuming BABHA has likewise been granted such a grace period by its payers.

iv. Standard Compliance Proof Documents

a. Items that will be reviewed on a desk or on-site basis are not limited to, but may include: employee records, including training records; staff meeting minutes; consumer meeting minutes; consumer records; community inclusion logs; ~~house rules~~; interviews; observations; environmental tours; daily progress notes; floor books; communication logs; home license and certification; provider policies, procedures and agency plans.

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 12 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

b. The volume of compliance proof documents ~~expected by the review team~~reviewed during the on-site or desk review will be titrated relative to the patient and business volumes, and whether the provider is a typical or atypical provider type. ~~See the attachment Proof Document Complexity Scale for more information.~~

v. Tool Scoring

~~Unless state or federal requirements dictate otherwise, scores for new or pending standards will be kept separate from the scoring of existing standards.~~ Scores for new or pending standards will be seen as compliance readiness assessments, but still subject to action planning and verification of completion.

a. ~~The scoring of the tool will be calculated in such a manner so limited Uuse and other providers with fewer applicable standards are not unjustly penalized. This may be accomplished by using the same denominator for all providers or similar methods.~~

b. The tool will include a scoring summary showing the status of compliance with the various components of the tool.

~~The administrative review will include the following: the corrective action plan and the areas requiring corrective measures; the annual Recipient Rights review; Medicaid Event Verification; any additional requirements that have been added to the contract during the previous year; any quality measures/utilization requiring review.~~

~~Out of Network Providers~~

~~May be reviewed annually based on high volume (following guidelines above) or BABH may accept the Accreditation Report, the home PIHP or CMHSP review. The review will be documented and follow up required by the external party will be followed up on to ensure completion. BABH may request additional information to supplement the use and acceptance of an external review.~~

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 13 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

~~Additional Information:~~

~~All providers are subject to Medicaid Event Verification, Utilization Management and Quality related record reviews per BABH and state and federal requirements.~~

~~Each program/home will have a full review at a minimum of once every 2rd year.~~

~~Full Compliance will result in an administrative review.~~

~~The On-site review consists of three components.~~

~~Nursing Review-The Nursing Review will be conducted by a Registered Nurse.~~

~~Program Review- The Program Review will be conducted by the Quality and Compliance Coordinator or designee.~~

~~Recipients Rights Review -Will be conducted by a Recipients Rights staff person~~

~~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; house rules; interviews; observations; environmental tours; daily progress notes; floor books; communication logs; home license and certification; provider policies, procedures and agency plans.~~

c. Upon completion of the site review, the Quality and Compliance Coordinator ~~review team which may consist of the Quality and Compliance Coordinator or designee, Nurse and the Recipients Rights~~ staff person will provide a short, overall summary of the review to designee of the agency and/or organization.

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 14 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Review Report and Provider Action Plan

vi.

a. Completed review results are sent to the contracted clinical service provider's Chief Executive Officer and/or designee ~~and a copy to the Recipients Rights Officer, the Nurse, the Quality Manager,~~ and the appropriate Service Director within 30 days of the actual review or sooner based on any external regulatory requirements. If the review was for a provider that has multiple site locations (such as specialized residential), the review results will be sent within 30 days after the review of the last location.

b. If an action plan ~~of correction~~ is required, BABHA will include a letter, after which the provider has 30 days, from the date of the letter, to complete and forward the ~~corrective~~ action plan to Quality and Compliance Coordinator. This submission will include proof documents when applicable. The proof documents submitted will be reviewed by the Quality and Compliance Coordinator~~e relevant review team member(s).~~

c. The ~~Review Team~~Quality and Compliance Coordinator will indicate approval of the plan of ~~corrective~~ action ~~with a signature and date of approval once the plan has been reviewed and approved.~~with a formal email to the provider.

d. The Quality and Compliance Coordinator will review completion of the action plan at the subsequent review to determine changes and improvement has been made.~~A letter of attestation will be sent to BABHA by the provider once the actions within the plan of correction have been completed. (see 3 h also)~~

e. ~~I~~If there is no evidence of improvement, the findings will be forwarded to the appropriate Service Director for further follow up. ~~[make sure this matches visio page 3]~~

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 15 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

f. A provider's failure to implement these requirements and expectations may be considered failure to meet the terms and expectations of the clinical service provider's contractual agreement with BABHA, potentially resulting in the initiation of negative contract action as outlined in the terms of the contractual agreement.

vii. Organizational Service Providers Risk Assessment

Elements of the Review will be included as part of the dimensional scoring for the organizational service provider risk assessment. See policy C08-S06-T06. ~~blah blah blah for more info~~

a.

~~**Attachments**~~

~~N/A~~~~Proof Document Complexity Scale~~

Related Forms

~~Full Review Template~~Tool

~~Attachment B Employee Record Worksheet~~

~~Attachment A Training Worksheet~~

1) Attachment C Medicaid Event Verification Work Sheet

~~Attestation Form~~

2) Standard Cover Letters

Related Materials

~~Review Tool Interpretive Guidelines 2016~~

1) BABHA Provider Contracts

References/Legal Authority

~~1) Commission on Accreditation of Rehabilitation Facilities (CARF) standard?~~

~~1)~~ Michigan Mental Health Code ~~(?)~~

1)

Chapter: 2	**Continuous Quality Improvement**		
Section: 03	**Monitoring**		
Topic: 01	**Site Reviews**		
Page: 16 of 16	**Supersedes:** **Pol:** **Proc: 10-24-13, 12-15-11, 5-2-11, 3-17-11**	**Approval Date:** **Pol: 3-17-11** **Proc: 2-10-25**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/7/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

2) Commission on Accreditation of Rehabilitation Facilities (CARF)
3) Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c)/(i) Waiver Program~~, Attachment P.4.4.1.1 Person Centered Planning Policy Quality Assessment and Performance Improvement Programs~~

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	CLIA forms review added to Nursing Review
Lynn Begres	Janis Pinter	5/2/11	Revision	Revised RN residential site review template
R. Westendorf	Janis Pinter	12/15/11	Revision	New Program Review Templates: Full, Focus and Administrative
J. Steckley/ B. Roszatycki	Joe Sedlock	10/24/13	Revision	FY 12 Audit Guidelines
Diane Swank/ Sandra Gettel	Janis Pinter	12/11/14	Revision	Triennial review: Update with Person First Language and updated job title.
Sandra Gettel	Janis Pinter	05/25/15	Revision	New templates; title changes; discontinued provider network survey; extended report completion from 2 wks to 30 days
S. Holsinger	J. Pinter	11/2/2022	No changes	Triennial Review-done after due date
S. Holsinger/J. Pinter/K. Amon	J. Pinter/K. Amon/CC committee	1/27/21 an 7/8/24	Revision	Updates by J. Pinter from 2021 that had not been processed.
Sarah Holsinger	Karen Amon	2/10/25	Revision	Changes for new site review processes.