

SHW Monitoring of Contracted Responsibilities – Admin and Care Functions

PROVIDER NAME:	DATE OF REVIEW: <small>Click or tap to enter a date.</small>																		
NAMES OF REVIEWERS: <table style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr><td style="width: 20%;"><input type="checkbox"/></td><td style="width: 20%;"><input type="checkbox"/></td><td style="width: 20%;"><input type="checkbox"/></td><td style="width: 20%;"><input type="checkbox"/></td><td style="width: 20%;"><input type="checkbox"/></td><td style="width: 20%;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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#	Standard	Basis/Source	Evidence of Compliance could include:	Met Standard Yes/No/Partial/NA	Evidence Found: Notes/Comments
1 Initial	Provider demonstrated timeliness, accuracy and thoroughness in the completion of the Provider Application process.	SHW Contract	All documentation required as part of the Provider Application process are submitted complete and within the timeframe required.	<input type="checkbox"/> Y <input type="checkbox"/> N	
2 Initial	Disclosure of Ownership and Controlling Interest.	SHW Contract; MSHN P&P, Disclosure of Ownership, Control, and Criminal Convictions	All documentation required as part of the Provider Application process are submitted complete and within the timeframe required.	<input type="checkbox"/> Y <input type="checkbox"/> N	
3 Initial and Annual	Provider demonstrated compliance with the credentialing and human resources requirements required for each employee to perform the required functions.	SHW Contract MDHHS Medicaid Services Requirement	Initial and ongoing Criminal Background checks, proof of age (greater than 18 at time of hire), driver's license check, PS check	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> NA	
4 Initial and Annual	Provider demonstrated compliance with the training requirements for each employee to perform the required functions.	SHW Contract MDHHS Medicaid Services Requirement, MSHN Training Grid.	RR Annual Training, Communicable Disease transmission, First Aid, emergency procedures,	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
5 Initial and Annual	Using the Office of Inspector General (OIG), the GSA/SAM and the MDHHS Sanctioned Provider Lists the provider will not present with any confirmed sanctions.	Corporate Compliance P&P 11, List of Excluded Individuals or Entities. MSHN P&P Credentialing: Background Checks and Primary Source Verification	Copies of documentation or site printouts that proves the 4 identified search engines are used.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> NA	

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6 Initial and Annual	The documentation submitted by the provider consistently demonstrates attributes required for a “clean claim”. (This includes, but is not limited to, documentation of service supports the claim date and start/stop time of service). Claims Lines without errors/Total Claim Lines reviewed.	MSHN P&P, Medicaid Event Verification	Clinical documentation matches information submitted for claims.	<input type="checkbox"/> Y 95% <input type="checkbox"/> N <95% <input type="checkbox"/> NA	
7 Initial and Annual	Number of substantiated RR Complaints. (Ratio of substantiated RR Complaints to reportable services delivered)	Annual RR submission	Number of complaints, number of substantiated complaints.	<input type="checkbox"/> Y <input type="checkbox"/> N	
8 Initial and Annual	Adverse Events/Incident Reporting: Provider consistently demonstrates timely and accurate submission of incident reports/critical events. (Ratio of submitted IR to reportable services delivered)	Metrics include timeliness, accuracy and number of events of moderate or extreme severity	IR’s are consistently submitted within 24 hours of the date/time of the event.	<input type="checkbox"/> Y <input type="checkbox"/> N	
9 Initial and Annual	Provider consistently receives positive feedback through our customer services survey process or there is an apparent lack of customer services complaints or grievances filed against the provider. (Ratio of grievances to the number of consumers served)	Metrics include average score for each d/c question, positive responses to N, and expressed verbal complaints through CS logs or surveys.	Monitoring of Customer satisfaction surveys or Consumer G&A log.	<input type="checkbox"/> Y <input type="checkbox"/> N	
10 Initial and Annual	HIPAA Security/Privacy Violations. (Ratio of breeches to the number of consumers served)	Reports obtained from Privacy Officer, RR violations for breaches of confidentiality.	Copies of breach reporting made to the OCR.	<input type="checkbox"/> Y <input type="checkbox"/> N	
11 Initial and Annual	Provider Consistently demonstrates compliance in those services related to MDHHS MMBPI. (if Applicable)	Attachment 6.5.1.1 MDHHS Medicaid Specialty Services Contract.	MMBPI reports submitted to MDHHS	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> P	

#	Standard	Basis/Source	Evidence of Compliance could include:	Met Standard Yes/No/Partial/NA	Evidence Found: Notes/Comments
12 Initial and Annual	Provider Consistently demonstrates compliance with the HCBS Final Rule as evidenced by outcomes from surveys, site reviews and Policy and Procedure review. (See attached)	HCBS Final Rule, HCBS Memo date	Compliance with the HCBS readiness site review tool	<input type="checkbox"/> Y <input type="checkbox"/> N	
13 Annual	Residential Safety Visit (Facility Building Assessment) has been completed. (See attached) <i>Residential Providers Only</i>			<input type="checkbox"/> Y <input type="checkbox"/> N	

Summary of Findings and Corrective Action

Strengths:

Findings:

Recommendations:

Feedback/Comments:

Were you satisfied with your site review process? If no, please let us know what we could have done differently.

To assist us in improving our practice, do you have any additional comments or feedback you would like to provide?
