

Section 2: Supervision

Supervision items needed:

- List of clinical staff including credentials, title and name of supervisor
- A supervision record of each staff which includes the date and length of supervision, topic of discussion, and supervisor's signature

*Unlicensed staff must receive one hour of supervision weekly

*Licensed staff must receive on hour of supervision monthly

Section 3: Incident/Safety Reports

- Per DSCYF Policy 212, “Service Provider Reportable Events” & DPBHS Policy PI002 “Client Incident Reporting Policy”, there is a list of events that must be reported by DSCYF service providers. More information may also be found within the Operating Guidelines which is part of the Provider Contract.
- In this section we review the timeliness of your incident reporting submission, and the quality and accuracy of the information submitted in the incident reports submitted.

Section 3: Incident/Safety Reports

- Prior to the on-site visit, data is gathered from DPBHS's tracking system to detail the timeliness of reports received
 - The number of reports received within the 72 hour time frame will be divided by the number of reports received, this is your percent compliance
- Clinical Service Team notification compliance data is also gathered and reviewed
- Typically 10% of reports received are reviewed for quality of reporting

Please note:

We do provide training on how to properly complete the Reportable Event Summary, please contact Delilah Greer if you would like to schedule a training.

Section 4: Clinical Deliverables

- Deliverable reporting standards are specified in the DPBHS Provider Manual and the DSCYF Operating Guidelines.
- Prior to the on-site visit, data is gathered from DPBHS's tracking system to determine if deliverables have been submitted in a timely fashion.
 - > This area will review applicable deliverables and if they were received in the appropriate timeframe to determine an overall compliance rating.

Section 5: Environment of Care

- In this section we review, when applicable, your most recent accreditation, licensing and, any other applicable reports.
- This is the only section that does not receive a “Compliance Rating”
- Please note that per your contract you are required to notify DPBHS of any “status change”:

Notification of Status Change. The CONTRACTOR shall immediately notify the DEPARTMENT in writing of any change in the status of any accreditations, regulations, professional, program or other licenses or certifications in any jurisdiction in which they provide services or conduct business. If this change in status is the result of the CONTRACTOR's accreditation, licensure, or certification being suspended, revoked, or otherwise impaired in any jurisdiction, the CONTRACTOR understands that such change may be grounds for termination of the Contract.

Section 5: Environment of Care

- ◎ Items needed
 - > Most recent report of survey review by accrediting organization, licensing body, and/or other regulatory body.
 - > Your agency's response to accreditation, licensure, or other regulatory body's report.
- ◎ We will review
 - > That regulatory body's rating or status assigned to the agency
 - > Dates of report and length of accreditation, license, etc
 - > Recommendations made
 - > How recommendations were addressed by the Provider

Section 6: Billing Audits

- In this section we review what you have submitted for payment against the written documentation in the client charts.
- This section requires a Corrective Action Plan for any rating below 100%.

Section 6: Billing Audit

- Prior to the visit billing data is gathered from DPBHS's tracking system
- Items needed
 - > Client charts (typically the same client charts used during the clinical chart review)
- Progress notes must match billing data this includes
 - > Length of service
 - > Type of service
 - > Dates of service

Section 6: Billing Audit

- ◎ Non compliant claims may include:
 - > No documentation
 - > Insufficient documentation
 - > Medically unnecessary services
 - > Incorrect Coding
 - > Other

While on site, if we cannot find the documentation we seek, we will ask the liaison for assistance.

*Please note that documentation must be physically present in the chart. The Provider Manual and Industry standard require documentation to be in the chart within 24 hours of the service provided.

Section 6: Billing Audit

- ◎ What to expect if billing errors are found:
 - > Without proper documentation, a claim cannot be verified; as a result, the money paid for that claim must be returned to DPBHS.
 - > After the findings are reviewed by our Division Director, you will receive a letter outlining the findings, repayment due, and repayment options.

Exit Interview

- ⦿ At the conclusion of the monitoring visit a very brief synopsis of findings will be shared. More detail will be provided in a formal report after we analyze the data and findings.

The Monitoring Report

- Following your monitoring visit you will receive a formal monitoring report.
- This report will include all the information gathered during your monitoring visit.
 - This will include strengths as well as recommendations for areas that need improvement