DCS Audit Requirements

DCS Quarterly Provider Meeting
June 25, 2012
- Audit Process/Timelines
- Contract Compliance Audit
  - Q&A
- Service Standard Achievement Review
  - Q & A
Audit Types
Audit Types

- Contract Compliance
- Service Standard Achievement Review
Audit Process and Timeline
Audit Process and Timeline

- Contract Management Team (CMT) and/or SSAR Team (SSART) randomly selects providers for audit (CMT plan to complete 30 audits per quarter and SSAR plan to do 6 per quarter)
- Selected provider’s billing is reviewed for case selection
- An audit notification letter sent by CMT lead auditor
- Audit team arrives at provider
- Audit is performed
- Team members meet to compare notes
- Finalization of audit findings
- Initial Audit Finding letter(s) sent by CMT & CWT lead auditors
- Review response from provider concerning initial audit findings
- Final audit findings letters sent to provider by CMT and CWT
- If necessary, second audit scheduled
Important Contract Clauses

- Duties of Contractor
- Assignment; Successors and Subcontracting
- Audits and Monitoring
- Compliance with Laws
- Confidentiality of State Information
- Drug Free Work Place Certification
- Insurance
- Licensing Standards
- Nondiscrimination
- Security and Privacy of Health Information
- Reports and Records Concerning Services
- Criminal and Background Checks
- Environmental Tobacco Smoke
Provider Staff Needed for Audit

- Program Director (or designee)
- Finance Director (or designee)
- HR/Personnel Director (or designee)
- Director / Assistance Director (or designee)
Documents Needed

- Case files complete with all required documentation
- Personnel & policy manuals
- Copy of insurance declaration and policies
- Last independently verified financial audit
- Complete staff listing for the previous year
- Listing of all subcontractors & corresponding contracts
- Reports from last 3 to 6 months based on cases under review
- All documentation to support required reports, trainings, clearances, etc. listed in the Agreement, Provider Proposal, and applicable Service Standard(s)
- For Actual Cost billing — documentation supporting all invoiced amounts
- Access to all invoices sent for reimbursement
Service Standard/Case File Review

- Case Plan
- Referral
- Sign in/out sheets
- Contact Logs
- Required Assessment Documentation
- Emergency contact information
- Reports
- Team meeting notes
- Required Documentation based on Service Standard
- Qualifications of staff
- Discharge plans
- Documentation of accidents, health problems, changes in appearance and/or behavior
- Case notes matching billing claims
- Other documents as required by service standard being billed
Billing/Claim Review

- Full Case File
- Sign-in/Sign-out sheets if separate
- Travel logs
- Provider’s copies of invoices sent to DCS
- Documentation to prove the amount billed as an actual cost service
- Medicaid denials
- Referrals
Common Errors

- Missing Documentation
  - Case plan
  - Referrals
  - Background checks / Fingerprints
  - Case (session) notes
  - Visitation Logs
  - Subcontractor agreements
  - Court appearance requests
  - CFTM minutes
  - Monthly reports
  - Discharge plans
  - Participant evaluations

- Documentation Issues
  - Multiple services performed in one session are invoiced as a single service at the highest rate
  - Missing start and end times for each service performed
  - Length of service does not match invoicing
Common Errors

- **Insurance Issues**
  - Incorrect amounts of coverage
  - Missing required insurance policies
  - Insurance coverage expired
  - DCS not listed as an additional insured

- **Staff Qualifications**
  - Academic
  - Experience requirement per the service standard

- **Billing**
  - Mileage reimbursement is current State rate of $0.44 per mile
  - Not following the quarter hour timetable specified in the service standard
Best Practices

- Read and follow contract including Service Standards
- Ask questions if not sure of instructions, contract clauses or Service Standards
- Always obtain written documentation/approval for services being provided
- If files kept only electronically auditors will need access to system
- Use of start and end times of services
- Use of Sign-in/Sign-out sheets
- Organize files by date of services
- Keep all documentation for case in the file
Questions
Comments
Service Standard Achievement Review

SSAR
Provider Staff Needed for Review

- Program Director or designee
- Director / Assistant Director or designee
Documents Needed

- Signed Consents for Release of Information
- Confidentiality Statement
- Evidence of ongoing communication with DCS
- Monthly Reports
- Evidence of communication with collateral contacts
- Documentation within Case File that distinguishes between services being provided (Service Standards)
- Progress Notes & Contact Logs
  - Discussions and Outcomes
- Case Plan
- Assessments / Evaluations / Drug Tests (when appropriate)
- Service Plan / Treatment Plan
- Supervision
- Client Satisfaction Survey & Results
Best Practices

• Program description
  – Should include your practice model(s)
  – Define your service
  – Reflect evidence-based practice
  – Can staff describe the service program/model?
  – Supervision and staff training to the service model

• Incorporate DCS’ Practice Model
  – TEAPI
  – Evidence that family is engaged in service and provider has built a rapport with family
  – DCS case plan and provider treatment plan should be in sync
  – Evidence of strong collaboration
Best Practices

- Is there evidence that staff are available 24/7?
- Results of client satisfaction survey
- Do clients feel like they have a voice in their services?
- Services offered in a culturally sensitive manner; be respectful of where that family is coming from (i.e., LGBTQ, religion, ethnicity)
- DV training and cultural sensitivity training
- Evidence of strong collaboration with Local office
- Evidence of participation in CFTMs
Questions
Comments