

# 2018/19 OPR Scoring Descriptors

STANDARD	REFERENCES	SUPPORTING EVIDENCE & SCORING	Follow-Up
<b>SECTION 1 - GENERAL ADMINISTRATIVE OVERSIGHT</b>			
1.5 Plans for Improvement in response to citations / recommendations from the most recent reviews (licensing etc.) or licensing special investigations have been submitted to the appropriate agency, and there is evidence of implementation.	<i>Payor Contract requirement: LICENSES, ACCREDITATIONS, AND CERTIFICATIONS; AND, CREDENTIALING AND PRIVILEGING REQUIREMENTS AND QUALIFICATIONS</i>	Supporting Evidence: Documentation of trainings conducted, repairs made, implementation of changes made to policies, forms, procedures, etc., as identified in corrective action plan(s). Scoring: 2 - Follow up complete and done within time frames, or no recommendations or citations from recent reviews. 1 - Improvements address most, but not all, items cited for correction, or not completed within time frames. 0 - No response or very limited response implemented to address citations/recommendations and due date is past.	<b>X</b>
<b>SECTION 4 - TRAINING</b>			
<b>All Direct Service Staff</b>			
4.A.1 Recipient Rights Protection (including confidentiality, mandatory reporting requirement for incidents, abuse & neglect) - (within 30 days of hire; annual update thereafter).	<i>MH Code: 330.1755(5)(f)</i>	Supporting Evidence: For all training items, the review team will verify by a review of staff personnel files or training records. Scoring: 2: 95-100% of staff selected completed each required training item within the stated timeframes. 1: 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.	<b>X</b>
4.A.2 Person-Centered Planning (aka Individualized Service Planning) - within 60 days of hire; annual update thereafter).	<i>MDHHS Master Contract Attachment P.4.4.1.1</i>		<b>X</b>
4.A.3 Cultural Diversity / Competency / Awareness (within 6 months of hire) (annual requirement).	<i>MDHHS Master Contract Part II(A) 4.5 42 CFR 438.206</i>		<b>X</b>
4.A.4 Blood borne Pathogens (Preventing Disease Transmission, Infection Control - within 30 days of hire; annual update required).	<i>MIOSHA R 325.70016</i>		<b>X</b>
4.A.5 Limited English Proficiency (LEP) (within 6 months of hire).	<i>MDHHS Master Contract Part 118.16 Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination</i>		<b>X</b>
4.A.6 HIPAA (within 30 days of hire, annual updates).	<i>45 CFR 164.308(a)(5)(i) &amp; 45 CFR 164.503.(b)(1)</i>		<b>X</b>
4.A.7 Corporate Compliance (within 30 days of hire, annual updates).	<i>Medicaid Integrity Program (MIP) Deficit Reduction Act (DRA)</i>		<b>X</b>

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4.A.8 Individuals Plans of Service and Ancillary Plans (there is evidence that staff have been trained in the IPOS and in any applicable Support Plan for Individuals in their care before the provision of direct care [Behavior Treatment Plan, PT, OT, Nursing, etc.]). Can be reviewed as part of the clinical case review.	<i>Michigan Mental Health Code 330.1708</i>	Supporting Evidence: Staff meeting minutes, training sign-ins, staff files. Scoring: 2: 95-100% of staff selected completed each required training item within the stated timeframes. 1: 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.	<b>X</b>
4.A.9 Non-Aversive Techniques for Prevention and Treatment of Challenging Behavior (MDCH approved curriculum if restricted interventions included) - (within 30 days of hire & annual updates, if working with individuals with challenging behavior)	<i>MDHHS Master Contract Attachment P.1.4.1 and R 330.1806</i>		<b>X</b>
4.A.10 Customer Services within 30 days of hire and annually for all in the following roles: • Psychiatrists / nurses, • Peer support specialists, • Recovery coaches, • Reception staff, • Service supervisors / directors of the above listed staff, • Minimum one person per site for all other services (MH and SUD)	<i>42 CFR 438.400-424 MDHHS Master Contract Attachment P 6.3.1.1</i>		<b>X</b>
<b>Specialized Residential Services</b>			
4.B.1 CPR (within 60 days; ongoing as required per the training program - usually every 2 to 3 years).	<i>R 400.14204</i>	Supporting Evidence: For all training items, the review team will verify by a review of staff personnel files or training records. Scoring: 2: 95-100% of staff selected completed each required training item within the stated timeframes. 1: 75-94.4% of staff completed the required training item within the stated timeframes. 0 - Less than 75% of staff have completed the training within the stated timeframes.	<b>X</b>
4.B.2 First Aid (within 60 days; ongoing as required per the training program - usually every 2 to 3 years).	<i>PIHP Policy 2.15 MPM 2.4</i>		<b>X</b>
4.B.3 Role of Direct Care Workers / Working with People (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1806</i>		<b>X</b>
4.B.4 Health Administration (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1806</i>		<b>X</b>
4.B.5 Medication Administration (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1808</i>		<b>X</b>
4.B.6 Nutrition (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1809</i>		<b>X</b>
4.B.7 Emergency Preparedness (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1810</i>		<b>X</b>
4.B.8 Introduction to Special Needs MI/DD (prior to working independently with customers or as lead staff; or within 90 days of hire).	<i>Specialized Residential Licensing Rules R 330.1811</i>		<b>X</b>

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<b>SECTION 5 - CREDENTIALING AND PERSONNEL MANAGEMENT REQUIREMENTS</b>			
<p>5.1 Criminal Background Checks: there is evidence that provider conducts verification of criminal background checks prior to hire. All direct care employees are enrolled in the Michigan Workforce Background Check system.</p>	<p><i>Contract Requirement:</i> Public Act 59 (PA 218 400.734a); 5) AFC</p> <p><i>Licensing Rules:</i> R.400.14201.13 (SGH); R.400.1404.6 (FH); PIHP Policy 2.16</p>	<p>Supporting Evidence: The review team will verify by a review of staff personnel files that AFCs and hospitals are using the Michigan Workforce Background Check System and that each employee was registered prior to hire. For other services, it will be verified through a review of files that criminal background checks were completed prior to hire and bi-annually thereafter. If the Michigan Workforce Background Check System is being used, annual checks are not needed.</p> <p>Scoring: 2: 95-100% of staff selected meet criteria and have required documentation. 1: 75-94.4% of staff selected meet criteria and have required documentation. 0 - Less than 75% staff selected meet criteria and have required documentation.</p> <p>Note: For AFCs and inpatient, if hired prior to 2001, there was no criminal background check requirement prior to hire; however, annual checks were required from 2001 forward unless exempt. Finger printing became required in 2006.</p>	<b>X</b>
<p>5.2 Primary source verification of State driving infractions has been conducted prior to hire and annually thereafter, for staff who transport customers. Provider has policies and procedures in place to ensure safe transportation of Customers receiving Supports/Services.</p>	<p><i>Payor Contract requirement:</i> Transporting Customers</p>	<p>Supporting Evidence: The review team will verify by a review of staff personnel files that driver's license checks have been completed prior to hire and annually thereafter for staff who transport persons served. Provider policy and procedure for staff transport of customers will be reviewed.</p> <p>Scoring: 2: 95-100% of staff selected meet criteria and have required documentation. Provider has clear policy/procedure which is consistently implemented. 1: 75-94.4% of staff selected meet criteria and have required documentation. Policy/procedure is lacking in some detail or evidence of consistency in implementation. 0 - Less than 75% staff selected meet criteria and have required documentation. Policy/procedure is substantially lacking in detail or evidence of consistency in implementation</p>	<b>X</b>

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5.3 Personnel Performance Management: there is documented evidence that program has an adequate system to support, monitor, and complete at least annual performance evaluations of hired staff who provide direct care services.	<i>DHHS Site Visit Protocol</i> B.1.3, 4.4.2(e), 5.4.2, 6.4.2, 7.4.1, 8.3.2	Supporting Evidence: The review team will verify by a review of staff personnel files that performance evaluations are completed minimally on an annual basis. The team will verify through interview and review supervision notes (if applicable) that the organization has a system in place for the clinical supervision of clinical staff members. Scoring: 2: 95-100% of staff selected had an annual performance evaluation; the organization has a system in place for providing clinical supervision to credentialed staff. 1: 75-94.4% of staff selected had an annual performance evaluation and the organization has a system in place for providing clinical supervision to credentialed staff. 0 – Less than 75% staff selected had an annual performance evaluation; or the organization does not have a system in place for providing clinical supervision to credentialed staff.	<b>X</b>
5.4 Monitoring for Exclusion from Participation in Federal Healthcare Programs. Each employee is to be run through OIG and SAM exclusion databases prior to hire and at least annually thereafter.	<i>PIHP Policy 10.13; 42 CFR 438.602</i>	Supporting Evidence: The review team will verify by a review of staff personnel files that monitoring for exclusion from federal healthcare programs occurs prior to hire and annually thereafter. (Note - individuals with controlling interests in the organization may have ongoing OIG exclusion checks run through SWMBH's compliance dept. If it's confirmed that SWMBH has been supplied with all necessary information to run the checks, full credit should be given for those individuals for OIG screening). Scoring: 2: 95-100% of staff selected meet criteria and have required documentation. 1: 75-94.4% of staff selected meet criteria and have required documentation. 0 – Less than 75% staff selected meet criteria and have required documentation.	<b>X</b>

## *Home and Community Based Services / Residential*

### SECTION 6 - NEIGHBORHOOD / HOME EXTERIOR

6.1 Does the residence look similar to other residences in the neighborhood?	<i>HCBS Final Rule</i> 42 CFR 441.300-310		<b>X</b>
6.2 Is the location accessible to generic services in the community?	<i>HCBS Final Rule</i> 42 CFR 441.300-310		<b>X</b>
6.3 Is the outside of the home in good condition (no safety hazards)?	<i>HCBS Final Rule</i> 42 CFR 441.300-310		<b>X</b>

### SECTION 7 - HOME INTERIOR

7.1 Is the living environment comfortable?	<i>HCBS Final Rule</i> 42 CFR 441.300-310		<b>X</b>
7.2 Are furnishing adequate and in good repair?	<i>HCBS Final Rule</i> 42 CFR 441.300-310		<b>X</b>

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7.3 <i>Is the home clean and free from odors?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
<b>SECTION 8 - INDIVIDUAL CHOICE</b>			
8.1 <i>Can individuals personalize/decorate their room?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
8.2 <i>Can individuals close and lock their bedroom door?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
8.3 <i>Can individuals close and lock their bathroom door?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
8.4 <i>Can individuals choose to come and go from the home when they want?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
8.5 <i>Do individuals have access to food at any time?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
<b>SECTION 9 - TYPE OF SETTING</b>			
9.1 <i>Is the residence separate from, outside of the building, and off the grounds of a hospital, nursing home, ICF/IDD, or IMD?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
9.2 <i>Is the residence located outside of a building and off the campus of an education program, school or child-caring institution?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
<b>SECTION 10 - COMMUNITY INTEGRATION</b>			
10.1 <i>Are individuals encouraged to have full access to the community?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>
10.2 <i>Do individuals live and/or receive services and supports in a setting where there is regular (more than once a week) opportunity for contact with people not receiving services?</i>	<i>HCBS Final Rule 42 CFR 441.300-310</i>		<i>X</i>