



Program Review (Audit)	Treatment Services
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Procedure Title:	Program Audit
Contact:	Ahnjene Boleyn & PA3 Dietrich
Effective Date:	7/1/2020

Purpose/Goal:	Ensure all required steps and timelines are adhered to for an audit of Provider Services
Related Policy:	BRS 410-170-000 through 413-095-0080
Notes:	New BRS contracts informally reviewed at 6 months, 1 year, 2 nd year (official) and then on 2-year cycle. Informal reviews are to provide technical assistance/support for onboarding programs.

Formal Audits			
	Who	What	Links & Directions
1	Program Analyst 3 Lead	<ul style="list-style-type: none"> Schedule program review using the timelines set up in the program review calendar at least six weeks prior to review month. Ensure a sufficient amount of time is scheduled for the review dates to include an introduction meeting, debrief and based on number of different programs in agency. <ul style="list-style-type: none"> Each BRS program during 	<u>S:\Offices\Salem (500 Summer St)\Well-Being Unit\BRS\Compliance\ProgramReviews</u>

		<p>audit will need to be reviewed independently to ensure compliance with rules at each program site. Use the multi-program audit form for these reviews. One report will be generated that captures compliance at each program.</p> <ul style="list-style-type: none"> • Schedules review with OYA/Licensing if that is the request of the provider (some providers don't mind separate audits while some programs prefer all departments come into to audit at the same time). • Schedules with peer PA3' to assist with review. 	 <p>2020-2021 Updated Review Calendar.2.do</p>
2	Program Analyst 3 Lead	<ul style="list-style-type: none"> • Upon confirming a review date, send the provider review documents six weeks prior to audit date. <ul style="list-style-type: none"> • If coordinating review with OYA, cc CRU tech on emails and streamline documentation request as able (ex: only one staff verification checklist, one 	 <p>Review Documentation check</p>

ratio tool)

- Refer to previous review to identify the specific dates captured under this new review cycle.



Basic Res.- Rehab
Services - A&E- Enhar



IBS staff ratio review
tool.xlsx



Intensive Res,
Intensive Rehab Servi




Intro letter.doc



Non BRS Youth
Review Tool updated




Copy of Staff
verification form DHS


3	Provider	<ul style="list-style-type: none"> • Receives and fills out forms and sends back to the PA3. • Sends requested policies 	
4	Program Analyst 3/Lead	<ul style="list-style-type: none"> • Pull the last review document to review to see prior issues and patterns. <ul style="list-style-type: none"> • Bring previous final review tool to audit for reference 	I:drive under the program file
5	Program Analyst 3/Lead	<ul style="list-style-type: none"> • Pulls random names of 10 or more files to review that are closed. This should include child specific contracts as well (potentially both BRS & non BRS). <ul style="list-style-type: none"> ○ If agency has multiple BRS programs being reviewed at once (ex: BGAID, Douglas County) ensure the names pulled reflect youth at each program. • Then sends the list to the provider a week ahead of the review. 	 <p>Excel Random Pull How-To.pdf</p>

6	Program Analyst 3/Lead	<ul style="list-style-type: none"> • Has copies of BRS rule for reference • Copies of audit tool sheets (for peers) appropriate for program level of services being reviewed. • Copy of the lead worker scoring sheet 	<u>brs oregon administrative rules</u>
Audit day			
7	Program Analyst 3/Lead	<ul style="list-style-type: none"> • Conducts an introduction meeting and has any agency updates from department and the provider. • Outlines how the review will occur. • Typically, personnel files are reviewed first and followed by the youth files (approximately 10 youth files total with a combination of open/closed. Total number will be dependent on size of program, number of youth served during two year period and 	

		need to pull additional files to review specific compliance areas).	
8	Provider	<ul style="list-style-type: none"> • Provides all material requested and allows access to staff and youth in program. • Designate a staff member who will assist team during the review. 	
10	Program Analyst 3 (peers)	<ul style="list-style-type: none"> • Use the audit form to score files assigned to them. • Participate in introduction and closing interviews. • Give feedback to PA 3 lead 	
11	Program Analyst 3/Lead	<ul style="list-style-type: none"> • Has ten business days to return audit tool with written feedback to provider • Provides a copy to CCLP admin support for distribution to licensor • Enters visit in ORKIDS under the provider – simple one line about the reason for f2f 	
12	Provider	<ul style="list-style-type: none"> • Has ten business days to return an action plan for addressing audit concerns. 	
	Program Analyst 3/lead	<ul style="list-style-type: none"> • Reviews the plan and makes a scheduled visit to the program on the 45-day timeline from the date 	

13		<p>of program audit.</p> <ul style="list-style-type: none">• Gives technical support to the provider.• If all the concerns are addressed, then a review is closed.• If issues remain, a new scheduled time will be made either by phone or in person depending on the issues at hand. This will be the 90-day review. Note, providers can send in documentation to demonstrate compliance with rule throughout the follow up review process.• If concerns are not addressed, PA3 will consult with Treatment Services managers about the concerns and barriers to change.• 120-day final review deadline. Provide finalized audit tool to provider in PDF format along with closing letter.<ul style="list-style-type: none">• If a joint review with OYA, compare audit tools and try to resolve any discrepancies prior to providing finalized tool to provider.	 <p>Final letter.Example.doc</p>
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		<ul style="list-style-type: none"> • Send final audit tool to CCLP admin support for distribution to licensor. 	
14	Treatment Services Manager	<ul style="list-style-type: none"> • Will consult and assist PA3 with concerns. • If program is not in compliance at 120-day period, a meeting will be scheduled with PA3, Manager and program to discuss action steps to come into compliance by 150 days. Meeting should include OYA if joint review. 	
15	Program Analyst 3/Lead	<ul style="list-style-type: none"> • If compliance has not been achieved by 150-day mark, a second meeting will occur to include OHA BRS Coordinator to address issues of non-compliance and violations that jeopardize the program and contracting. 	
16	Treatment Services Manager Program Analyst 3	<ul style="list-style-type: none"> • 180-day Mark – sanctions, including possible loss of Medicaid and/or IVE funding, will be imposed if full compliance has not been reached. 	<u>brs oregon administrative rules</u>

Informal audit			
1	Program Analyst 3/Lead	<ul style="list-style-type: none"> • Schedule a visit with the provider. • Use the audit tool to help create structure to the visit. Takes notes and review things at come up that can be addressed now before a formal audit. • Gives feedback to provider during the visit • Providers ongoing technical support on issues noted. 	<p><u>S:\Offices\Salem (500 Summer St)\Well-Being Unit\BRS\Compliance\Program Reviews</u></p>  <p>2020-2021 Updated Review Calendar.2.doc</p>
2	Provider	<ul style="list-style-type: none"> • Provides all material requested and allows access to staff and youth in program. • Designate a staff member who will assist team during the review. 	
3	Program Analyst 3/Lead	<ul style="list-style-type: none"> • Writes email to provider about observation and recommendations. Include in audit file how issues are addressed by program. • Saves email to I:drive folder under the program. • Enters f2f visit to ORKIDs -simple 	

		one line as to purpose of visit.	
4	Provider	<ul style="list-style-type: none">• Will continue to work with their PA as the need arise.	