



DCS Audit Requirements

**DCS Quarterly Provider Meeting
June 25, 2012**



Agenda

- Audit Process/Timelines
- Contract Compliance Audit
 - Q&A
- Service Standard Achievement Review
 - Q & A



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Audit Types



Audit Types

- Contract Compliance
- Service Standard Achievement Review



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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



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Contract Compliance Audit



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



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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



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Questions Comments



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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



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Questions Comments