

HealthWest Credentialing & Training Audits

Specialized Residential

Preparation Checklist & Required Documentation

Date of Audit: _____	
Name of Provider Agency	
Staff/Contractor Job Title/Position	
Population Served (Autism, CWP, HSW, SEDW, or Non-Waiver)	
Provider Type	
Health Care Professional Licensure, if applicable.	
Credentialing/Qualification Type, if applicable.	

Standard	Suggested Evidence	Y/N
All Staff – Hiring Process, Convictions/Offenses, Performance Evaluation		
Date of Hire	Hire Letter, Offer Letter, HR Form	
If no longer employed, Date of Termination	Resignation or Term Letter, HR Form	
Signed Job Description	Signed Job Description	
Annual Performance Appraisals	Last Two Performance Appraisal Dates	
Proof Individual is Age 18 or Older	Driver's License, Passport, or State ID,	
If Agency uses Rap Back, HR letter stating Rap Back is used	HR letter indicating Rap Back is used.	
Pre-Hire Criminal Background Check	Pre-Hire ICHAT, CBC	
Ongoing Criminal Background Checks, Every 3 Yrs.	Bi-Annual ICHAT, CBC	
Pre-Hire MI Public Sex Offender Registry Check	Pre-Hire Michigan SOR	
Pre-Hire National Sex Offender Registry Check	Pre-Hire National SOR	
Pre-Hire Central Registry Check (Working with youth only)	Pre-Hire Clearance	
Ongoing Central Registry Check (working with youth only)	Ongoing Clearance	
Prior convictions identified?	Y/N and indicate convictions. If "Y," include credentialing/recredentialing approval rationale (must be acknowledged, signed, and dated by agency leadership), and dated note conviction was discussed/resolved.	
Evidence of current Monthly OIG and Sanction checks (Last 3 months) Free website: https://exclusions.oig.hhs.gov/	If Service is used, provider service name and frequency of checks. Primary Source Verified: If service is used, screenshot of list including provider's name from prior 2 months; If no service, electronically date-stamped reports from prior 3 months (OIG, SAM & Michigan).	
Evidence of SAM Checks free website: Sam.gov		
All Staff – General Trainings		
Appeals and Grievances - Initial (30 days of hire)	Training Transcript with dates. Initial and Annual	
Appeals and Grievances - Annual update		
Corporate Compliance - Initial (60 days of hire)		
Corporate Compliance - Annual update		
Cultural Competency - Initial (60 days of hire)		
Cultural Competency - Annual update		
HIPAA - Initial (60 days of hire)		
HIPAA - Annual update		

Standard	Suggested Evidence	Y/N
Limited English Proficiency (LEP) - Initial (60 days of hire)		
Limited English Proficiency (LEP) - Annual update		
Person-Centered Planning/Self-Determination – Initial (60 days of hire)		
Person-Centered Planning & Self-Determination – Annual update		
Recipient Rights – Initial (30 days of hire)		
Recipient Rights – Annual Update		
Standard Precautions (Blood Borne Pathogens/Infection Control) - Initial (60 days of hire)		
Evidence of Current Mandt or CPI Training		
Standard Precautions (Blood Borne Pathogens/Infection Control) - Annual update		
Trauma Informed Care - Initial (6 months of hire)		
Beneficiary Specific IPOS Training.	IPOS In-Service/Training Form must include: a. name and credentials of trainer, b. date IPOS training occurred, c. consumer name, d. IPOS date, e. training subject matter, f. staff name receiving training	
Additional Training Required -Staff in Specialized Residential Setting		
First Aid/CPR Certification – Spec. Res. Only - Initial (60 days of hire)	Training Transcript	
HCBS Training – Initial and Annual		
CPR and First Aid Certification – Spec. Res. Only - Ongoing (per cert.)		
Emergency Preparedness – Spec. Res. Only - Initial (60 days of hire)		
Health and Wellness – Spec. Res. Only - Initial (60 days of hire)		
Intro to Human Services – Spec. Res. Only - Initial (30 days of hire)		
Medication Series including: • Medication Administration and Monitoring (online) • Health and Wellness (online) • Medication & Health Skills Demonstration (classroom) • Medications: Types, Uses & Effects (online) – Spec. Res. Only - (Within 60 days of hire)		
Nutrition and Food Safety – Spec. Res. Only - Initial (60 days of hire)		
MANDT Certificate or CPI Certificate if applicable – initial (for specialized residential)		
MANDT Certificate or CPI Certificate - Annual (for specialized residential)		
All Staff - Liability, if applicable, and Sanction Checks		
Evidence of Monthly Sanction Checks Completed. (OIG)	If Service is used, provider service name and frequency of checks. Primary Source Verified: If service is used, screenshot of list including provider's name from prior 2 months; If no service, electronically date-stamped reports from prior 3 months (OIG, SAM & Michigan).	
Evidence of Emergency Procedures		
Severe Weather, fire, flood, power outage, etc.		
Evidence staff are trained in above		
Credentialing/Re-Credentialing Approval/Denial Procedure -Fill out only once -For Agency -not for individual staff member		
AFC License up to date in good standing		
Attach Accreditation Certificate if applicable		
HCBS Review		

Standard	Suggested Evidence	Y/N
Outing Log -showing 2 outings offered of choice to each resident per week.	Proof of each residents preferred outings, if declined, signature or initial of consumer declining.	
Keyed locks to bedrooms		
Lock on bathroom door		
Secure place for personal belongings		
Free access to food -Refrigerator, freezer, cupboards		
Freedom from restraints of any kind (if yes, explain on next page) If yes and not for HealthWest consumer be sure IPOS addresses how consumer can circumvent restriction on own.	Ex. Of restraints include door alarms, fences and gates, locked common rooms, refrigerators and cupboards, video cameras,	

Explanations.