

**Alabama Medicaid  
Operating Agency ADH Audit Tool  
Tool Instructions**

**Overview:** This tool will be used by ADSS to assess Adult Day Health Centers (ADHs) for the Elderly and Disabled (ED) and Alabama Community Transition (ACT) waivers. Materials used for this audit include: policies and procedures, personnel files, training documentation, and client files.

Report Table of Contents	
Worksheet	Description
Scoring	Summarizes audit results
Administrative	Administrative audit for ADH Center
Personnel	Personnel audit for ADH Center
Client File	Client file audit for ADH Center
Operational	Operational audit for ADH Center

**Audit Tool Categories**

**#:** Unique number for each entry

**Audit Question:** Audit requirement or standard that is reviewed

**Guidelines:** Additional information or instructions to support the auditors review. For example, this field should be used to clarify the audit requirement or how the reviewer should complete his or her review.

**Finding:** Result of the audit. Options include:

*Met:* The audit requirement is met based on the information provided

*Not Met:* The audit requirement was not met based on the Agency's expectations and criteria. Examples that would justify a "not met" include: missing policies and procedures, missing personnel documentation, missing or invalid licensures, missing client file forms and reports.

*N/A:* Not applicable. This can be used if the requirement pertains to a particular service or waiver.

Comments or observations added by the reviewer to justify the finding.

**Instructions**

**Pre-Audit Steps for Announced Audits (Note: For initial certifications, client files will not be audited):**

1. Mail or email the ADH and schedule the visit.
2. Explain the process to the ADH, including what is needed for the audit and the time frame (months) to be audited. (The minimum time frame to be audited shall consist of three months).
3. Mail and/or email a letter stating the date of the visit and other information regarding the audit, including a form on which the ADH is to list all Waiver clients served during the audit period; or, the ADH has the option of printing a list of Waiver clients that were served during the period to be audited.
4. The ADH must have this completed client list available for review and an audit sample will be chosen from this list by the auditor, not the ADH.
5. The ADH is instructed to have billing available for the auditor for the time frame being reviewed.

**Files to Audit:**

The file review will consist of the following number of files:

1. For employee files, audit a minimum of five (5) unless, there are fewer than 5 employees, then audit all. The audit is to include all RN supervisors. As part of the audit, all new hires (hired since last audit and currently visiting clients) shall be included. These count as part of the five (5) or fewer.
2. For client files, audit a minimum of ten (10) unless, there are fewer than 10 clients, then audit all. If the ADH has more than one hundred (100) clients, a 10% audit shall be conducted.
3. A client file needs to have a full 3 months of information in it before conducting a review. Less than 3 months of client file data may not provide enough information to determine the file status.

**Expanded Audit:**

The amount of audited records may/should be expanded based upon the number of major deficiencies noted during the audit. If the auditor determines that there is a significant amount and/or type of finding(s), a one-hundred percent (100%) review of the records is justified.

**Missing Documentation:**

The ADH must be given an opportunity to produce missing documentation during the time while the auditor is present at the ADH office. The ADH will not have additional opportunity to correct deficiencies found during an announced visit, as ample time was provided for the ADH to prepare. Examples of such deficiencies are, but not limited to, misplaced personnel paperwork, missing supervisory visits, etc. Depending on the findings during an unannounced audit, the ADH shall be provided no more than twenty-four (24) hours, or the end of the next business day, to provide the auditor any missing documentation discovered during the audit.

**Exit Conference:**

The auditor will discuss the preliminary findings with the ADH during the exit conference along with any recommendations made by the auditing entity. Depending on the nature of any discrepancies found and the seriousness of those findings, the auditor can make recommendations for corrections. The auditing entity shall provide the ADH a detailed/bulleted copy of the findings via letter; however, copies of the audit tools are not to be provided to the ADH (This item is not conducted at the time of the exit conference - a preliminary discussion of findings are provided to the ADH. ADSS reviews and approves the audit prior to a final list being given to the ADH). The auditing entity will issue guidance on the steps to be taken by the ADH to resolve identified issues (Final instructions are provided in the ADSS "approved" letter, however, usually general guidance will be provided at the audit. Depending upon the finding, the auditing entity has the option to go ahead and complete retraining on the audit finding and/or perform a review of scopes of services at the time of the exit conference.). On an announced audit, the ADH must have all pertinent staff present during the exit conference including the office manager, supervisory nurse and local administrator. Absences of the required staff from the exit conference could result in termination of the AAA's contract.

**Audit Scoring:**

The OA must pass all four components of the audit. Each component must pass the following scoring thresholds: 90% of critical requirements met, 80% of non critical requirements met, and 100% of mandatory requirements met.

**NOTE: Every element of the audit tool must receive a score, even if the finding is "N/A". Comments should also be provided for every audit question, including if the finding is "N/A", to support the reviewer's finding.**

**Scoring Worksheet**

**Purpose**

High-level dashboard that provides an aggregate score across all of the audit tools.

**Instructions**

The scoring worksheet will auto-populate based on the audit results; however, if additional columns are added to any of the audit tools, the formulas in columns B and D of the scoring worksheet should be updated to reflect the additional columns.

**Administrative Worksheet**

**Purpose**

To assess the ADH's administrative staff and functions

**Frequency**

Completed annually for each ADH.

**Instructions**

For each file reviewed, complete the audit questions by selecting findings (Met, Not Met, N/A) from the drop down menu and provide comments.

**Personnel File Worksheet**

**Purpose**

To assess staff's files, including licensure and training

**Frequency**

Completed annually for each ADH.

**Instructions**

For each file reviewed, complete the audit questions by selecting findings (Met, Not Met, N/A) from the drop down menu. Provide comments if needed. For the training requirement portion of this tab, staff files should be reviewed for training documentation, and the ADH should provide any requested training materials.

**Client File Worksheet**

**Purpose**

To assess services and ensure clients needs are being met

**Frequency**

Completed annually for each ADH.

**Instructions**

For each file reviewed, complete the audit questions by selecting findings (Met, Not Met, N/A) from the drop down menu and provide comments.

**Operational Tab**

**Purpose**

To assess facility adequacy

**Frequency**

Annually

**Instructions**

For each file reviewed, complete the audit questions by selecting findings (Met, Not Met, N/A) from the drop down menu and provide comments. **NOTE: Comments must document the nature of the evidence the auditor relied upon to make each determination. If documentation is reviewed, the auditor must provide a description preferably by title and date. For interviews and observations, the names of individuals interviewed and/or observed must also be recorded.**

**Alabama Medicaid Agency  
Adult Day Health Center Audit Tool - Cover Page**

Instructions: Input data for each shaded field

Direct Service Provider Information	
Name of Adult Day Health Center:	
Name of Director:	
Point of Contact:	
Type of Certification:	
Phone:	
Location of Audit:	
No. of Staff During Hours of Operation (exclude director, and staff that only does office work, cleans, drivers or cooks):	
Operating Hours:	
Number of Holidays:	
Number Clients Certified to Serve:	
Number Clients Enrolled:	
Number Medicaid Waiver Enrolled:	
Number ED Clients:	
Number ACT Clients:	

Reviewer Information	
Name:	
Agency:	
Phone:	
Audit Date:	
Fiscal Year:	

**Alabama Medicaid Agency  
Adult Day Health Audit Tool - Audit Results**

**NOTE TO AUDITOR REGARDING MANUAL UPDATES TO THIS WORKSHEET:** If additional columns are added to any of the audit tools, the formulas in columns B and D should be updated to reflect the additional columns.

<b>Audit Results</b>					
<b>Worksheet</b>	<b>Available Points</b>	<b>Audit Score</b>			
	<b>Total # of Requirements <sup>(1)</sup></b>	<b>Score to Pass <sup>(2)</sup></b>	<b>Raw Score (Requirements Met) <sup>(3)</sup></b>	<b>Raw Score % <sup>(4)</sup></b>	<b>Pass / Fail <sup>(5)</sup></b>
<b>Administrative</b>	0		0	0	Pass
Critical	0	90%	0	0	NA
Non Critical	0	80%	0	0	NA
Mandatory	0	100%	0	0	NA
<b>Personnel File</b>	0		0	0	Pass
Critical	0	90%	0	0	NA
Non Critical	0	80%	0	0	NA
Mandatory	0	100%	0	0	NA
<b>Client File</b>	0		0	0	Pass
Critical	0	90%	0	0	NA
Non Critical	0	80%	0	0	NA
Mandatory	0	100%	0	0	NA
<b>Operational</b>	0		0	0	Pass
Critical	0	90%	0	0	NA
Non Critical	0	80%	0	0	NA
Mandatory	0	100%	0	0	NA

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Administrative

#	Audit Question	Requirement	Guidelines	Finding	Comments
	Confirm the following elements are provided:				
1	Is the ADH Center located in a setting that is neither institutional or presumed institutional as defined under the HCBS Settings Final Rule CMS 2249-F/2296-F?	Mandatory	<p>Refer to CMS document entitled Exploratory Questions to Assist States in Assessment of Non-Residential HCBS Settings. Excluded institutional settings include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals. In the Comments column, describe program location and confirm it is not any of the institutional settings referenced above.</p> <p>Presumed institutional settings include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</p> <p>Before determining that this question is Met or Not Met, complete the Client File and Operational Tabs. In order for a setting to be determined to be not "presumed institutional," it cannot be isolating in nature. For this question to be considered Met, all of the following questions must also be scored as Met: Under the Client File Tab, question 27; under the Operational Tab, questions 6-12; 35; 41, and, 43; and under the Personnel Tab, questions 22 c, g and h; 24 c, g and h. In the Comments column, confirm that all of the relevant questions were Met.</p>		
2	The ADH maintains approval from ADSS indicating that the center meets all Adult Day Health Standards as specified in the waiver document; services are delivered consistent with the Plan of Care; and client needs are met?	Critical	The Adult Day Health Provider must maintain an Adult Day Health approval issued from ADSS, <b>which must be current within one year.</b> (ADSS issues approval for only those Adult Day Health centers that participate in the Elderly and Disabled Waiver and ACT Waiver programs.) Approval depends upon compliance with the Adult Day Care Standards and the Adult Day Health Service requirements in the approved Elderly and Disabled Waiver and ACT Waiver document. In the Comments column, provide the date of the AAA approval memo from the previous audit.		
3	The ADH provider has designated an individual to serve as the agency administrator?	Mandatory	Verify through staff interviews and documentation. In the Comments column, list the name of the individual designated to serve as the agency administrator.		
4	The ADH agency has key staff, to include the agency administrator or ADH supervisor, present during this compliance audit?	Critical	Verify through staff interviews. In the Comments column, list the key staff, by position and name, present during the compliance audit.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Administrative

#	Audit Question	Requirement	Guidelines	Finding	Comments
5	The ADH Provider has at least one person trained to act on behalf of the Adult Day Health Director in his or her absence?	Critical	Verify through staff interviews and documentation. In the Comments column, identify the person(s) trained to act on behalf of the Adult Day Health Director in his or her absence by name and the documentation reviewed, including the date, to show training occurred.		
6	The ADH provider has an organizational chart showing chain of command, including the administrative control and lines of authority for the delegation of responsibility down to the "hands-on" client care level staff, and it is accessible to the staff?	Critical	A copy of this information shall be forwarded to the Operating Agency and AAA at the time the contract is implemented. Any future revisions or modifications shall be distributed to all ADH staff and to the Operating Agency. In the Comments column, list the effective date of the organizational chart reviewed and the name of the individual interviewed to confirm it accurately represented the administrative control and lines of authority for the delegation of responsibilities. Also describe how the chart is made accessible to staff.		
7	If there was a change in administrator, address or phone number, were the Operating Agency and AAA notified?	Critical	The Adult Day Health Provider shall notify the AAA and Operating Agency within three (3) working days in the event of a change in the agency administrator, address, or phone number. In the Comments column, confirm the date any relevant change occurred and the date the ADH program made the appropriate notifications. If this is N/A, state no changes occurred.		
8	The ADH provider has a written policy on infection control procedures and an ongoing infection control program in place?	Mandatory	Verify through policy review and staff interviews. The ADH program must have a written policy on infection control procedures that describes procedures for, and requires staff implementation of, universal precautions, consistent with CDC and/or Alabama Department of Public Health guidelines and staff should be able to describe the current activities that support its ongoing infection control program. In the Comments column, cite the name and/or number of the policy and the names of staff interviewed to confirm their knowledge/adherence to the policy.		
9	The ADH provider has a written policy concerning client/patient confidentiality (HIPAA)?	Mandatory	Verify through policy review and staff interviews. The ADH program must have a written policy concerning client/patient confidentiality that describes procedures for client confidentiality, consistent with HIPAA regulations, and requires staff implementation. In the Comments column, cite the name and/or number of the policy and the names of staff interviewed to confirm their knowledge/adherence to the policy.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Administrative

#	Audit Question	Requirement	Guidelines	Finding	Comments
10	The ADH provider has a written client complaint and grievance policy and procedure?	Critical	Verify through policy review and staff interviews. The ADH program must have a written policy that describes procedures that include ensuring client and family notification of the complaint and grievance process, investigation, follow-up and corrective action procedures (including appropriate staff discipline), notifications to the case manager and others, as applicable, and maintenance of records. In the Comments column, cite the name and/or number of the policy and the names of staff interviewed to confirm their knowledge/adherence to the policy.		
11	The ADH has a written policy on handling fire evacuations?	Critical	Verify through policy review and staff interviews. In the Comments column, cite the name and/or number of the policy and the names of staff interviewed to confirm their knowledge/adherence to the policy.		
12	Does the ADH provider have incorporated in the procedures for the operation of the center, adequate safeguards to protect the health and safety of the clients in the event of a medical, fire, or other emergency, including natural disasters?	Critical	Verify through review of procedures and staff interviews. In the Comments column, cite the name and/or number of the policy and the names of staff interviewed to confirm their knowledge/adherence to the policy. The ADH provider must have a written plan that identifies the specific actions to be taken for each type of potential emergency, including at least the following: medical emergencies, fires, weather emergencies (e.g., ice storms, tornadoes, flooding, extreme temperatures, etc.), and other situations that might impact participants' health and safety (e.g., utility disruptions, shelter-in-place orders, etc.). The plans must show that the ADH provider has identified the resources and actions that will be needed to meet the participants' health and safety needs, including but not limited to: building evacuation plans, and identification of emergency medical resources (e.g., name and contact information for ambulance service), plans for early closures, etc.)		

Alabama Medicaid Agency  
Adult Day Health Center Audit Tool - Administrative

#	Audit Question	Requirement	Guidelines	Finding	Comments
13	Does the ADH provider conduct and document monthly fire and weather drills? (Documentation of drills shall include date, time, duration, number of clients participating, number of staff participating and name of staff conducting the drill). (Effective May 1, 2008).	Critical	Verify through document review and both staff and client interviews. In the Comments column, list the documents reviewed, including the dates, to show that fire and weather drills were completed at least monthly during the period covered by this review. Confirm that the documentation included all the required criteria. If there were any months during the review period during which the ADH did not conduct the required drills and/or the documentation did not include the required criteria, this must be scored as Not Met.		
14	Is the ADH in-service training pre-approved by the Operating Agency?	Mandatory	Verify through document review and staff interviews. In the Comments column, confirm review of the documentation, cite the date of ADSS approval and confirm that it accurately reflects the initial and annual in-service training listed under the Personnel tab. <b>Additional training may be provided as deemed necessary by the DSP. Any self- study training programs must be approved for content and credit hours by the Operating Agency, prior to the planned training. The DSP shall submit proposed program(s) to the Operating Agency at least 45 days prior to the planned implementation. In the Comments column, cite any additional training noted and confirm timeliness of submission and OA approval.</b>		
15	Does the ADH maintain adequate staff for the number of clients served in the center (1-10 clients – 1 staff member; 11-25 clients- 2 staff members; 26- 35 clients – 3 staff members; 36- 43 clients – 4 staff members; for each additional 8 clients there should be one additional staff member)?	Critical	Verify through staff schedule and on-site observation. Staffing numbers <b>must be in addition to</b> the Director. In the Comments column, cite the document(s) reviewed, including dates, and confirm that the staffing during the on-site review was consistent with the specified requirements.		



Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Administrative

#	Audit Question	Requirement	Guidelines	Finding	Comments
16	The ADH Provider has a registered nurse (RN) or licensed practical nurse (LPN) available two hours per week or eight hours per month for consultation?	Mandatory	Verify through staff schedule and log for the period covered by this audit. In the Comments column, confirm that the a registered nurse (RN) or license practical nurse (LPN) has been available monthly for the required number of hours for consultation. Cite the name of the individual(s) providing the service and the number of hours per month. If there are any months during the period in which nursing consultation was not available for the minimum number of hours, this must be scored as Not Met.		
17	If the ADH assists or administers any medications to any client/patient, medications are administered by a nurse (RN/LPN)?	Mandatory	Verify through staff interviews and review of medication administration policy and medication administration record (MAR) that the ADH assists or administers medications for individuals who require medication during program hours. The record must include the name, dose and route of the medication, the date and time it was administered and the name and title of the nurse that administered the medication. (Medications can be administered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who is currently licensed by the Alabama State Board of Nursing to practice nursing. Medications cannot be administered by any other staff member at the ADH center. However, the other staff member can remind a client to take medication when necessary.) In the Comments column, list the individuals reviewed for whom the ADH assists or administers medications and the dates of MARs reviewed for each. List the names of staff interviewed. Review a minimum of six months of MARs. If there are any months during the period in which any of the criteria was missing, this must be scored as Not Met.		
18	If the ADH assists or administers any medications to any client/patient, medications are filled by a pharmacy and have physician's instructions written on the label?	Mandatory	Verify through staff interviews and review of medication administration policy. (Medications must be filled by a pharmacy with physician instructions written on the label. The written instructions on the container are considered a physician order.) In the Comments column, list the clients for whom the ADH is currently assisting or administering medications and verify observing that, for each applicable medication, the medication was filled by a pharmacy and the label included written physician's instructions. All applicable medications must meet these criteria for this question to be scored as Met. List the staff interviewed.		
19	The ADH maintains all administrative and supervisory functions of the center and does not delegate them to another agency or organization.	Critical	Verify through staff interviews. In the Comments column, list the names of staff interviewed.		

**Alabama Medicaid Agency  
Adult Day Health Center Audit Tool - Administrative**

#	Audit Question	Requirement	Guidelines	Finding	Comments
20	A governing body or designated persons-maintains full legal authority for the operation of the Adult Day Health center, and a list of the members of that body is available to the Operating Agency, AAAs and AMA upon request?	Critical	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.		
21	The ADH maintains an operating budget that is available to AMA, AAAs and the Operating Agency upon request?	Mandatory	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.		
22	Does the ADH provide transportation for the ADH clients/patients?	Critical	Transportation between the participants place of residence and the adult day health center will be provided as a component part of Adult Day Health Service. In the Comments column, describe the evidence reviewed that confirms the ADH program provides transportation or refer to item #82 under the Operational tab.		
23	The ADH has current liability insurance which also covers volunteers and board members from liability incurred while acting on behalf of the ADH?	Mandatory	Verify through document review. General liability insurance coverage shall be maintained on the operations of the facilities in a minimum amount of five hundred thousand dollars (\$500,000) per occurrence and five hundred thousand dollars (\$500,000) for general aggregate coverage. In the Comments column, cite the documentation reviewed and verify that it is currently in effect, with no lapses during the period covered by this review. List the effective dates.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Personnel File

		Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5			
Name of Staff Member:		Jeanette Waters	Jean Snodgrass	Debra Richburg					
Job Title of Staff Member:		Director/Owner	Assistant Director/Carryover	Carryover					
Hire Date of Staff Member:		NA	2/1/2020	5/10/2021					
Date of First Client Contact:		NA	NA	NA					
		NA	Comments	NA	Comments	NA	Comments	NA	Comments
Confirm the following elements are provided:									
1	Each employee's job description is present in the employee's file (should identify responsibilities, education and experience)?	Critical	Provide the name of the job description reviewed in the Comments column.						test
2	Each employee's and volunteer's personnel file contains documentation that references were verified and includes contact information for references?	Critical	Provide the date of documentation in the Comments column for each staff member.						
3	Each employee and volunteer has proof that statewide criminal background checks are documented in the employee's personnel file and are prior to hire?	Mandatory	Provide the date of documentation in the Comments column for each staff member.						
4	Each employee and volunteer has proof that national sex offender checks are documented in the employee's personnel file and are prior to hire?	Mandatory	Provide the date of documentation in the Comments column for each staff member.						
5	Staff members and all personnel, including volunteers, with access to client information have proof that nurse aid registry checks are documented in the employee's personnel file and are prior to hire?	Mandatory	Provide the date of documentation in the Comments column for each staff member, including the Director, nursing staff, and adult day health workers, if applicable.						
6	Staff members and all personnel, including volunteers, with access to client information have proof that previous employers and references are verified and documented in the employee's personnel file and are prior to hire?	Mandatory	Provide the date of documentation in the Comments column for each staff member, including the Director, nursing staff, and adult day health workers.						
7	Initial - Each employee's and volunteer's file contains documentation that he/she submits to a program for the testing, prevention, and control of tuberculosis? Effective for employees hired as of 12/1/2019, did the employee receive a TB test training/education prior to client contact? List their initial training date.	Mandatory	Verify through document review. Alabama HCBS waivers require all new employees of Direct Service Providers (DSPs) to have a baseline Tuberculosis (TB) screening for Latent TB Infection (LTBI) and TB Disease. In the Comments column, provide the date of documentation for each staff member, including the Director, nursing staff, and adult day health workers.						
8	Annual - Has the employee or volunteer received annual training/education? Provide dates of last two trainings/education and/or projected dates.	Mandatory	The auditor is required to look for certificate or projected dates. As of 2020, please note that new staff will receive an initial training/education certificate but may not have an annual training/education date. Annual TB education is required and must be documented. TB education materials must be approved by the Operating Agency. In the Comments column, provide the date(s) of documentation for each staff member, including the Director, nursing staff, and adult day health workers.						
9	Each employee's personnel file contains an application for employment?	Critical	Verify through document review. In the Comments column, provide the date(s) of documentation for each staff member, including the Director, nursing staff, and adult day health workers.						
10	Each employee's personnel file contains a record of preemployment?	Critical	Verify through document review. In the Comments column, provide the date(s) of documentation for each staff member, including the Director, nursing staff, and adult day health workers.						
11	Staff member's personnel file contains evaluations per agency policy?	Critical	Verify through review of personnel file and agency policy. In the Comments column, provide the date(s) of documentation for each staff member, including the Director, nursing staff, and adult day health workers.						
12	Staff member's and volunteer's personnel file contains a copy of a valid government-issued picture identification?	Critical	Verify through document review. In the Comments column, provide the type and date of documentation for each staff member, including the Director, nursing staff, and adult day health workers.						
13	Staff member or volunteer has a valid Alabama driver's license (if transporting Adult Day Health clients)?	Critical	Verify through document review. In the Comments column, provide the date of documentation for each applicable staff member.						
14	Each employee's file contains ADH provider's verification of ability to read and write?	Critical	Verify through document review. In the Comments column, provide the date of documentation for each applicable staff member.						
15	Each employee is able to following the Plan of Care with minimal supervision?		Before determining that this question is Met or Not Met, complete the Operations Tab. For this question to be considered Met, 100% of the mandatory requirements and 90% of the critical requirements of Items 33-45 of the Operational tab should be met.						
16	Each employee file contains other forms including W-4, I-9, state income tax withholding form, and HIPAA compliance as required by state and federal law including agreements regarding confidentiality?	Critical	Verify through document review. In the Comments column, for each staff member, including the Director, nursing staff, and adult day health workers, provide the date of documentation for each required document.						
17	Two staff members are CPR and first aid certified?	Mandatory	Verify certification through personnel files. In the Comments column, for each applicable staff member, list the documents reviewed and the effective dates reflecting current certification.						
18	As applicable, the employee or volunteer file contains records of all complaints/incidents lodged by the client/family against the staff member and action taken, including investigations, as implemented and documented by the ADH Director?	Critical	Verify through document review and both staff and client interview. 1. Has the client/family issued previous complaints against the employee? If so, what were they and when did they occur? Were any actions taken to resolve them? 2. Has the client/family reported or been involved in any incidents with the employee? If so, what were they and when did they occur? Were any actions taken to resolve them? 3. Did the ADH Director conduct an investigation? In the Comments column, list the document(s) reviewed and the names of staff and clients interviewed. Cite complaints/incidents lodged by the client/family against the staff member and any action taken. If no complaints/incidents occurred, state that no complaints/incidents occurred.						

		Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5
Name of Staff Member:		Jeanette Waters	Jean Snodgrass	Debra Richburg		
Job Title of Staff Member:		Director/Owner	Assistant Director/Carryover	Carryover		
Hire Date of Staff Member:		NA	2/1/2020	5/10/2021		
Date of First Client Contact:		NA	NA	NA		
19	RN/LPN has current Alabama State Board of Nursing license?	Mandatory	Verify through document review. In the Comments column, provide the date of the required documentation for each nursing staff and/or nursing consultant.			
20	RN/LPN has preferably at least two (2) years of experience as a Registered Nurse or Licensed Practical Nurse?	Non Critical	Verify through document review. In the Comments column, list the document reviewed and the dates of nursing experience for each nursing staff and/or nursing consultant.			
21	Director's personnel file contains documentation of education (high school diploma or equivalents)?	Critical	Verify through document review. Review documentation the Director has completed, including reports, employee evaluations, and investigations and complaints follow-up to confirm ability to communicate effectively, understand written instructions, write basic reports, evaluate ADH employees in terms of their ability to perform assigned duties, communicate with clients, be responsible for orientation and in-service staff training, and provide appropriate investigation and follow-up for complaints. In the Comments column, list the document reviewed and cite the educational qualifications indicated. If Not Met, describe any deficiencies.			
<b>Training Requirements</b>						
<b>Orientation/Training</b>						
22	Each employee meets orientation training requirements prior to service delivery?  Note: The auditor should mark "Met" or "Not Met" based on the checklist findings below. If one checklist requirement is "Not Met", then this row should be marked as "Not Met".	Mandatory	Verify through document review and staff interviews. Minimum 6 hours annual in-service training must be in the areas listed below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location (These must include infection control updates as well as abuse, neglect, and exploitation. A four (4) hour annual limit for self-study i.e. videos/online is in effect.)			
a	Behavioral interventions, acceptance, and accommodation;		Verify through document review and staff interviews. At a minimum, the training provides an overview of the common behaviors that participants may exhibit, based on their diagnosis and needs; an overview of positive supportive techniques the program uses to prevent negative behaviors from occurring and/or to de-escalate those behaviors; instruct staff on what to do if behaviors escalate and appear to present a danger to the person or to others, and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.			
b	Providing care and supervision including individual safety and non-medical care;		Verify through document review and staff interviews. At a minimum, the training provides staff instructions for providing care and supervision, including, but not limited to, the following: Observing and assisting participants to maintain good personal hygiene on a daily basis, as needed; Observing the status of the individual's health that includes support in carrying out physician orders as needed; monitoring of vital signs as needed; observing the functional level of the client and noting any changes in the physical condition of each individual; observing for possible reactions to medications; teaching positive health measures and encouraging self-care; appropriately reporting to the administrator or supervisor any changes in the client's condition.; Observing and assisting the client with meals and eating, including opportunities to discuss healthy foods, food preparation and good nutrition and eating habits; Assisting in the development of self-care, personal hygiene, and social support services; and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.			
c	Abuse, neglect, mistreatment, and exploitation, including how to report allegations		Verify through document review and staff interviews. At a minimum the training: defines each of the terms (abuse, neglect, mistreatment and exploitation) and provides appropriate examples, with an expectation that staff can recognize the signs of abuse, neglect, mistreatment and exploitation; states a clear expectation that abuse, neglect, mistreatment and exploitation are not tolerated; states a clear expectation that staff must act immediately to prevent any witnessed abuse, neglect, mistreatment and exploitation and ensure the participant is protected; provides an overview of the Alabama Protective Services Act and describes the mandated reporter role of caregivers; provides information about how to report abuse, neglect, mistreatment and exploitation to the Department of Human Resources; and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.			
d	First aid in emergency situations;		Verify through document review and staff interviews. At a minimum, the training describes the ADH program's plan for the administration of first aid; provides staff instructions about their role in ensuring participants receive needed first aid in emergency situations, consistent with the approved policies and procedures; and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.			
e	Documenting client's participation;		Verify through document review and staff interviews. At a minimum, the training provides an overview of the program's goals, services and activity schedules, including how those are designed to meet the Plan of Care goals for the program participants; provides staff instructions about how to document participation, including, but not limited to the following: 1) Where to document participation; 2) How often to document participation; 3) What needs to be documented; 4) How to provide documentation that addresses an individual participant's Plan of Care goals; 5) As applicable, ensuring that handwritten documentation is legible; 6) Signing and dating documentation. The training and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.			

		Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5
Name of Staff Member:		Jeanette Waters	Jean Snodgrass	Debra Richburg		
Job Title of Staff Member:		Director/Owner	Assistant Director/Coach/yr	Caregiver		
Hire Date of Staff Member:		NA	2/11/2020	5/10/2021		
Date of First Client Contact:		NA	NA	NA		
f	Fire and safety measures;	Verify through document review and staff interviews. At a minimum, the training provides staff instructions for fire, weather and other emergencies, consistent with the program's approved policies and procedures for fire safety and emergencies and the building evacuation plan; provides staff instructions for participating in, and assisting participants to participate in, fire and weather emergency drills; and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
g	Confidentiality;	Verify through document review and staff interviews. At a minimum, the training provides an overview of the requirements of HIPAA and a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
h	Client rights, including dignity, autonomy, privacy, respect and freedom from coercion and restraint;	Verify through document review and staff interviews. At a minimum, the training defines each of the terms: dignity, autonomy, privacy, respect and freedom from coercion and restraint and provides appropriate examples; states a clear expectation that none of the rights may be abridged; states a clear expectation that staff must report any abridgment of any participants' rights to the program administrator or supervisor or, in the event of a conflict of interest, to another appropriate party; and provides contact information for reporting; and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
i	Needs of the elderly and disabled population;	Verify through document review and staff interviews. At a minimum, the training includes an overview of the needs of individuals who are aging or have a disability, including, but not limited to the following areas: oHealth; oNutrition; oPhysical activity and mobility; oEducation; oLearning; oMeaningful activities; oCommunity access and integration; oAutonomy and ability to make life choices. The training also provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
j	Basic infection control/Universal Standards;	Verify through document review and staff interviews. At a minimum, the training includes a review of universal precautions, consistent with Centers for Disease Control guidance, and provides specific instructions regarding the location of any materials and equipment required, for the following topics: oHand hygiene. oUse of personal protective equipment (e.g., gloves, mask, eyewear). oRespiratory hygiene / cough etiquette. oSharps safety oCleaning and disinfecting of environmental surfaces. oFood safety rules including maintaining appropriate serving and storage for hot and cold food items. The training provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
k	Communication skills;	Verify through document review and staff interviews. At a minimum, the training provides a clear expectation that staff will communicate, verbally and non-verbally, with participants, visitors and other staff in a respectful manner that creates an environment in which everyone is valued; provides instructions on how to communicate with individuals who have cognitive, sensory or physical conditions that may impact how they communicate with others; and provides a description of how staff competency is assessed. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
l	Other areas of training as appropriate or as mandated by Medicaid and the Operating Agencies.	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
23	Staff who have had no previous experience or training working with adults that are elderly and disabled have on-site orientation with a designated period of supervised training?	Mandatory Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
<b>Annual Training</b>						
24	Each employee meets annual in-service training requirements  Note: The auditor should mark "Met" or "Not Met" based on the checklist findings below. If one checklist requirement is "Not Met", then this row should be marked as "Not Met".	Mandatory Verify through document review and staff interviews. Minimum 6 hours annual in-service training must be in the areas listed below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location (These must include infection control updates as well as abuse, neglect, and exploitation. A four (4) hour annual limit for self-study i.e. videos/online is in effect.) Minimum criteria are the same as those described in				
a	Behavioral interventions, acceptance, and accommodation;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
b	Providing care and supervision including individual safety and non-medical care;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
c	Abuse, neglect, mistreatment, and exploitation, including how to report allegations	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
d	First aid in emergency situations;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
e	Documenting client's participation;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
f	Fire and safety measures;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				

	Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5
Name of Staff Member:	Jeanette Waters	Jean Snodgrass	Debra Richburg		
Job Title of Staff Member:	Director/Owner	Assistant Director/Carryover	Carryover		
Hire Date of Staff Member:	NA	2/11/2020	5/10/2021		
Date of First Client Contact:	NA	NA	NA		
g Confidentiality;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
h Client rights, including dignity, autonomy, privacy, respect and freedom from coercion and restraint;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
i Needs of the elderly and disabled population;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
j Basic infection control/Universal Standards;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
k Communication skills;	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				
l Other areas of training as appropriate or as mandated by Medicaid and the Operating Agencies.	Verify through document review and staff interviews. In the Comments column, list the document(s) reviewed and the names of staff interviewed.				







Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
	Confirm the following elements are provided:				
1	Center open Monday through Friday for a minimum of 7 hours daily?	Mandatory	Verify through document review and staff interviews. This will include time periods for staff-directed activity, free time, meals and snacks. Exceptions may be made for the following reasons: COVID-19 considerations, weather-related closures, etc. If Not Met, describe the deficiency in the Comments column.		
2	Holidays less than 14 per year?	Critical	Verify through document review and staff interviews. If Not Met, describe the deficiency in the Comments column.		
3	Written notice of holiday one week in advance?	Non Critical	Verify through staff interviews how and when clients are notified of holidays. If Not Met, describe the deficiency in the Comments column.		
4	At least two staff (may be one staff and the director, or two staff members) at the center during periods when clients are present?	Critical	Verify through document review, observation, and staff interviews. If Not Met, describe the deficiency in the Comments column.		
5	Weekly activity plan posted outlining daily activities and is written in large letters and posted in an area where clients can view it without difficulty?	Critical	Verify during facility tour that activity plan is posted. In the Comments column, state the location the activity plan is posted. If Not Met, describe the deficiency in the Comments column.		
6	At least 4 hours planned activities offered daily?	Critical	Verify schedule through staff interviews and activity schedules. Interview competent clients to confirm they were offered the activities indicated on the schedule and participated as desired. Activity periods will be sequenced and timed to accommodate individual needs of the client served and staff planning and familiarity with the operating schedule will provide for clients to move smoothly from one activity period to the next. In the Comments, list the staff and clients interviewed. If Not Met, describe the deficiency in the Comments column.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
7	Both indoor and outdoor activities offered?	Critical	Verify through staff interviews and activity schedules. Interview competent clients to confirm they were offered both indoor and outdoor activities, as indicated on the schedule and participated as desired. In the Comments column, list the staff and clients interviewed and a sample of outdoor activities offered. If Not Met, describe the deficiency in the Comments column.		
8	Individual and group activities offered?	Critical	Verify through staff interviews, materials, activity schedules, and care plans. Interview competent clients to confirm they were offered both individual and group activities, as indicated on the schedule and participated as desired. In the Comments column, list the staff and clients interviewed and a sample of individual and group activities offered. If Not Met, describe the deficiency in the Comments.		
9	Choices of planned therapeutic activities on a daily basis that stimulate mental activities, communication and self-expression offered? (i.e. reality orientation, exercise, crafts, music, educational and cultural programs, games, etc.)	Critical	<p>Verify schedule through staff interviews, materials, activity schedules and care plans and observations. Interview competent clients to confirm they were offered choices of planned therapeutic activities, as indicated on the schedule and participated as desired in their chosen activities. <b>Interview staff and observe to verify they offer choices in a meaningful way and support the client's decision-making.</b></p> <p>1. Does the ADH offer a variety of meaningful non-work activities that stimulate mental activities, communication and self-expression on a daily basis?</p> <p>3. Does the ADH allow individuals to choose with whom to do activities in the setting or outside the setting, or are individuals assigned only to be with a certain group of people?</p> <p>4. Do clients feel that they are offered a variety of choices of individual and group activities daily?</p> <p>In the Comments column, list the staff and clients interviewed and a sample activities offered. If Not Met, describe the deficiency in the Comments column.</p>		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
10	Does the Center provide a variety of choices of individual and group activities directed at maintaining, improving and preventing further deterioration of the clients' mental and physical capabilities and abilities to exercise autonomy and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact?	Mandatory	<p>Verify schedule through staff and client interviews and materials. <b>Interview staff and observe to verify they offer choices in a meaningful way and support the client's decision-making.</b> Interviews should include specific examples of how the following probes are addressed:</p> <ol style="list-style-type: none"> <li>1. Does the ADH offer a variety of meaningful non-work activities that respond to the goals, interests and needs of individuals? How does the ADH assess and determine the alignment of activities offered and clients' interests?</li> <li>2. Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?</li> <li>3. Does the ADH allow individuals to choose with whom to do activities in the setting or outside the setting, or are individuals assigned only to be with a certain group of people?</li> <li>4. Do clients feel that they are offered a variety of choices of individual and group activities?</li> </ol> <p>In the Comments column, list the staff and clients interviewed and a sample of individual and group activities offered. If Not Met, describe the deficiency in the Comments column.</p> <p>Refer to CMS document entitled Exploratory Questions to Assist</p>		
11	Does the ADH provide a variety of opportunities and choices for access to the community, as appropriate to the needs and interests of individual participants, including information and/or referral to employment or volunteer opportunities?	Mandatory	<p>Verify through staff and client interviews and materials examples of opportunities for access to the community. <b>Interview staff and observe to verify they offer choices in a meaningful way and support the client's decision-making.</b> Interviews should include specific examples of how the following probes are addressed:</p> <ol style="list-style-type: none"> <li>1. Does the ADH afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities?</li> <li>2. How does the ADH determine what opportunities and choices it should offer?</li> <li>3. Do clients feel that they are offered opportunities and choices that align with their needs and interests?</li> </ol> <p>In the Comments column, list examples of opportunities and choices provided and the names of staff and clients interviewed. If Not Met, describe the deficiency in the Comments column.</p> <p>Refer to CMS document entitled Exploratory Questions to Assist States</p>		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
12	Does the ADH provide opportunities for group socialization and activities that promote integration into the broader community?	Mandatory	Verify through review of activities and opportunities offered and both staff and client interviews. Refer to CMS document entitled Exploratory Questions to Assist States in Assessment of Non-Residential HCBS Settings. Interviews should include specific examples of how the following probes are addressed: 1. Does the ADH provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual? In the Comments column, list the document(s) reviewed and the names of staff and clients interviewed. Cite examples of opportunities for group socialization and activities that promote integration into the broader community. If Not Met, describe the deficiency in the Comments column.		
13	Information and activities related to nutrition offered, including healthy foods, food preparation, and eating habits?	Critical	Verify through staff interviews and materials. In the Comments column, list staff interviewed and provide examples of nutrition-related activities offered, including the related materials reviewed. If Not Met, describe the deficiency in the Comments column.		
14	Activities related to health offered?	Critical	Verify through staff interviews and materials. In the Comments column, list staff interviewed and provide examples of health-related activities offered, including the related materials reviewed. If Not Met, describe the deficiency in the Comments column.		
15	Recreational/leisure time activities offered that are appropriate for adults?	Critical	Verify through staff interviews and materials. In the Comments column, list staff interviewed and provide examples of recreational/leisure time activities offered, including the related materials reviewed. If Not Met, describe the deficiency in the Comments column.		
16	Information and activities related to daily living skills offered as applicable to age group, economic situation and existing disability.	Critical	Verify through staff interviews and materials. In the Comments column, list staff interviewed and provide examples of information and activities related to daily living skills offered, including the related materials reviewed. If Not Met, describe the deficiency in the Comments column.		
17	Physical activities offered?	Critical	Verify through staff interviews and materials. In the Comments column, list staff interviewed and examples of physical activities-related activities offered. If Not Met, describe the deficiency in the Comments column.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
18	Educational activities offered? (i.e. current events, history, government, etc.)	Critical	Verify through staff interviews and materials. In the Comments column, list staff interviewed and provide examples of education activities offered, including the related materials reviewed. If Not Met, describe the deficiency in the Comments column.		
19	Areas are available for different activities? (rest, reading, games, etc.)	Critical	Verify during facility tour, staff interviews, and client interviews. If Not Met, describe the deficiency in the Comments column.		
20	Center has an adequate supply of table games, magazines, books puzzles, etc.?	Critical	Verify during facility tour that an adequate supply is provided. If Not Met, describe the deficiency in the Comments column.		
21	Weekly menus posted?	Critical	Verify during facility tour that a weekly menu is written large enough and posted in an area where it can easily be read by clients and visitors. Menus should be prepared one week in advance, and a variety of foods should be offered and appropriately served. In the Comments column, state the location the menu is posted. If Not Met, describe the deficiency in the Comments column.		
22	Provides nourishment appropriate to the number of hours the client attends the ADH center, but not equal to a full nutritional regimen (3 meals per day). Provides at least one meal and snack for clients in attendance more than four hours. Encourages clients to follow medical appropriate diets	Critical	Verify policy for determining nourishment appropriate to the number of hours the client attends the ADH center through document review and staff interview. Meals and snacks will be spaced at time intervals to accommodate the needs of the clients served. In the Comments column, cite policy reviewed with effective date and list the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
23	Snacks given to clients attending more than four hours?	Critical	Verify through staff interviews the Center's snack schedule. In the Comments column, list the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
24	Full-time and part-time clients receive same meals and snack?	Critical	Verify through staff interviews the Center's snack and meal regimen. In the Comments column, list the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
25	Special diets accommodated? (i.e. Diabetic, low fat, low Sodium)	Critical	Verify through staff interviews the Center's policy for accommodating special diets. In the Comments column, list the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
26	Current food inspection to prepare meals posted in a prominent place? (within past 12 months and an approval from the Health Department (within 12 months) if receiving food?; NOTE: if provider has evidence of attempts to get inspection done, do not deduct critical points	Critical	Verify through documentation. The ADH provider must maintain a current (within past 12 months) health inspection if food is prepared and an approval from the Health Department (within 12 months) if receiving catered food. Inspection results must be posted in a prominent place in the center. In the Comments column, provide the date of documentation.		
27	Temperature of refrigerator(s) below 50 degrees?	Critical	Verify during facility tour that temperature is below 50 degrees. In the Comments column, list the temperature.		
28	Foods stored properly?	Critical	Verify through onsite observation of expiration dates, food storage, etc. If Not Met, describe the deficiency in the Comments column.		
29	Milk and other dated foods current?	Critical	Verify during facility tour that food dates are current. If Not Met, describe the deficiency in the Comments column. If Not Met, describe the deficiency in the Comments column.		
30	Garbage cans in kitchen have tight fitting covers?	Critical	Verify during facility tour via observation. If Not Met, describe the deficiency in the Comments column.		
31	Garbage removed from kitchen daily?	Critical	Verify during staff interviews and onsite observation. In the Comments column, list the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
32	Drinking water located where clients can access easily?	Critical	Verify during facility tour via observation. In the Comments column, list where drinking water is located. If Not Met, describe the deficiency in the Comments column.		
33	Staff daily observe client's personal hygiene on a daily basis?	Critical	Verify through staff interviews the Center's policy for addressing clients' personal hygiene and observation. Ask staff to provide examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.		
34	Staff assist clients with personal hygiene when needed?	Critical	Verify through staff interviews the Center's policy for addressing clients' personal hygiene and observation. Ask staff to provide examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
35	Staff provide privacy for and assist in the development of self-care and personal hygiene, and for social support services and other activities as appropriate?	Mandatory	<p>Verify through observation, staff interviews, and client interviews the Center's policy for addressing clients' personal hygiene, self-care, social support services, and other activities as appropriate. Questions should include:</p> <p>1. For staff: Does the ADH support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance, provided in private, as appropriate? Provide examples.</p> <p>2. For clients: Do staff provide support for personal care and hygiene when you need it? How so?</p> <p>In the Comments column, list the staff and clients interviewed and examples of how staff provide for privacy and assist with the development of self-care and personal hygiene. If Not Met, describe the deficiency in the Comments column.</p> <p>Refer to CMS document entitled Exploratory Questions to Assist States in Assessment of Non-Residential HCBS Settings.</p>		
36	Staff observe clients daily for new health problems?	Critical	<p>Verify through observation and staff interviews the Center's policy for daily observation. Ask staff for examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.</p>		
37	Does the ADH observe and assist the clients/patients with meals and eating?	Critical	<p>Verify through staff interviews the Center's policy for daily observation. Ask staff for examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.</p>		
38	Staff assist with activities of daily living such as grooming, dressing and maintenance of clothing?	Critical	<p>Verify through staff interviews the Center's policy for daily observation. Ask staff for examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.</p>		
39	Staff isolate clients when needed? (client with symptoms of contagious disease)	Critical	<p>Verify through staff interviews policy for isolating clients. Ask staff for examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.</p>		
40	Staff report symptoms of new physical, functional, mental or emotional problems to case manager and caregiver as noted?	Critical	<p>Verify through staff interviews policy for reporting. Ask staff for examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.</p>		

Alabama Medicaid Agency  
Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
41	Staff ensure clients are free from coercion and restraint at all times?	Mandatory	Verify through observation, staff interviews, and client interviews. Interview questions should include: 1. For staff: How do you ensure that clients are free from coercion and restraints? Describe your understanding of what coercion and restraints are. 2. For clients: Have you ever felt threatened by staff or forced to do something that you did not want to do? Have you ever been restrained physically by staff or through mechanical means? In the Comments column, list the staff and clients interviewed and describe staff's understanding of coercion and restraint and how the ADH ensures clients are free from both. If Not Met, describe the deficiency in the Comments column. Refer to CMS document entitled Exploratory Questions to Assist States in Assessment of Non-Residential HCBS Settings.		
42	Staff report suspected abuse and neglect by phone or in person to DHR and the case manager immediately and submitted a written report within five (5) days?	Mandatory	Verify through staff interviews policy for reporting. Ask staff about reporting policies and protocol. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.		
43	Staff teach positive health measures and encourage self-care?	Critical	Verify through staff interviews the center's policy for encouraging self-care. Ask staff for examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.		
44	Staff monitor vital signs as needed?	Critical	Verify through staff interviews the center's policy for monitoring vital signs. Ask staff for examples of conducting this activity. If Not Met, describe the deficiency in the Comments column.		
45	Staff provide support to carry out physician orders as needed?	Critical	Verify through staff interviews the center's policy for monitoring vital signs. Ask staff for examples of conducting this activity. In the Comments column, list the names of interviewed staff. If Not Met, describe the deficiency in the Comments column.		
46	No other waiver services except for Case Management are provided while clients are receiving ADH services?	Critical	Verify through observation, document review, and staff interviews. In the Comments column, list the names of interviewed staff and document(s) reviewed. If Not Met, describe the deficiency in the Comments column.		



Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
47	An acceptable current fire inspection from State Fire Marshal is posted in a prominent place?	Critical	Verify during site tour via observation. Inspection results must be posted in a prominent place in the center. Look for violations and adequate resolutions; NOTE if provider has evidence that attempts have been made to get inspection completed, do not count as "Not Met" in overall score. In the Comments column, provide the date of documentation. If Not Met, describe the deficiency in the Comments column.		
48	At least one smoke detector (UL approved) installed in the lounge area and any other area where participants congregate for recreation or rest?	Critical	Verify during site tour via observation. In the Comments column, state where smoke detector(s) installed. If Not Met, describe the deficiency in the Comments column.		
49	At least one smoke detector in any hallway and located 15 feet from the end of the hallway?	Critical	Verify during site tour via observation. For each additional 30 feet of hallway space an additional detector will be present. In the Comments column, list the number of hallways and the number of smoke detectors installed. If Not Met, describe the deficiency in the Comments column.		
50	Evacuation procedures posted?	Critical	Verify during site tour via observation. In the Comments column, note where the evacuation procedures are posted and that they are visible/accessible to staff and clients. If Not Met, describe the deficiency in the Comments column.		
51	At least two exits (doors) from building?	Mandatory	Verify during site tour via observation. Exit doors must be wide enough for wheelchair accessibility. In the Comments column, describe the number and location of exit doors.		
52	Are doors leading in and out of the center and bathroom doors wide enough for wheelchair accessibility?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
53	Exits are clearly marked and well lighted?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
54	Exits are free of obstruction?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
55	Exit doors opens outward?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
56	The ADH center will assure that smoking will be restricted to specific staff supervised areas where approved ashtrays are provided. Ashtrays must be free standing and have closed tops to prevent cigarettes from falling from the ashtrays to the floors. If the designated area for smoking is outside, the participants must be supervised.	Critical	Verify during site tour via observation, policy review and staff interviews. In the Comments column, list the document(s) reviewed, with effective dates and the names of staff interviewed and describe the location of the smoking area(s). If Not Met, also describe the deficiency in the Comments.		
57	Smoking restricted to staff supervised area?	Critical	Verify during site tour via observation, policy review, and staff interviews. In the Comments column, list the document(s) reviewed, with effective dates and the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
58	Facility is clean and attractive?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
59	Facility is free of undesirable hazards such as broken furniture, backed up plumbing, exposed electrical wires, falling ceiling, holes in floor, cords in walking areas, etc.?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
60	If center is upstairs, elevators are accessible to individuals who cannot walk upstairs?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column. If Not Applicable, state the rationale in the Comments column.		
61	Facility is wheelchair accessible?	Mandatory	Verify during site tour via observation. Ramps must be provided at entrances to the building. If Not Met, describe the deficiency in the Comments column.		
62	Safety rail available in areas with steps?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
63	Rooms are well lit?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
64	Rooms are well ventilated?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
65	Thermostat is available to regulate room temperature?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
66	Floors are non-skid and free of loose rugs?	Critical	Verify during site tour via observation. Floors and rugs should be nonskid and free from dampness and odor. If Not Met, describe the deficiency in the Comments column.		
67	Windows and doors are screened if used for ventilation?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
68	One area is large enough for all clients to meet comfortably in at one time?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
69	The center has enough chairs, tables, dishes and utensils available to accommodate the clients in the program?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
70	Furniture is comfortable and designed to meet the physical needs of the participants?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
71	There is at least 35 sq. feet of activity space for each client (does not include office space, halls, bathrooms, kitchen, or storage)?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
72	One bathroom available for every 15 clients?	Mandatory	Verify during site tour via observation. The ADH center will maintain a minimum of two restrooms available regardless of the number of participants enrolled. If Not Met, describe the deficiency in the Comments column.		
73	Bathroom doors permit opening of locked doors from the outside in case of emergency?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
74	Opening device to open locked bathroom doors is readily accessible to staff?	Mandatory	Verify during site tour via observation and confirm staff knowledge. In the Comments column, list the names and titles of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
75	Toilet paper, paper towels, and soap in all bathrooms?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
76	Wash cloths and towels are available for use?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column.		
77	Extra clothing is available for clients if needed?	Critical	Verify during site tour via observation as well as staff interviews. In the Comments column, list the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
78	Isolation area is available in the facility? NOTE: The arrangement of curtains or movable screens used to section of part of an activity area is not acceptable.	Critical	Verify during site tour via observation as well as staff interviews. The center must have space available to isolate a sick or upset participant temporarily or to allow participants to rest if needed. The area will provide privacy for the participant and will be in an area where staff can monitor easily. In the Comments column, list the names of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
79	Per CFR § 164.310, office space is available for storage of records and to provide private conferences, complying with federal and state confidentiality laws and regulations in regards to storage of client and employee files?	Critical	Verify during site tour via observation and staff interviews. In the Comments column, list the names and titles of staff interviewed. If Not Met, describe the deficiency in the Comments column.		
80	One CPR and first aid certified staff is available when clients are in attendance?	Mandatory	Verify through staff schedules, documentation and staff interview during site tour. In the Comments column, list the name of the certified staff member(s) available during the tour. The staff schedules and documentation must show that a certified staff member was available during all ADH program hours when clients were in attendance for the review period. If there were any lapses in the documentation, or missing documentation, this must be scored as Not Met.		
81	A fully stocked first aid kit and a telephone is available at all times within the facility?		Verify during site tour via observation and staff interviews. In the Comments column, list the names of individuals interviewed. If Not Met, describe the deficiency in the Comments.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
82	Transportation is provided to and from the facility?	Mandatory	Verify during site tour via observation and staff interviews. In the Comments column, list the names of individuals interviewed. If Not Met, describe the deficiency in the Comments.		
83	Current liability insurance carried on the vehicle?	Mandatory	Verify by viewing documentation. In the Comments column, cite the document reviewed, the insurance company, the amount of liability insurance and the dates showing the policy is currently in effect. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
84	Drivers have current Alabama driver's licenses?	Mandatory	Verify during site tour via observation and staff interviews. In the Comments column, for each applicable driver, list the driver name, the driver's license number and the effective dates reflecting current licensure. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
85	Vehicle has working signal lights, break lights, head lights, tail lights, windshield wipers, horn, proper rear and side mirrors and good tires?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
86	The number of passengers in the vehicle is limited to the vehicle's capacity?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
87	Vehicle has safety belts for each client?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
88	Clients are encouraged to wear seat belts when vehicle is in motion?	Critical	Clients are encouraged to wear seat belts when vehicle is in motion. Interview drivers and competent clients to verify, and inspect all vehicles to ensure there are working seat belts for each client. In the Comments column, list the names of staff and clients interviewed. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
89	Wheelchair clients are restrained and chairs are tied down when the vehicle is in motion?	Mandatory	Wheelchair clients are restrained, and chairs are tied down when vehicle is in motion. Interview drivers and competent clients to verify, and inspect all vehicles to ensure there are working seat belts for each client. In the Comments column, list the names of staff and clients interviewed. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
90	Clients enter and leave vehicle from curb side only and driver waits for the clients to enter the building, and/ or their home before driving off?	Critical	Clients enter and leave vehicle from curb side only and driver waits for the clients to enter the building and or home before driving off. Doors are locked when the vehicle is in motion. Interview drivers and competent clients to verify. In the Comments, list the individuals interviewed. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
91	Doors are locked when the vehicle is in motion?	Critical	Doors are locked when the vehicle is in motion. Interview drivers and competent clients to verify. In the Comments, list the individuals interviewed. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		

Alabama Medicaid Agency  
 Adult Day Health Center Audit Tool - Operational

#	Audit Question	Requirement	Guidelines	Finding	Comments
92	Fire extinguisher is in the vehicle?	Mandatory	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		
93	Adequately stocked first aid kit is in the vehicle?	Critical	Verify during site tour via observation. If Not Met, describe the deficiency in the Comments column. Note: Some centers contract with other private companies for transportation. This question remains applicable. However, some centers use public transit for their transportation needs; those vehicles do not require inspection.		

Source:  
 These requirements are listed in ADSS's ADH policies, which can be found in the following location: [Link to be provided](#).