

Provider QA Review/Audit Preparation Checklist

This form is designed to help Providers prepare for a QA Review/Audit by Salt Lake County Aging & Adult Services. Please refer to your current contract and to the CCTP Provider Training Documents for additional information about each item listed.

During a QA Review/Audit, Providers will be expected to provide documentation that demonstrates that each of the below listed items has occurred. Examples include: copies of training attendance rolls which show employee completion of training requirements; copies of billing records and/or invoices; copies of current licensure; copies of case notes; copies of employee timesheets; etc.

<p>1. Business and staff maintain current licensure: Notes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Business maintains appropriate insurance policies: Notes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Appropriate assurances are in place for any subcontractor: Notes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>4. Business has completed I-9's for all employees: Notes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Business has developed all required Policies/Process, and employees have been trained on required policies/processes: Notes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Business maintains all records for six (6) years: Notes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

7. Business communicated changes, issues, etc. appropriately with Case Managers and Clients: Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Billing is appropriate (submitted in a timely manner, accurate, service provision matches billing and timesheets, etc.): Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Progress notes and case documentation is appropriate (documentation of daily work provided, etc.): Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Service Provision is appropriate and current Service Authorization(s) on file matches the provision of service(s), etc.: Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Business maintains accurate receipts: Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Business provided and maintains signed copies of Resident's Rights: Notes: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A