

Example 9

September 1, 2022

TO: Karla Bennetts, Families CARE

FROM: Tammy Fiala, Consumer Specialist
Melinda Dulitz, Network Specialist

RE: Service Purchased Verification (SPV) Unit Audit

Families CARE received an overall verification rate of **97.7%** during the Service Purchased Verification (SPV) Unit Audit conducted on August 24 and 31, 2022. A summary report and worksheets of the services purchased verification audit review are enclosed.

During the FY22 audit process, Region 3 continued a review process for Peer Support services which included Tammy Fiala, Regional Consumer Specialist, auditing files. We appreciate your patience and flexibility regarding this process and believe it will continue to add value to the audit process.

Thank you for your dedicated efforts in serving the residents of Region 3. Please do not hesitate to call me at (308) 237-5113, ext. 225 with any questions and/or concerns you may have.

cc: Julie Schuyler Families CARE Board of Directors Chairperson
Beth Baxter, Regional Administrator

Enc. Audit for Peer Support Services Worksheets
Unit Audit Score and Verification Rates Worksheets

**Families CARE Summary Report
Service Purchased Verification (SPV) Unit Audit
FY22**

**For further clarification refer to the worksheets included in this report.*

Agency Provider	Families CARE	Review Date	August 24 & 31, 2022
		Reviewer(s)	Tammy Fiala & Melinda Dulitz

Service Category:	Transitional Youth Advocate Program	Family/Parent Peer Support Program	
Annual Contracted Units	2,053	1,425	
Percent of Annual Units Audited	%	%	
Number of Files Audited	5	5	
Number of Billable Units Needed	41	28	
Number of Billable Units Claimed	44	32	
Number of Billable Units Found	44	32	
Programmatic Review (PR)/Service Purchased Verification (SPV) Unit Audit			
Service Category:	Months Reviewed	PR Score	SPV Score
Transitional Youth Advocate Program	Jul, Sept-Nov, & Feb	100%	97.8%
Parent/Family Peer Support Program	Jul, Oct, Dec, Jan, & Mar	96.7%	97.6%
Overall Verification Rate:		98.4%	97.7%

Regional Administrator

Date

NOTE TO PROVIDER: For any program receiving below 95% verification rate, a Corrective Action Plan (CAP) must be submitted to the Region within 30 days of the date the "Unit Audit Summary" report was sent and a re-audit shall occur within 60-90 days. Contingent upon the timely receipt of the CAP, the Region's approval of the CAP, as well as the re-audit, a deduction from Region 3 reimbursement may be required. Any such deduction shall be made from the last payment of the fiscal year.

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Commendations

- There was ongoing, strength-based dialogue with all staff throughout the audit process.
- Staff were knowledgeable, professional, accessible, and flexible throughout the audit process.
- Staff was especially helpful during the file review with the Consumer Specialist.
- Welcome letter us upbeat and personalized.
- Discharge letter regarding discharge is strength-based.
- Coronavirus Impact Survey contains pertinent information.
- Acronyms for contact notes are helpful.
- Contact note reflect Peer Support Core Tasks
- WRAP plan is streamlined re: Wellness Plan, Crisis Plan, and Safety Plan

Overall Follow Up

The following was listed within the FY21 audit summary.

- Clarification regarding Coronavirus funded services. When receiving funds through Region 3, the essential documentation will always remain, as well as the requirements associated with additional funding.
- Send an email to staff and then forward to me regarding the following:
 - Ensure the newest forms are used. Discard all old forms encountered when completing screening/intake.
 - Ensure The Medical/Self Care form must include the checkbox that addresses the referral for further medical care.
- File must include a signed checklist or signed documentation regarding all items (Grievances, Code of Ethics, etc...).
- Jamie is working with Pyramid on more clearly indicating “Goals Met”.
- Parent Peer Support Program: none of the Medical/Self Care forms included the check box for referral for medical care.

Transitional Youth Advocate Program

Service Purchased Verification (numbers)/Programmatic Review (letters) Exceptions

- Code 6: Ensure consumer receives and is oriented to the Core Values of Peer Support.
- Code 8: Ensure initial WRSP is completed within 30 days of the first contact with participant.
- Code 45: Ensure annual income is completed.
- Code 56: Include Medical/Self Care Information form.
- Code 59: Ensure Medical/Self Care form include check boxes for referral for medical care.

**Families CARE Summary Report
Service Purchased Verification (SPV) Unit Audit
FY22**

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Transitional Youth Advocate Program, continued...

- Code 60: A mental health or substance use disorder assessment describing the service needs of the individual, completed by a licensed clinician authorized to perform this service, must have been completed prior to initiating peer support services and recommends this level of care. A copy of the assessment(s) should be found in the individual's peer support file; if unable to obtain, documentation will be found describing efforts to obtain.
- No exceptions

Parent Peer Support Program

Service Purchased Verification (numbers)/Programmatic Review (letters) Exceptions

- Code 15: Ensure the WRAP plan is incorporated into the WRSP.
- Code 45: Eligibility Worksheet for NBHS Funded Services (EWFS) is located in participant file but is blank.
- Code 55: Includes screening and recommendations for trauma.
- Code 59: Ensure Medical/Self Care form include check boxes for referral for medical care.
- Code 60: A mental health or substance use disorder assessment describing the service needs of the individual, completed by a licensed clinician authorized to perform this service, must have been completed prior to initiating peer support services and recommends this level of care. A copy of the assessment(s) should be found in the individual's peer support file; if unable to obtain, documentation will be found describing efforts to obtain.
- Code 1: Ensure referral is made and Interim Services packet is provided, if screening indicates need.