Audit Toolkit

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What & Why?

What?

An audit is a randomly selected onsite visit that allows the American Diabetes Association (ADA) Education Recognition Program (ERP) to verify a Recognized DSMES service was operating under the National Standards for Diabetes Self-Management and Support (DSMES) at the time of the most recent application and has continued to meet the National Standards during the current recognition period.

Why?

Medicare (CMS) requires the ADA to audit 5%, up to 70 recognized DSMES services annually. If the service refuses the onsite audit, recognition will be withdrawn per CMS guidelines. Medicare does not allow audit dates to be negotiated.
When?

When do onsite audits take place?

If a service is chosen for an audit, the quality coordinator will be notified 10 business days prior to the onsite audit date. This allows the service to prepare for the audit as well as address any questions or concerns with ERP staff. The lead auditor will contact the quality coordinator once the service has confirmed receipt of the audit notification. This allows the auditor to answer any questions and confirm meeting arrangements and/or logistics. *Onsite audits occur throughout the entire calendar year.*
Where does the onsite Audit take place?

The onsite audit will take place at the DSMES service’s primary location on file with ERP unless other arrangements are made between the service and the two person audit team. The quality coordinator will need to supply the auditors with a quiet, well-lit room from 9:00 AM through 3:00 PM unless other arrangements have been made.
Audit Overview
3 Phases of the Onsite Audit

Phase 1: Opening Meeting
The audit team will briefly (15-30 minutes) meet with the quality coordinator (QC) and any other staff or service representatives prior to starting the actual audit.

Phase 2: Auditor Investigation
Please provide the auditors with a quiet well lit room from 9am to 3pm during this audit phase. The QC does not have to be present during this phase but available should questions arise.

Phase 3: Closing Conference
After phase 2, the audit team will meet with the QC to review findings and then the QC is welcome to invite other service representatives for the closing meeting.

NOTE: If the QC is not available on the audit date, another DSMES service representative can be identified and to perform the QC duties. This needs to be communicated to ADA.
Audit Overview
The Two Periods of Audit Documentation

Reporting Period

The reporting period is based on the reporting period used by the DSMES service’s most recent renewal or original application. The reporting period can be found on your Audit Notification Letter.

Documentation reflecting that each standards’ indicators were in operation during the reporting period needs to be presented during the audit.

It is important to note that during an audit auditors can request documentation reflecting adherence to the 10 standards during any time during the services 4 year Recognition cycle.
Audit Overview

The Two Periods of Audit Documentation

Current Operations

**Standards 7, 8, and 9:** These standards reflect the complete DSMES chart requirements. The current operations refers to the 6 month period prior to the audit date. At least one element of the DSMES cycle (A-J) must have occurred during this 6 month period.

**Standard 4 and 5:** Professional team member licensures/credentials have to be current at all times. Documentation of professional team members current licensure/credential has to be presented for review. Non CDE/BC-ADM professional team member 15 CEUs for the previous service recognition period must be presented. Paraprofessional team members’ proof of 15 hours of training and competency in the areas they teach for the previous service recognition period must be presented.

**Standards 1, 2, 3, 6, and 10:** The current period documentation must be from the past 12 months of the onsite audit date.
Quality Coordinator Guide (QCG) & Required Documentation

Did You Know?

If your DSMES service is using the QCG and it is up to date with the required elements, your QCG will have all of the required documents for the audit except for the team member list. Please complete the team member list and present to the auditors during the opening meeting.

If the QCG does not have the actual complete DSMES charts indicated on page 50 of the QCG, please add the charts with each element (A-J) identified. The DSMES Chart Review form on page 51 of the QCG can assist with this step.

If you are not using the QCG, please continue with this toolkit which will guide you through audit preparation and documentation presentation steps.
De-Identified Participant Charts  (Pg. 1 of 2)

<table>
<thead>
<tr>
<th>#Multi-Sites</th>
<th># Charts from current period and data period of each Multi-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Site Included</td>
<td></td>
</tr>
<tr>
<td>1-2 Multi-Sites</td>
<td>5 Charts each period</td>
</tr>
<tr>
<td>3-4 Multi-Sites</td>
<td>3 Charts each period</td>
</tr>
<tr>
<td>5+ Multi-Sites</td>
<td>2 Charts each period</td>
</tr>
</tbody>
</table>

**EMR Charts** not printed are covered by the confidentiality agreement signed by the service and the auditor prior to the audit. You will be required to access and navigate the electronic charts and stay with the auditor during the entire chart review.
De-identified Participant Chart
(Pg. 2 of 2)

Use sticky tabs to indicate each item (A, B, C etc.) of the education cycle in the de-identified participant chart. (See diagram on the right)

A complete chart should have a sticky tab for A through J.
Audit Documentation Checklist

- Ensure patient concern poster is posted in a place visible to patients
- Use the [Audit Documentation Checklist](#) to ensure you have the required documents
- Provide separate binders/folders for the reporting period documents and for the current operation documents
- Label each documentation section accordingly
- Ensure that all documents include the date the activity occurred.
Applications & Annual Status Reports

Services have access to previous Applications and Annual Status Reports through the Applications/ASRs tab of the ERP Portal. The Application/ASR can be printed by clicking on the magnifying glass next to the appropriate application.

The auditors will ask to see documentation to support the reported behavior goals and other participant outcomes reflected on the most recent Application and ASR.
Worksheets & Resources

ERP has many resources but the **top four** listed below will be especially helpful for your audit preparation

- [10th Edition Review Criteria, Indicators and Audit Summary](#)
- [Participant Record/Chart Review Form](#)
- [Initial Comprehensive DSMES Cycle](#)

*Indicates the forms used by the audit team
Frequently Asked Questions

Q: Is the Audit date negotiable?
A: The audit date is **NOT** negotiable per CMS guidelines.

Q: What if I refuse the audit?
A: Refusing the audit will result in the loss of your DSMES service’s ADA Recognition.

Q: When will I be notified of the audit outcome?
A: The DSMES service will receive notification of the audit outcome 30-45 business days after the audit date.
It is ADA’s intention for your DSMES service’s audit experience to be positive and pleasant. We are simply visiting your service to ensure the DSMES participants are receiving the high quality education and support they deserve. In addition CMS also requires that ADA verifies recognized DSMES services’ compliance with the standards. In addition audits also provide the ADA staff and auditors the opportunity to observe, recognize and highlight best practices. Audits also afford the opportunity for DSMES services to receive coaching and support when requested or a need is identified.

On behalf of the ADA ERP National Committee, ERP volunteers and ADA staff – thank you and your team for what you do for people living with diabetes and their families and loved ones.

Please visit www.diabetes.org/erp to learn more about all of the new resources available to your DSMES service.