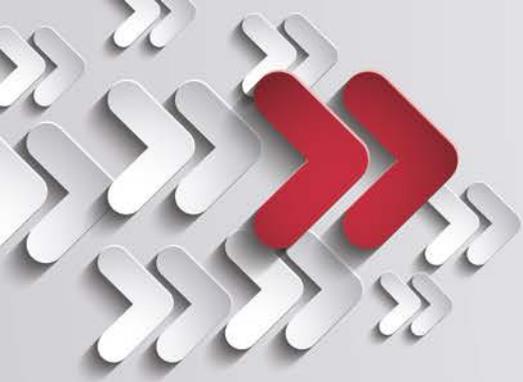


Audit Toolkit

Contents

- [Onsite Audit: What, When, Where & Why?](#)
- [Required Documentation](#)
- [Helpful Tips for Audit Preparation](#)
- [Worksheets and Resources](#)
- [Frequently Asked Questions](#)
- [Audit Documentation Checklist](#)



What & Why?

What?

An audit is a randomly selected onsite visit that allows the Education Recognition Program to verify a Recognized entity was compliant with the National Standard's criteria at the time of most recent application and has remained compliant during the current recognition cycle.

Why?

Medicare (CMS) requires the Education Recognition Program to randomly select 5%, up to 70 programs annually for an onsite audit. If the program refuses the onsite audit, Recognition will be withdrawn per CMS guidelines.

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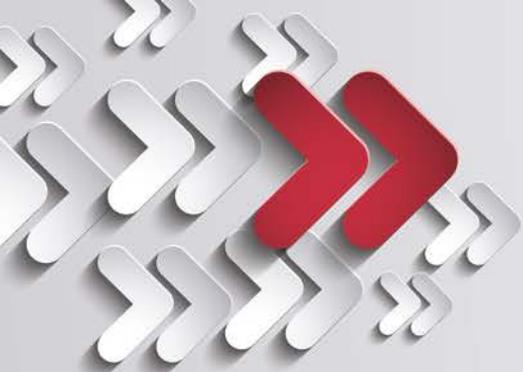
When?

When do onsite audits take place?

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



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Where?

Where does the onsite Audit take place?

The onsite audit will take place at the program's primary location on file with ERP unless other arrangements are made between the program and the two person audit team. The Program Coordinator will need to supply the auditors with a quiet, well-lit room with a telephone from 9:00 AM through 3:00 PM unless other arrangements have been made.



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3 phases of the On-site Audit

Phase 1: Opening Meeting

The audit team would like to meet with you and any other staff or program representatives you wish to invite prior to starting the actual audit.

Phase 2: Auditor Investigation

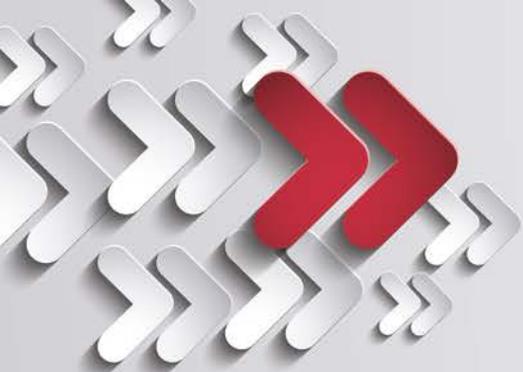
Please provide the auditors with a quiet well lit room with a telephone from 9am to 3pm during this investigation phase. The program coordinator does not have to be present during this phase but available should questions arise.

Phase 3: Closing Conference

After phase 2 the audit team will meet with the program coordinator to review their findings and then the coordinator is welcome to invite other program representatives for the closing meeting.

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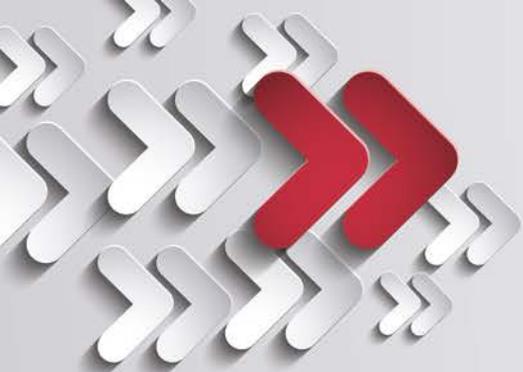
Required Documentation

The audit will require the following documentation from the **Reporting Period** of the most recent renewal or original application **AND** from the **Current Operations** (past 6 months of operation).

- **Complete** De-identified Patient Records
- Program Coordinator documentation
- Advisory Group Activity
- Program Staff documentation
- Curriculum and proof of Annual Review/Revision
- CQI Project Plan & Outcomes
- Single Discipline Program Policy



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Complete De-Identified Patient Records

Complete De-Identified Patient Records

Standard #7, #8 and #9

Reporting Period

Current Operations

At least *5 **complete** patient records from each multi-site reflecting population served. We prefer that all patient records are **de-identified.

At least *5 **complete** patient records from each multi-site reflecting population served. We prefer that all patient records are **de-identified.

*See next slide for number of complete charts required

**See next slide if program chooses not to de-identify patient charts

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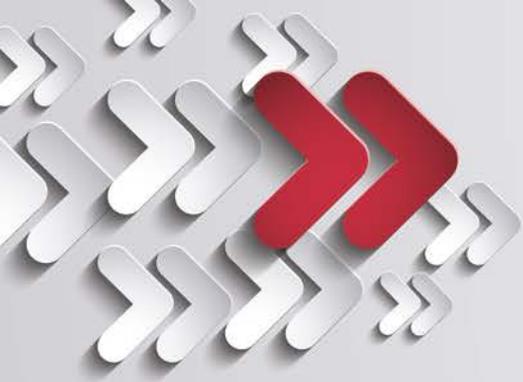
Complete Patient Chart Audits per Multi-site

Complete Patient Chart Audits per Multi-Site	
#Multi-Sites	# Complete Charts from current period and data period of each Multi-Site
Parent Site Included	
1-2 Multi-Sites	5 Complete Charts each period
3-4 Multi-Sites	3 Complete Charts each period
5+ Multi-Sites	2 Complete Charts each period

EMR Charts not printed are covered by the confidentiality agreement signed by the program and the auditor prior to the audit. You will be required to access the electronic charts and stay with the auditor during the entire chart review.



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Program Coordinator (PC)

Standard #4

Reporting Period

- [PC Job Description](#) reflecting PC role and responsibilities*
- [CV or Resume of PC](#) reflecting PC position*
- PC credentials
- Verification of CDE or BC-ADM or 15 hours of CEU's*

*within 12 months prior to the last application submission date

Current Operations

- [PC Job Description](#) reflecting PC role and responsibilities †
- [CV or Resume of PC](#) reflecting PC position
- PC credentials †
- Verification of CDE or BC-ADM or 15 hours of CEU's †

† within 12 months of audit date

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Advisory Group Activity

Standard #2

Reporting Period

- Documentation of [Advisory Group Activity](#) not older than 12 months prior to the beginning of the reporting period listed on the most recent renewal or original application.
- Documentation reflects advisory group members
- Documentation reflects input gained from activity

Current Operations

- Documentation of [Advisory Group Activity](#) with in the past 12 months of the audit date.
- Documentation reflects advisory group members
- Documentation reflects input gained from activity

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Program Staff

Standard #5

Reporting Period

- Documentation of [professional staff](#) credentials:
 - RN/Pharm D/Social Worker: License
 - RD: CDR Verification
- Verification of CDE or BC-ADM or 15 hours of CMEs within 12 months prior to the last application submission date

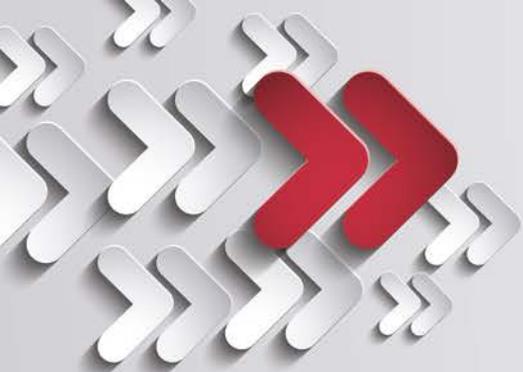
Current Operations

- Documentation of [professional staff](#) credentials:
 - RN/Pharm D/Social Worker: License
 - RD: CDR Verification
- Verification of CDE or BC-ADM or 15 hours of CMEs per program anniversary year

* Professional instructors must include at least 1 RN or 1RD or 1pharmacist or 1CDE or 1BC-ADM

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Resource Staff

Standard #5

Reporting Period

- List of all *Resource Staff and % of the total program this person is involved

Current Operations

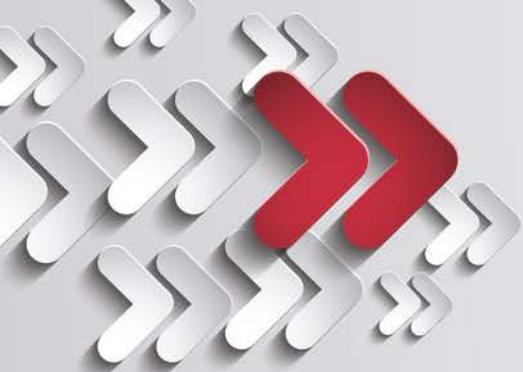
- List of all *Resource Staff and % of the total program this person is involved

Please download the [Frequently Asked Questions](#) to view a detailed definition of Resource Staff and Professional Staff.

Resource staff credentials are not required during the audit

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Curriculum

Standard #6

Reporting Period

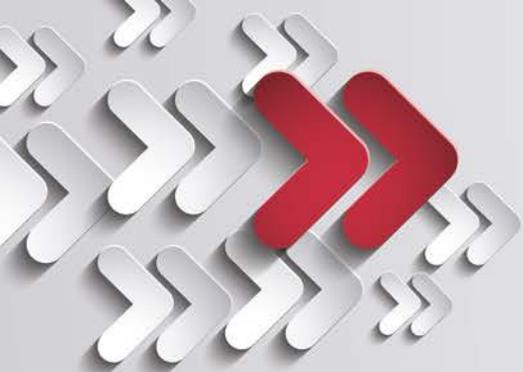
- [Curriculum](#) used during the reporting period of the most recent renewal or original application
- Documentation of Annual Review revision of the curriculum not older than 12 months prior to the beginning of the reporting period.

Current Operations

- Current [curriculum](#)
- Proof of Annual Review revision of the curriculum within the past 12 months of the audit date

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CQI Project, Plan & Outcomes

Standard #10

Reporting Period

- Documentation of [CQI project](#)
- Documentation of project measures
 - Baseline achievement, target achievement and aggregated outcomes from the reporting period of the most recent renewal or original application

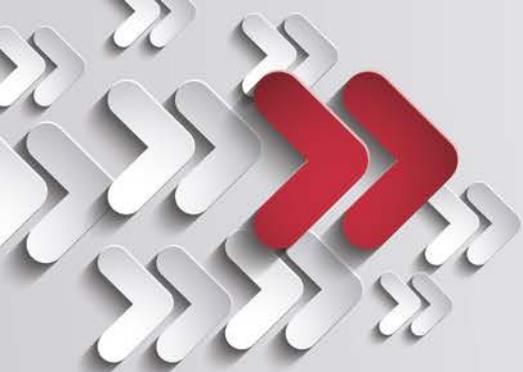
Current Operations

- Current [CQI project](#)
- Documentation of project measures
 - Baseline achievement, target achievement and aggregated outcome/s for the current project.

At least 1 CQI Project will need to be based on one of Standard 9's aggregate outcomes- either participant behavior goal or other participant outcome.

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Single Discipline Program Policy

Reporting Period

- Single discipline programs policy in place during period used on the last program new or renewal application

Current Operations

- Single discipline program in place during the past 6 months from audit date

Note: Single discipline program requires a policy addressing how the participant's education needs will be met that are outside of the scope of practice of the single discipline educator/s program.

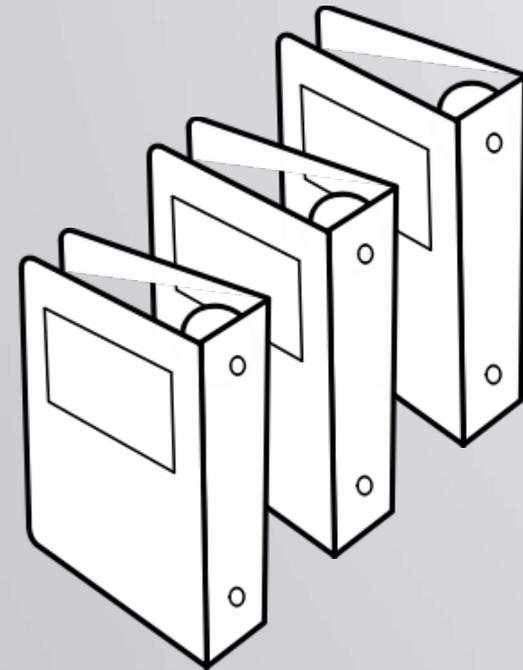
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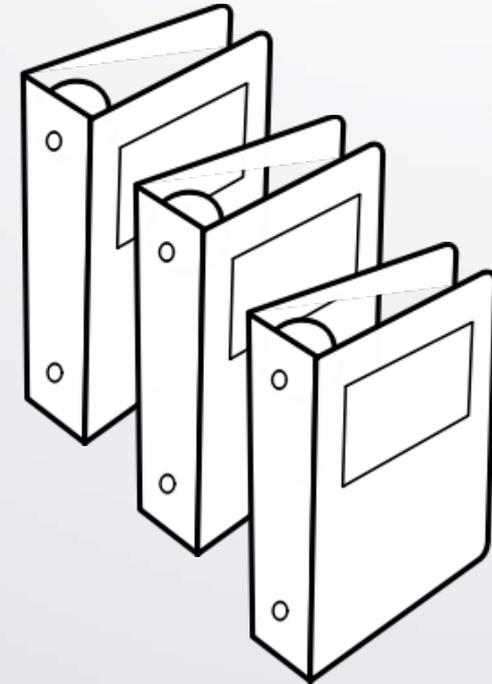
Helpful Tips & Recommendations for Audit Preparation

Organizing Required Documentation



Recommendations:

- 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



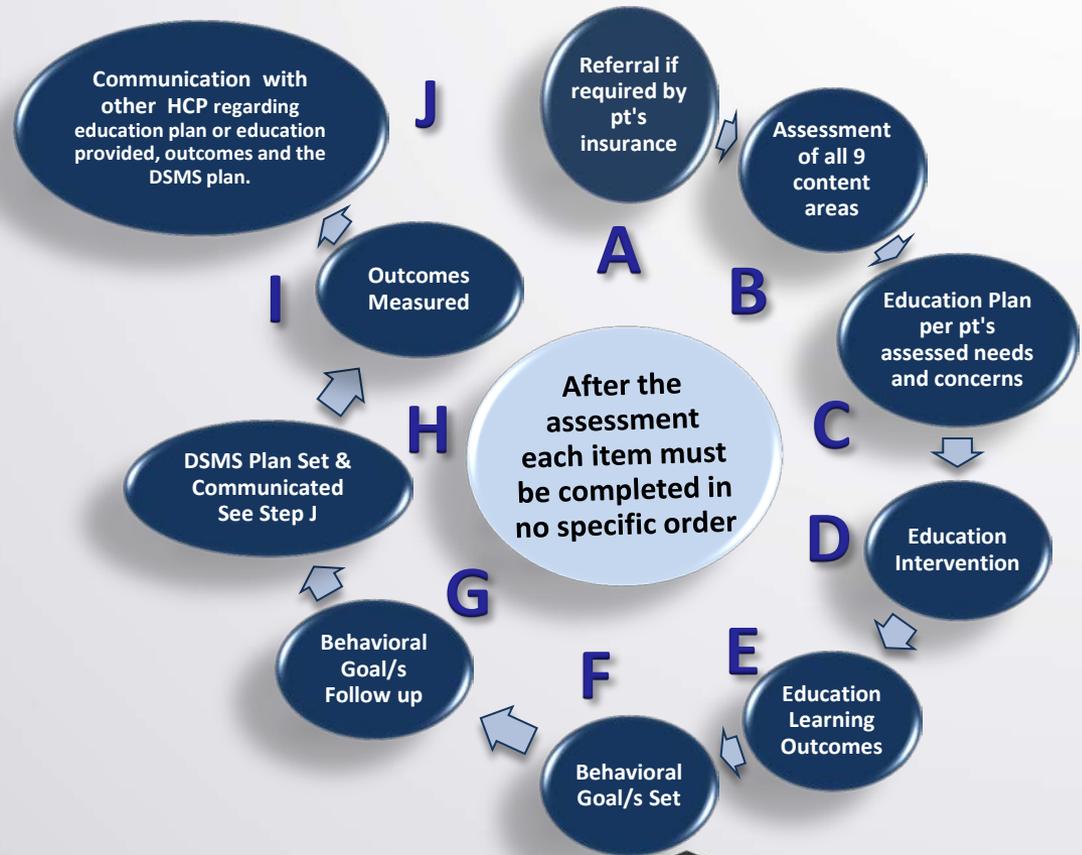
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Complete De-identified Patient Record Organization

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

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



Applications & Annual Status Reports

Programs 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.

Legal Agreements ADA Legal Policies

Program Applications / ASRs Reports

Applications / ASRs List

An Annual Status Report (ASR) is required to be complete every year. You will be notified by email that you can complete your ASR. You will be able to complete and submit your ASRs when prompted by ERP in advance of when it is due; plus review ASRs submitted during this new system.

Below is a list of all of the existing ASRs that have ever been added to your program. If an ASR has a magnifying glass next to it, that means that the ASR is locked and you can click the magnifying glass to view (but not edit) the ASR. If an ASR has a pencil next to it, that means that the ASR is unlocked and you can click the pencil to view, edit, and eventually submit the ASR.

Previous Annual Status Reports

Status	Note
 Passed Review on Nov 13, 2014	ASR Auto-Passed



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Staffing List

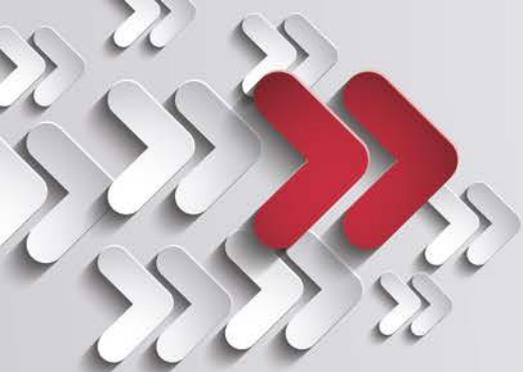
The Staffing List from both the **reporting period** and **current operations** must be completed prior to the audit date.

If you are unsure of staffing types, please download the [Frequently Asked Questions](#) for staff type descriptions. If referring providers are not educators, please do not include them on the staffing list.

[Staffing List](#) (PDF)

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Worksheets & Resources

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

- [*9th Edition Auditor's Review Criteria, Indicators and Audit Summary](#)
(A clean audit requires that you are and have been compliant with all of the criteria on above document)
- [Audit Documentation Check List](#)
- [DSME Cycle](#)
- [*Auditor Site Review Form](#)
- [*Participant Record/Chart Review Form](#)
- [Staffing List](#)
- [Recognition Resources](#)

* Indicates the forms used by the audit team

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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 programs ADA Recognition.

Q: When will I be notified of the audit outcome?

A: The program will receive notification of the audit outcome 30-45 business days after the audit date.

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Final Note

It is ADA's intention for your program's audit experience to be a positive and pleasant one. We are simply visiting your program to ensure the ERP program participants are receiving the high quality education they deserve. In addition CMS also requires we verify programs' 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 programs 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 program.

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