

Auditing SB 123 Certified Treatment Providers Policy

1. Purpose

To ensure that treatment providers certified by the Kansas Sentencing Commission (KSSC) comply with standards set forth in the Senate Bill 123, RAFT, and Senate Bill 123+ Alternative Sentencing Policy Operations Manual (“Operations Manual”) and deliver high-quality care as outlined in their approved Implementation Plan, this policy outlines the procedures for conducting audits.

2. Scope

This policy applies to all treatment providers certified by KSSC to provide services to people receiving services under SB 123/123+ and RAFT.

3. Objectives

- To verify compliance with KSSC operating procedures for the SB 123 program.
- To assess the quality and effectiveness of treatment services.
- To ensure adherence to approved implementation plans, best practices, and standards of care.
- To identify and address any potential issues or areas for improvement.

4. Audit Criteria

Audits will be based on the following criteria:

- **Compliance with KSSC Standards:** Adherence to licensing requirements, cost caps, documentation standards, and other obligations as outlined in the Operations Manual.
- **Quality of Care:** Evaluation of treatment effectiveness, client satisfaction, and outcomes.
- **Staff Qualifications:** Verification of staff credentials, training, and adherence to professional standards.
- **Implementation Plan Adherence:** Assessment of adherence to the KSSC-approved Implementation Plan.

5. Audit Procedures

5.1 Planning

- **Notification:** KSSC will inform providers of upcoming audit(s) at least 60 calendar days in advance by email to the contact person on record.

5.2 Conducting the Audit

- **File Review:** Examine a minimum of 10 client files from the past four calendar years, including discharged and active clients. File reviews may be conducted virtually, with providers being asked to provide KSSC access to client files, or in person during site visits. Documents to be maintained in client files, per the Operations Manual, include:
 - Substance Use Disorder Assessment Package
 - Signed Releases of Information (For KSSC, Carelon, and others as needed)
 - Client Placement Agreement(s)

- Monthly Progress Report Forms (1 per month, signed & submitted to Community Corrections)
- Treatment plan incorporating approved EBP curricula
- Discharge Summary (if applicable)
- Any other documents required by KDADS
- **Site Visit:** Perform a site visit to observe treatment environments, client interactions, and operational procedures.
 - **Interviews:** Conduct interviews with staff and clients to gather insights on service delivery and operational practices.
 - **Group Observation:** One member of the KSSC SB 123 team may sit in on a scheduled treatment group to witness client and staff interactions and ensure approved Implementation Plan curriculum is being delivered appropriately and with fidelity.
 - **File Review:** The above file review process may be conducted during site visits.

5.3 Reporting

- **Findings:** Within 30 calendar days of the completion of a file review or site visit, the provider will receive a summary detailing the audit findings. These will be sent via email to the contact person on record. In cases where non-compliance with KSSC standards is found, providers will receive a Corrective Action Plan and may also be subject to graduated sanctions.
- **Graduated Sanctions:** KSSC certified providers are subject to graduated sanctions when violations of program policy are identified. These sanctions include multiple, progressive stages, and can be initiated at any stage depending on the severity of the violation, the provider's response to current and past violations, or other factors determined by KSSC at the time the sanction takes place. For more information on graduated sanctions, please see the Operations Manual.
- **Report Distribution:** File review and site visit summaries will be shared with the provider's contact person on record and placed in the provider's KSSC file. If non-compliance is found which rises to the level of requiring KDADS notification, such notification will be made by the SB 123 Program Director within seven calendar days of the audit.

5.4 Follow-Up

- **Corrective Action Plans:** Providers found to be out of compliance with KSSC standards will receive a Corrective Action Plan (CAP) Request. This request will accompany the audit summary detailing where the provider was out of compliance, which will be emailed to the contact person on record. CAPs must be completed and returned to the SB 123 Program Director within 30 calendar days of the request being sent. The SB 123 Program Director will review the CAP within 14 calendar days of receipt and either approve the plan or request more information. Providers who do not respond to a CAP request or request for more information within 30 calendar days will be subject to graduated sanctions (see Operations Manual).
- **Re-Audit:** When deemed necessary by the SB 123 Program Director, a follow-up audit will be scheduled to ensure corrective actions have been implemented effectively. Re-audits will follow the same procedures as initial audits.

6. Confidentiality

All information obtained during the audit process will be kept confidential by KSSC except where otherwise noted and used solely for the purpose of assessing compliance and improving service quality.

7. Responsibilities

- **Audit Team:** Conduct audits impartially and thoroughly, adhering to established procedures.
- **Provider:** Cooperate fully with the audit process, provide necessary documentation upon request of KSSC personnel, and successfully complete any Corrective Action Plans as needed.

8. Training

Audit team members will receive ongoing training on relevant procedures, auditing techniques, and best practices to maintain effective and accurate auditing processes.

9. Review and Update

This policy will take effect January 1, 2025. It will be reviewed annually and updated as necessary to reflect changes in operating procedures, best practices, and organizational needs.