

OHA Solutions Audit Criteria

Name of Staff Being Audited: _____ Type: _____

HDO (if applicable): _____ Date: _____

| <u>Criminal Background Screening Requirements</u> | <u>Frequency</u> | <u>For whom it needs to be done</u> | <u>Description</u> | PASS / FAIL / NA |
|--|---|---|---|------------------|
| Ohio BCI Fingerprint Background Check (WebCheck) | Upon initial hire/Annual Recheck/Recheck upon break in consistent employment* | On all profiles | Fingerprint results reveal arrest information for the State of Ohio only. Proof of Ohio residency of five years should be required by employer | |
| FBI Fingerprint Background Check (National WebCheck) | Upon initial hire/Annual Recheck/Recheck upon break in consistent employment* | On select profiles | Fingerprint results reveal arrest information in the United States. Required if employee has less than 5 years of continuous residency in Ohio | |
| SSN Trace | Upon initial hire. Recheck upon break in consistent employment* | On all profiles | Reveals any alias names attached to the SSN and a historical list of residences with dates | |
| National Background Check (FCRA Compliant) | Upon initial hire. Recheck upon break in consistent employment* | On all profiles | National search of state and local courthouses' repositories. May also search sex offender registries, State Dept. of Correction facilities, and federal exclusion lists such as OIG, OFAC, GSA, and FACIS | |
| OIG Sanction Report | Upon initial hire. Recheck upon break in consistent employment* | On all profiles | The Office of the Inspector General maintains a database of parties excluded from participation in the Medicare, Medicaid and all Federal health care programs | |
| <u>Health Screening Requirements</u> | <u>Frequency</u> | <u>For whom it needs to be done</u> | <u>Description/Acceptable Documentation</u> | |
| Urine Drug Screen - 10 panel minimum by SAMSHA certified, third party chain of custody, clinical lab | Annually. Recheck upon break in consistent employment* | On all profiles | Must include: Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Methodone, Methaqualone, Opiates, PCP and Propoxyphene | |
| Pre-employment Physical | Upon initial hire. Recheck upon break in consistent employment* | Clinical Only or as required by Participating Institution | Physician documentation of good health status examining practitioner. Such examination shall include, but not be limited to, an assessment that the Agency Personnel is capable of safely performing the essential functions of the job with or without reasonable accommodation. | |
| Annual TB skin test (one step) | Annual | On all profiles | Proof of or verifiable documentation of negative skin test within the last 12 months | |
| Annual TB skin test (two step) | Upon initial hire or as required by Participating Institution | On all profiles | Proof of or verifiable documentation of negative two step skin test within the last 12 months. Must have chest x-ray if skin test is positive to rule out active TB | |
| TB Chest Radiograph (x-ray) | If necessary | On all profiles, mandatory if TB skin test is positive | After positive TB test and again if symptoms or signs of TB disease develops or a clinician recommends a repeat chest radiograph | |
| Rubeola (Measles) | Upon initial hire** | On all profiles | Proof of testing at a reputable clinical lab demonstrating immunity or documentation of two adult MMR vaccines | |
| Rubella (German Measles) | Upon initial hire** | On all profiles | Proof of testing at a reputable clinical lab demonstrating immunity or documentation of one adult MMR vaccine | |
| Mumps | Upon initial hire** | On all profiles | Proof of testing at a reputable clinical lab demonstrating immunity or documentation of one adult MMR vaccine | |
| Varicella (Chicken Pox) | Upon initial hire** | On all profiles | Proof of test demonstrating immunity or documentation of two adult varicella vaccinations. The treating physician may provide dated, signed statement verifying condition | |

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| Hepatitis B or Declination | Upon initial hire | On all profiles | Proof of previous testing at a reputable clinical lab demonstrating immunity or signed waiver | |
| <u>Work History and Credentials</u> | <u>Frequency</u> | <u>For whom it needs to be done</u> | <u>Description/Acceptable Documentation</u> | |
| Current State or National Licensure-Certification-Registration | Upon initial hire and must remain current | On all profiles as required | Primary source or online verification of current status of certifying agency | |
| Current CPR/BLS | Upon initial hire and must remain current | On all profiles as required | Documentation of credential and testing organization | |
| Additional Certifications | Upon initial hire and must remain current | On all profiles as required | Documentation of credential and testing organization (ex. ACLS/PALS/NALS/NRP/IV Cert) | |
| Resume or Application | Upon initial hire | On all profiles | Previous work experience | |
| 3 years work history | Upon initial hire | On all profiles | Any prior work experience | |
| 2 years work experience in current profession | Upon initial hire | On all profiles | Prior work experience in acute care setting | |
| 2 professional references | Upon initial hire | On all profiles | At least one positive reference from most recent employer addressing work history & skills | |
| Skills Checklist/Self-Assessment | Upon initial hire/annual update | On all profiles | Documentation of frequency, quality and recent activity; signed and dated by Health Care Provider (HCP) | |
| Competency Exams | Upon initial hire and retested as required by Participating Institution or Agency | On all profiles, if applicable | Graded assessment of knowledge and/or skills | |
| Performance Review | Suggest 30 or 90 day probation; thereafter annually | On all profiles | A review of performance and expectations between Agency and Agency Personnel | |
| Acknowledgment of HIPPA | Upon initial hire | On all profiles | Verification for HIPAA training and testing; signed by Agency Personnel | |
| * Consistent Employment no breaks in employment of more than two months or regular communication with employee | | | | |
| **Upon hire or prior to confirmation of assignment | | | | |
| I confirm that to the best of my knowledge, this employee has maintained consistent employment with this agency or maintained constant communication with our organization within the past two months of the date of this audit. | | | | |
| Agency Representative: _____ | | | Date: _____ | |
| OHA Representative: _____ | | | Date: _____ | |