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Site Review Team: Darren McAllister, Rebecca Emmenecker, Kari Gulvas, Steve Adamczyk

Provider Name: \_\_\_\_\_ License Number \_\_\_\_\_

Review Date: \_\_\_\_\_

Provider Staff Present: \_\_\_\_\_

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
<b>1.00.00</b>	<b>Administrative Protocols</b>				
		3=Full 2=Partial 1=None N/A=Not Applicable			
1.01.00	<b>Corrective Action Plans:</b> The Provider has taken corrective action in all identified areas of concern/non-compliance on the previous Coordinating Agency Administrative Review.	3			
1.02.00	<b>Licensing Requirements:</b> The Provider has taken corrective action in all identified areas of concern/non-compliance on the previous MDCIS Licensing Review.	3			
1.03.00	<b>Accreditation Requirements:</b> The Provider has taken corrective action in all identified areas of concern/non-compliance on the accrediting body review.	3			
1.04.00	<b>Media Campaigns:</b> The Provider shall not use Coordinating Agency funding to finance any media campaign. Advertising about the availability of services is not considered a media campaign.	3			
1.05.00	<b>Debarment &amp; Suspension:</b> Assurance is hereby given to the Coordinating Agency that the Provider will comply with federal regulation 45 CFR, Part 76.	3			
1.06.00	<b>Subcontracts:</b> Assure for any subcontracted service, activity or product, the Provider/Subcontractor agreement meets all Coordinating Agency requirements, i.e., those services supported in whole or part for which the CA pays, inclusive of co-pays with other sources of funds. This includes Third party insurance, First party insurance and other funding sources.	3			
1.07.00	<b>Notification of Modifications:</b> Provide at least 30 days notification to the CA, in writing, of any action that would interrupt or interfere in the provision of services or funding or compliance with operational procedures.	3			

TREATMENT SITE REVIEW AND PROVIDER PERFORMANCE MONITORING TOOL

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
1.08.00	<b>Record Retention:</b> The Provider shall assure that all terms of the agreement will be appropriately adhered to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than seven (7) years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved and shall be readily available at any reasonable time for examination or audit by personnel authorized by the CA, MDCH, or law. Records for non-expendable property shall be retained for three (3) years.	3			
1.09.00	<b>Confidentiality:</b> The Provider shall assure that medical services to and information contained in medical records of persons served under this agreement, or other such recorded information required to be held confidential by federal or state law, rule or regulation, in connection with the provision of services or other activity under this agreement shall be privileged communication, shall be held confidential, and shall not be divulged without the written consent of either the client or a person responsible for the Client, except as may be otherwise, required by applicable law or regulation. Such information may be disclosed in summary, statistical, or other form. The Provider agrees to maintain the confidentiality of information regarding consumers in compliance with 42 CFR, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records".	3			
1.10.00	<b>Medicaid Fair Hearing:</b> The Provider has taken steps to educate staff regarding the Medicaid Fair Hearing process.	3			
1.11.00	<b>HIPAA:</b> To the extent that this act is pertinent to the services that the Provider provides to the Coordinating Agency, the Provider assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements.	3			
1.12.00	<b>Publication Rights:</b>				
1.12.01	Where activities supported by this agreement produce books, films, or other such copyrightable materials issued by the Provider, the Provider may copyright such but shall acknowledge that the Coordinating Agency reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish and use such materials and to authorize others to reproduce and use such materials. This cannot include service recipient information or personal identification data.	3			
1.12.02	Any copyrighted materials or modifications bearing acknowledgment or the Coordinating Agency's name must be approved by the Coordinating Agency prior to reproduction and use of such materials.	3			
1.12.03	The Provider shall give recognition to the Coordinating Agency in any and all publications papers and presentations arising from the program and service contract herein.	3			

TREATMENT SITE REVIEW AND PROVIDER PERFORMANCE MONITORING TOOL

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1.13.00	<b>Reporting:</b> The Provider shall utilize all report forms and reporting formats required by the Coordinating Agency at the effective date of this agreement and as modified during the course of the Agreement, including but not limited to the internet based information system known as Michigan CareNet.	3			
1.14.00	<b>Direct Service Staff Qualifications:</b> The contractor staff shall meet minimum state requirements including criminal background checks.				
1.14.01	The Contractor staff shall meet required CD training.	3			
1.14.02	The Contractor shall identify the Recipient Rights Advisor	3			
1.14.03	The Contractor shall evidence proof of criminal background checks on both clinical service providers as well as residential technicians.	3			
1.15.00	<b>Limited English Proficiency (LEP) and Hearing Impaired (HI) Policy:</b> The Provider shall furnish interpreter services for consumers when appropriate and request reimbursement for the CA.	3			
1.16.00	<b>Previous Site Visit Findings Score</b> Based on Previous Site Visit Findings Document	3			
1.17.00	<b>Grievance &amp; Appeals:</b> Is there documentation of staff training and consumer notification regarding the grievance and appeal process? RCA Contract Attachments D and E	3			
1.18.00	<b>Cultural Competence:</b> Is there a provider policy on cultural competence? RCA contract Attachment A, Services, #1, Letter F	3			
1.19.00	<b>Residency Determination:</b> Did the provider obtain appropriate documentation of residency or attestation from consumer?	3			
1.20.00	<b>ROSC Participation:</b> Documentation that provider participated in ROSC meetings conducted by RCA.	3			
	<b>TOTAL SECTION SCORE</b>	<b>72</b>	<b>0</b>		
Comments:					

2.00.00	Clinical Protocols				
2.01.00	Treatment			Findings/Evidence	
2.01.01	Bio includes: presenting problems, family history, legal history, education, employment, mental health screening. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	0	N/A		
2.01.02	Documentation that ASAM PPC-2R was used to support authorization (and re-authorization when appropriate) requests for treatment services. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	0	N/A		
2.01.03	If COD is identified, it is addressed through treatment plan. RCA Provider Manual, Attachment A #20	0	N/A		

TREATMENT SITE REVIEW AND PROVIDER PERFORMANCE MONITORING TOOL

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
2.01.04	Treatment plan goals are individualized and consistent with problems identified. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.a.	0	N/A		
2.01.05	Treatment plan goals are objective and measurable.MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	0	N/A		
2.01.06	Treatment plan objectives have time frames for completion (include estimated time frames & actual completion dates). MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	0	N/A		
2.01.07	Treatment plan shall be reviewed once every 90 days. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #3	0	N/A		
2.01.08	Chart reflects coordination of care with other agencies(including primary care physicians and DHS) involved with the consumer (documentation of active attempts by the provider to make contacts). RCA Provider Manual 5.4	0	N/A		
2.01.09	All progress notes include the clinician's signature and date of service. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	0	N/A		
2.01.10	Documentation that the consumer was involved in his/her treatment plan and goal setting. MDCH-ODCP Treatment Policy #6 Attach. L Individualized Treatment Planning	0	N/A		
2.01.11	Progress notes reflect individualized treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	0	N/A		
2.01.12	Notes contain number of consumers participating in and length of session.	0	N/A		
2.01.13	All releases of information are signed by the consumer and are demonstrably necessary to the consumer's treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	0	N/A		
<b>2.02.00</b>	<b>Case Management</b>				
2.02.01	Does the Provider offer Case Management services? If Yes, go to section 2.02.02 , if No, enter reason for not offering Case Management services under Findings/Evidence and proceed to 2.03.00.	0	N/A		
2.02.02	Is there a Service Plan in the client's file?	0	N/A		
2.02.03	Has the client signed the Service Plan?	0	N/A		
2.02.04	Are the goals appropriate for case management services?	0	N/A		
2.02.05	Do the Progress Notes tie back to the Service Plan?	0	N/A		
2.02.06	Are referrals being made to assist the client?	0	N/A		
2.02.07	Is there documentation that services are being provided in community-based settings?	0	N/A		
<b>2.03.00</b>	<b>Peer Recovery Services</b>				

TREATMENT SITE REVIEW AND PROVIDER PERFORMANCE MONITORING TOOL

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
2.03.01	Does the Provider offer Peer Recovery services? If Yes, go to section 2.03.02 , if No, enter reason for not offering Peer Recovery services under Findings/Evidence and proceed to 2.04.00.	0	N/A		
2.03.02	Documentation that Recovery Coach has received training in needed areas?	0	N/A		
2.03.03	Are group/individual times being documented in the file?	0	N/A		
2.03.04	Are referrals being made to assist the client?	0	N/A		
<b>2.04.00</b>	<b>Discharges</b>				
2.04.01	Client's treatment status and condition at discharge included in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14708. Client Discharge Rule 708 #1	0	N/A		
2.04.02	Rationale for discharge is clearly indicated in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	0	N/A		
2.04.03	Discharge summary includes referral for ongoing aftercare (including AA, DRA, etc - if appropriate). MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	0	N/A		
2.04.04	Discharge summary is completed within 2 weeks of discharge. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	0	N/A		
2.04.05	Treatment Episode Data Set (TEDS) discharge code in CareNet is consistent with reason for discharge (stated in discharge summary). TEDS Reporting Requirements	0	N/A		
2.04.06	Discharge date matches last date of service. TEDS Reporting Requirements	0	N/A		
2.04.07	Documentation that provider assisted consumer in choosing appropriate RCA contracted provider for aftercare. RCA Provider Manual 2.4.4	0	N/A		
2.04.08	Documentation that provider assisted consumer in setting up first aftercare appointment. RCA Provider Manual 2.4.4	0	N/A		
2.04.09	Documentation that provider secured a release and forwarded consumer information to new provider prior to first aftercare appointment. RCA Provider Manual 2.4.4	0	N/A		
<b>2.05.00</b>	<b>Customer Service</b>				
2.05.01	Is there documentation of adequate and advance notices in the consumer file? RCA Contract Attachments D and E	0	N/A		
2.05.02	Is there documentation of consumer notification of the recipient rights process? RCA Provider Manual, Section 6.4	0	N/A		
2.05.03	Is there documentation of consumer choice in of treatment program in the consumer file? Medicaid manual, Section 7.1	0	N/A		

TREATMENT SITE REVIEW AND PROVIDER PERFORMANCE MONITORING TOOL

	PERFORMANCE REQUIREMENT/STANDARD	Possible Score	Actual Score	FINDINGS/EVIDENCE	Corrective Action Required?
2.05.04	If provider is self-identified faith-based organization, is there documentation of consumers notification of their right to seek alternative faith-based services? RCA contract, Attachment A, Services, #1, Letter G	0	N/A		
2.05.05	Is there documentation of screen completed for FASD consumers? RCA contract, Attachment A, #27	0	N/A		
2.05.06	Is the CDOI/My Outcomes approach utilized? RCA Contract, Attachment A, #26	0	N/A		
	<b>TOTAL SECTION SCORE</b>	0	0.0		
Comments:					

<b>3.00.00</b>	<b>Financial Review</b>				
3.01.00	Applied Fee Scale in place for all client charts examined	3	#DIV/0!		
3.02.00	Signed Income Verification Agreement at time of admission	3	#DIV/0!		
3.03.00	Proof of Income provided by consumer; verified by Provider.	3	#DIV/0!		
3.04.00	Co-Pay applied correctly (When Applicable)	3	#DIV/0!		
3.05.00	Verified Medicaid Eligibility at time of Admission	3	#DIV/0!		
3.06.00	Documents Medicaid eligibility Monthly	3	#DIV/0!		
3.07.00	Reported Eligibility/income changes to AAM	3	#DIV/0!		
3.08.00	Third-Party Insurance billed first (When Applicable)	3	#DIV/0!		
3.09.00	Documents Third-Party Denial (When Applicable)	3	#DIV/0!		
3.10.00	Assessment Completed within 24 hours/14 days	3	#DIV/0!		
3.11.00	Admission to Treatment within 24 hours/14 days	3	#DIV/0!		
3.12.00	Claim-Correct Documentation	3	#DIV/0!		
3.13.00	Progress Note matching Assessment on file	3	#DIV/0!		
3.14.00	Taxable Income Process Utilized Appropriately	3	#DIV/0!		
3.15.00	State Disability Assistance Protocol Utilized Appropriately	3	#DIV/0!		
	<b>TOTAL SECTION SCORE</b>	45	#DIV/0!		
Comments:					

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Provider Name: 0

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Client Name:

2.00.00	Clinical Protocols	3=Full 2=Partial 1=None			
2.01.00	Treatment				
2.01.01	Bio includes: presenting problems, family history, legal history, education, employment, mental health screening. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3			
2.01.02	Documentation that ASAM PPC-2R was used to support authorization (and re-authorization when appropriate) requests for treatment services. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3			
2.01.03	If COD is identified, it is addressed through treatment plan. RCA Provider Manual, Attachment A #20	3			
2.01.04	Treatment plan goals are individualized and consistent with problems identified. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.a.	3			
2.01.05	Treatment plan goals are objective and measurable. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	3			
2.01.06	Treatment plan objectives have time frames for completion (include estimated time frames & actual completion dates). MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	3			
2.01.07	Treatment plan shall be reviewed once every 90 days. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #3	3			
2.01.08	Chart reflects coordination of care with other agencies(including primary care physicians and DHS) involved with the consumer (documentation of active attempts by the provider to make contacts). RCA Provider Manual 5.4	3			
2.01.09	All progress notes include the clinician's signature and date of service. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.01.10	Documentation that the consumer was involved in his/her treatment plan and goal setting. MDCH-ODCP Treatment Policy #6 Attach. L Individualized Treatment Planning	3			
2.01.11	Progress notes reflect individualized treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.01.12	Notes contain number of consumers participating in and length of session.	3			

2.01.13	All releases of information are signed by the consumer and are demonstrably necessary to the consumer's treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
<b>2.02.00</b>	<b>Case Management</b>				
2.02.01	Does the Provider offer Case Management services? If Yes, go to section 2.02.02 , if No, enter reason for not offering Case Management services under Findings/Evidence and proceed to 2.03.00.	3			
2.02.02	Is there a Service Plan in the client's file?	3			
2.02.03	Has the client signed the Service Plan?	3			
2.02.04	Are the goals appropriate for case management services?	3			
2.02.05	Do the Progress Notes tie back to the Service Plan?	3			
2.02.06	Are referrals being made to assist the client?	3			
2.02.07	Is there documentation that services are being provided in community-based settings?	3			
<b>2.03.00</b>	<b>Peer Recovery Services</b>				
2.03.01	Does the Provider offer Peer Recovery services? If Yes, go to section 2.03.02 , if No, enter reason for not offering Peer Recovery services under Findings/Evidence and proceed to 2.04.00.	3			
2.03.02	Documentation that Recovery Coach has received training in needed areas?	3			
2.03.03	Are group/individual times being documented in the file?	3			
2.03.04	Are referrals being made to assist the client?	3			
<b>2.04.00</b>	<b>Discharges</b>				
2.04.01	Client's treatment status and condition at discharge included in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14708. Client Discharge Rule 708 #1	3			
2.04.02	Rationale for discharge is clearly indicated in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.04.03	Discharge summary includes referral for ongoing aftercare (including AA, DRA, etc if appropriate). MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
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2.04.05	Treatment Episode Data Set (TEDS) discharge code in CareNet is consistent with reason for discharge (stated in discharge summary). TEDS Reporting Requirements	3			
2.04.06	Discharge date matches last date of service. TEDS Reporting Requirements	3			
2.04.07	Documentation that provider assisted consumer in choosing appropriate RCA contracted provider for aftercare. RCA Provider Manual 2.4.4	3			

2.04.08	Documentation that provider assisted consumer in setting up first aftercare appointment. RCA Provider Manual 2.4.4	3			
2.04.09	Documentation that provider secured a release and forwarded consumer information to new provider prior to first aftercare appointment. RCA Provider Manual 2.4.4	3			
<b>2.05.00</b>	<b>Customer Service</b>				
2.05.01	Is there documentation of adequate and advance notices in the consumer file? RCA Contract Attachments D and E	3			
2.05.02	Is there documentation of consumer notification of the recipient rights process? RCA Provider Manual, Section 6.4	3			
2.05.03	Is there documentation of consumer choice in of treatment program in the consumer file? Medicaid manual, Section 7.1	3			
2.05.04	If provider is self-identified faith-based organization, is there documentation of consumers notification of their right to seek alternative faith-based services? RCA contract, Attachment A, Services, #1, Letter G	3			
2.05.05	Is there documentation of screen completed for FASD consumers? RCA contract, Attachment A, #27	3			
2.05.06	Is the CDOI/My Outcomes approach utilized? RCA Contract, Attachment A, #26	3			
	<b>TOTAL SECTION SCORE</b>	<b>117</b>	<b>0</b>		
Comments:					

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2.01.03	If COD is identified, it is addressed through treatment plan. RCA Provider Manual, Attachment A #20	3			
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2.01.10	Documentation that the consumer was involved in his/her treatment plan and goal setting. MDCH-ODCP Treatment Policy #6 Attach. L Individualized Treatment Planning	3			
2.01.11	Progress notes reflect individualized treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.01.12	Notes contain number of consumers participating in and length of session.	3			

2.01.13	All releases of information are signed by the consumer and are demonstrably necessary to the consumer's treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
<b>2.02.00</b>	<b>Case Management</b>				
2.02.01	Does the Provider offer Case Management services? If Yes, go to section 2.02.02 , if No, enter reason for not offering Case Management services under Findings/Evidence and proceed to 2.03.00.	3			
2.02.02	Is there a Service Plan in the client's file?	3			
2.02.03	Has the client signed the Service Plan?	3			
2.02.04	Are the goals appropriate for case management services?	3			
2.02.05	Do the Progress Notes tie back to the Service Plan?	3			
2.02.06	Are referrals being made to assist the client?	3			
2.02.07	Is there documentation that services are being provided in community-based settings?	3			
<b>2.03.00</b>	<b>Peer Recovery Services</b>				
2.03.01	Does the Provider offer Peer Recovery services? If Yes, go to section 2.03.02 , if No, enter reason for not offering Peer Recovery services under Findings/Evidence and proceed to 2.04.00.	3			
2.03.02	Documentation that Recovery Coach has received training in needed areas?	3			
2.03.03	Are group/individual times being documented in the file?	3			
2.03.04	Are referrals being made to assist the client?	3			
<b>2.04.00</b>	<b>Discharges</b>				
2.04.01	Client's treatment status and condition at discharge included in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14708. Client Discharge Rule 708 #1	3			
2.04.02	Rationale for discharge is clearly indicated in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.04.03	Discharge summary includes referral for ongoing aftercare (including AA, DRA, etc if appropriate). MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
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2.04.05	Treatment Episode Data Set (TEDS) discharge code in CareNet is consistent with reason for discharge (stated in discharge summary). TEDS Reporting Requirements	3			
2.04.06	Discharge date matches last date of service. TEDS Reporting Requirements	3			
2.04.07	Documentation that provider assisted consumer in choosing appropriate RCA contracted provider for aftercare. RCA Provider Manual 2.4.4	3			

2.04.08	Documentation that provider assisted consumer in setting up first aftercare appointment. RCA Provider Manual 2.4.4	3			
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<b>2.05.00</b>	<b>Customer Service</b>				
2.05.01	Is there documentation of adequate and advance notices in the consumer file? RCA Contract Attachments D and E	3			
2.05.02	Is there documentation of consumer notification of the recipient rights process? RCA Provider Manual, Section 6.4	3			
2.05.03	Is there documentation of consumer choice in of treatment program in the consumer file? Medicaid manual, Section 7.1	3			
2.05.04	If provider is self-identified faith-based organization, is there documentation of consumers notification of their right to seek alternative faith-based services? RCA contract, Attachment A, Services, #1, Letter G	3			
2.05.05	Is there documentation of screen completed for FASD consumers? RCA contract, Attachment A, #27	3			
	<b>TOTAL SECTION SCORE</b>	<b>114</b>	<b>0</b>		
Comments:					

Site Review Team: Darren McAllister, Rebecca Emmenecker, Kari Gulvas, Steve Adamczyk

Provider Name: 0

License Number

0

Review Date: 1/0/1900

Provider Staff Present:

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Client Name:

2.00.00	Clinical Protocols	3=Full 2=Partial 1=None			
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2.01.01	Bio includes: presenting problems, family history, legal history, education, employment, mental health screening. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3			
2.01.02	Documentation that ASAM PPC-2R was used to support authorization (and re-authorization when appropriate) requests for treatment services. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3			
2.01.03	If COD is identified, it is addressed through treatment plan. RCA Provider Manual, Attachment A #20	3			
2.01.04	Treatment plan goals are individualized and consistent with problems identified. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.a.	3			
2.01.05	Treatment plan goals are objective and measurable. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	3			
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2.01.07	Treatment plan shall be reviewed once every 90 days. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #3	3			
2.01.08	Chart reflects coordination of care with other agencies(including primary care physicians and DHS) involved with the consumer (documentation of active attempts by the provider to make contacts). RCA Provider Manual 5.4	3			
2.01.09	All progress notes include the clinician's signature and date of service. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
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<b>2.02.00</b>	<b>Case Management</b>				
2.02.01	Does the Provider offer Case Management services? If Yes, go to section 2.02.02 , if No, enter reason for not offering Case Management services under Findings/Evidence and proceed to 2.03.00.	3			
2.02.02	Is there a Service Plan in the client's file?	3			
2.02.03	Has the client signed the Service Plan?	3			
2.02.04	Are the goals appropriate for case management services?	3			
2.02.05	Do the Progress Notes tie back to the Service Plan?	3			
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<b>2.05.00</b>	<b>Customer Service</b>				
2.05.01	Is there documentation of adequate and advance notices in the consumer file? RCA Contract Attachments D and E	3			
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	<b>TOTAL SECTION SCORE</b>	<b>114</b>	<b>0</b>		
Comments:					

Site Review Team: Darren McAllister, Rebecca Emmenecker, Kari Gulvas, Steve Adamczyk

Provider Name: 0

License Number

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Review Date: 1/0/1900

Provider Staff Present:

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Client Name:

2.00.00	Clinical Protocols	3=Full 2=Partial 1=None N/A=Not Applicable	
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2.01.01	Bio includes: presenting problems, family history, legal history, education, employment, mental health screening. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3	
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2.01.03	If COD is identified, it is addressed through treatment plan. RCA Provider Manual, Attachment A #20	3	
2.01.04	Treatment plan goals are individualized and consistent with problems identified. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.a.	3	
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	<b>TOTAL SECTION SCORE</b>	<b>114</b>	<b>0</b>		
Comments:					

Site Review Team: Darren McAllister, Rebecca Emmenecker, Kari Gulvas, Steve Adamczyk

Provider Name: 0

License Number

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Review Date: 1/0/1900

Provider Staff Present:

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Client Name:

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	<b>TOTAL SECTION SCORE</b>	<b>114</b>	<b>0</b>		
Comments:					

Site Review Team: Darren McAllister, Rebecca Emmenecker, Kari Gulvas, Steve Adamczyk

Provider Name: 0

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Review Date: 1/0/1900

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	<b>TOTAL SECTION SCORE</b>	<b>114</b>	<b>0</b>		
Comments:					

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2.01.02	Documentation that ASAM PPC-2R was used to support authorization (and re-authorization when appropriate) requests for treatment services. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3			
2.01.03	If COD is identified, it is addressed through treatment plan. RCA Provider Manual, Attachment A #20	3			
2.01.04	Treatment plan goals are individualized and consistent with problems identified. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.a.	3			
2.01.05	Treatment plan goals are objective and measurable. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	3			
2.01.06	Treatment plan objectives have time frames for completion (include estimated time frames & actual completion dates). MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	3			
2.01.07	Treatment plan shall be reviewed once every 90 days. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #3	3			
2.01.08	Chart reflects coordination of care with other agencies(including primary care physicians and DHS) involved with the consumer (documentation of active attempts by the provider to make contacts). RCA Provider Manual 5.4	3			
2.01.09	All progress notes include the clinician's signature and date of service. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.01.10	Documentation that the consumer was involved in his/her treatment plan and goal setting. MDCH-ODCP Treatment Policy #6 Attach. L Individualized Treatment Planning	3			
2.01.11	Progress notes reflect individualized treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.01.12	Notes contain number of consumers participating in and length of session.	3			

2.01.13	All releases of information are signed by the consumer and are demonstrably necessary to the consumer's treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
<b>2.02.00</b>	<b>Case Management</b>				
2.02.01	Does the Provider offer Case Management services? If Yes, go to section 2.02.02 , if No, enter reason for not offering Case Management services under Findings/Evidence and proceed to 2.03.00.	3			
2.02.02	Is there a Service Plan in the client's file?	3			
2.02.03	Has the client signed the Service Plan?	3			
2.02.04	Are the goals appropriate for case management services?	3			
2.02.05	Do the Progress Notes tie back to the Service Plan?	3			
2.02.06	Are referrals being made to assist the client?	3			
2.02.07	Is there documentation that services are being provided in community-based settings?	3			
<b>2.03.00</b>	<b>Peer Recovery Services</b>				
2.03.01	Does the Provider offer Peer Recovery services? If Yes, go to section 2.03.02 , if No, enter reason for not offering Peer Recovery services under Findings/Evidence and proceed to 2.04.00.	3			
2.03.02	Documentation that Recovery Coach has received training in needed areas?	3			
2.03.03	Are group/individual times being documented in the file?	3			
2.03.04	Are referrals being made to assist the client?	3			
<b>2.04.00</b>	<b>Discharges</b>				
2.04.01	Client's treatment status and condition at discharge included in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14708. Client Discharge Rule 708 #1	3			
2.04.02	Rationale for discharge is clearly indicated in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.04.03	Discharge summary includes referral for ongoing aftercare (including AA, DRA, etc if appropriate). MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.04.04	Discharge summary is completed within 2 weeks of discharge.MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.04.05	Treatment Episode Data Set (TEDS) discharge code in CareNet is consistent with reason for discharge (stated in discharge summary). TEDS Reporting Requirements	3			
2.04.06	Discharge date matches last date of service. TEDS Reporting Requirements	3			
2.04.07	Documentation that provider assisted consumer in choosing appropriate RCA contracted provider for aftercare. RCA Provider Manual 2.4.4	3			

2.04.08	Documentation that provider assisted consumer in setting up first aftercare appointment. RCA Provider Manual 2.4.4	3			
2.04.09	Documentation that provider secured a release and forwarded consumer information to new provider prior to first aftercare appointment. RCA Provider Manual 2.4.4	3			
<b>2.05.00</b>	<b>Customer Service</b>				
2.05.01	Is there documentation of adequate and advance notices in the consumer file? RCA Contract Attachments D and E	3			
2.05.02	Is there documentation of consumer notification of the recipient rights process? RCA Provider Manual, Section 6.4	3			
2.05.03	Is there documentation of consumer choice in of treatment program in the consumer file? Medicaid manual, Section 7.1	3			
2.05.04	If provider is self-identified faith-based organization, is there documentation of consumers notification of their right to seek alternative faith-based services? RCA contract, Attachment A, Services, #1, Letter G	3			
2.05.05	Is there documentation of screen completed for FASD consumers? RCA contract, Attachment A, #27	3			
	<b>TOTAL SECTION SCORE</b>	<b>114</b>	<b>0</b>		
Comments:					

Site Review Team: Darren McAllister, Rebecca Emmenecker, Kari Gulvas, Steve Adamczyk

Provider Name: 0

License Number

0

Review Date: 1/0/1900

Provider Staff Present:

0

Client Name:

2.00.00	Clinical Protocols	3=Full 2=Partial 1=None			
2.01.00	Treatment				
2.01.01	Bio includes: presenting problems, family history, legal history, education, employment, mental health screening. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3			
2.01.02	Documentation that ASAM PPC-2R was used to support authorization (and re-authorization when appropriate) requests for treatment services. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3			
2.01.03	If COD is identified, it is addressed through treatment plan. RCA Provider Manual, Attachment A #20	3			
2.01.04	Treatment plan goals are individualized and consistent with problems identified. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.a.	3			
2.01.05	Treatment plan goals are objective and measurable. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	3			
2.01.06	Treatment plan objectives have time frames for completion (include estimated time frames & actual completion dates). MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #2.d.	3			
2.01.07	Treatment plan shall be reviewed once every 90 days. MH & SA Services Part 7 Outpatient Programs R.325.14705. Treatment Plans #3	3			
2.01.08	Chart reflects coordination of care with other agencies(including primary care physicians and DHS) involved with the consumer (documentation of active attempts by the provider to make contacts). RCA Provider Manual 5.4	3			
2.01.09	All progress notes include the clinician's signature and date of service. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.01.10	Documentation that the consumer was involved in his/her treatment plan and goal setting. MDCH-ODCP Treatment Policy #6 Attach. L Individualized Treatment Planning	3			
2.01.11	Progress notes reflect individualized treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
2.01.12	Notes contain number of consumers participating in and length of session.	3			

2.01.13	All releases of information are signed by the consumer and are demonstrably necessary to the consumer's treatment. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
<b>2.02.00</b>	<b>Case Management</b>				
2.02.01	Does the Provider offer Case Management services? If Yes, go to section 2.02.02 , if No, enter reason for not offering Case Management services under Findings/Evidence and proceed to 2.03.00.	3			
2.02.02	Is there a Service Plan in the client's file?	3			
2.02.03	Has the client signed the Service Plan?	3			
2.02.04	Are the goals appropriate for case management services?	3			
2.02.05	Do the Progress Notes tie back to the Service Plan?	3			
2.02.06	Are referrals being made to assist the client?	3			
2.02.07	Is there documentation that services are being provided in community-based settings?	3			
<b>2.03.00</b>	<b>Peer Recovery Services</b>				
2.03.01	Does the Provider offer Peer Recovery services? If Yes, go to section 2.03.02 , if No, enter reason for not offering Peer Recovery services under Findings/Evidence and proceed to 2.04.00.	3			
2.03.02	Documentation that Recovery Coach has received training in needed areas?	3			
2.03.03	Are group/individual times being documented in the file?	3			
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<b>2.04.00</b>	<b>Discharges</b>				
2.04.01	Client's treatment status and condition at discharge included in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14708. Client Discharge Rule 708 #1	3			
2.04.02	Rationale for discharge is clearly indicated in discharge summary. MH & SA Services Part 7 Outpatient Programs R.325.14707. Progress Notes Rule 707 #1	3			
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<b>2.05.00</b>	<b>Customer Service</b>				
2.05.01	Is there documentation of adequate and advance notices in the consumer file? RCA Contract Attachments D and E	3			
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2.05.04	If provider is self-identified faith-based organization, is there documentation of consumers notification of their right to seek alternative faith-based services? RCA contract, Attachment A, Services, #1, Letter G	3			
2.05.05	Is there documentation of screen completed for FASD consumers? RCA contract, Attachment A, #27	3			
<b>TOTAL SECTION SCORE</b>		<b>114</b>	<b>0</b>		
Comments:					

Site Review Team: Darren McAllister, Rebecca Emmenecker, Kari Gulvas, Steve Adamczyk

Provider Name: 0

License Number

0

Review Date: 1/0/1900

Provider Staff Present:

0

Client Name:

2.00.00	Clinical Protocols		
2.01.00	Treatment	3=Full 2=Partial 1=None N/A=Not Applicable	
2.01.01	Bio includes: presenting problems, family history, legal history, education, employment, mental health screening. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3	
2.01.02	Documentation that ASAM PPC-2R was used to support authorization (and re-authorization when appropriate) requests for treatment services. RCA Provider Manual Utilization Management #2.4. Medicaid Provider Manual Section 12	3	
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2.05.05	Is there documentation of screen completed for FASD consumers? RCA contract, Attachment A, #27	3			
	<b>TOTAL SECTION SCORE</b>	<b>114</b>	<b>0</b>		
Comments:					









ShortName	License Number	AgencyAddr1
1016 370048 MT PLEASANT	370048	2885 Health Parkway
1016 560008 MIDLAND	560008	1016 Eastman Ave.
1016 560031 MIDLAND	560031	222 N. Saginaw Rd.
BASIS/SHRC 090073 BAY CITY	090073	515 Adams St.
CATHOLIC CHAR. WEST MICH 590032 STANTON	590032	212 W. Main
CATHOLIC CHARITIES 780033 OWOSSO	780033	120 W. Exchange St.
CLEARVIEW 740100 PORT HURON	740100	1406 Eighth St.
DOT 730038 SAGINAW	730038	3190 Hallmark Ct.
DOT 730098 FREELAND	730098	Freeland Hotel
DOT 780038 OWOSSO	780038	1484 N M-52
HOUSE OF COMMONS 330008 Mason	330008	630 1/2 N. Cedar St.
HURON 320003 BAD AXE	320003	1108 S Van Dyke
KAIROS 730157 BRIDGEPORT	730157	6379 Dixie Highway
KAIROS 730174 SAGINAW	730174	1321 S. Fayette
LIST 090042 BAY CITY WASHINGTON	090042	126 Washington Ave
LIST 090067 BAY CITY WILDER	090067	3741 E Wilder Rd.
LIST 790015 CARO	790015	443 N State St.
LIST 790042 CARO	790042	467 N. State Street
NORTH KENT 590021 GREENVILLE	590021	106 S. Greenville West Dr
OUR HOPE 410008 GRAND RAPIDS	410008	324 Lyon NE
PROACTION 410014 GRD RAPIDS	410014	200 Eastern Ave. SE
PROACTION 410079 GRD RAPIDS	410079	822 Cherry St. SE
PROACTION 410163 GRD RAPIDS	410163	220 Eastern Ave SE
PROACTION 410188 GRD RAPIDS	410188	822 Cherry St. SE
PROJECT REHAB 410022 GRD RAPIDS	410022	130 - 68th St. SE
SACRED HEART 500044 MEMPHIS	500044	400 Stoddard Rd
STERLING 060004 STERLING	060004	725 E. State St.
TOUCHSTONE BAY	090074	1301 N. Madison Ave
TRINITY 780042 OWOSSO	780042	123 S WASHINGTON
Turning Point 630622	630622	
Turning Point 440031	440031	
VICTORY 330012 Lansing	330012	812 E. Jolly
VICTORY 730208 Saginaw	730208	508 Shattuck Road

ShortName	License Number
1016 370048 MT PLEASANT	370048
1016 560008 MIDLAND	560008
1016 560031 MIDLAND	560031
BASIS/SHRC 090073 BAY CITY	090073
CATHOLIC CHAR. WEST MICH 590032 STANTON	590032
CATHOLIC CHARITIES 780033 OWOSSO	780033
CLEARVIEW 740100 PORT HURON	740100
DOT 730038 SAGINAW	730038
DOT 730098 FREELAND	730098
DOT 780038 OWOSSO	780038
HOUSE OF COMMONS 330008 Mason	330008
HURON 320003 BAD AXE	320003
KAIROS 730157 BRIDGEPORT	730157
KAIROS 730174 SAGINAW	730174
LIST 090042 BAY CITY WASHINGTON	090042
LIST 090067 BAY CITY WILDER	090067
LIST 790015 CARO	790015
LIST 790042 CARO	790042

NORTH KENT 590021 GREENVILLE	590021
OUR HOPE 410008 GRAND RAPIDS	410008
PROACTION 410014 GRD RAPIDS	410014
PROACTION 410079 GRD RAPIDS	410079
PROACTION 410163 GRD RAPIDS	410163
PROACTION 410188 GRD RAPIDS	410188
PROJECT REHAB 410022 GRD RAPIDS	410022
SACRED HEART 500044 MEMPHIS	500044
STERLING 060004 STERLING	060004
TOUCHSTONE BAY	090074
TRINITY 780042 OWOSSO	780042
Turning Point 630622	630622
Turning Point 440031	440031
VICTORY 330012 Lansing	330012
VICTORY 730208 Saginaw	730208

AgencyAddr2	AgencyCity	AgencyState	AgencyZip	AgencyTele
Ste 1 & 2	Mt. Pleasant	MI	48858	989-773-9655
	Midland	MI	48640	989-835-3466
	Midland	MI	48640	989-631-0241
	Bay City	MI	48708	989-894-2991
Suite B	Stanton	MI	48888	989-831-8306
Ste. 204	Owosso	MI	48867	989-723-8239
PO Box 611135	Port Huron	MI	48060-1135	810-987-1258
	Saginaw	MI	49603	989-790-3366
6840 Midland	Freeland	MI	48623	989-692-2160
	Owosso	MI	48867	989-725-2229
	Mason	MI	48854	517-676-3674
PO Box 312	Bad Axe	MI	48413	989-269-9293
	Bridgeport	MI	48722	989-777-4357
	Saginaw	MI	48602	989-792-8000
	Bay City	MI	48708	989-684-7977
Ste. A	Bay City	MI	48706	989-460-1000
	Caro	MI	48723	989-672-6160
	Caro	MI	48723	989-672-6160
	Greenville	MI	48838	616-754-2364
	Grand Rapids	MI	49503	616-451-2039
	Grand Rapids	MI	49503	616-776-0891
	Grand Rapids	MI	49506	616-776-0891
	Grand Rapids	MI	49503	616-776-0891
	Grand Rapids	MI	49506	616-776-0891
	Grand Rapids	MI	49548	616-776-0891
PO Box 41038	Memphis	MI	48041-1038	810-392-2167
PO Box 740	Sterling	MI	48659-0740	989-654-3501
	Bay City	MI	48708	989-895-9080
	OWOSSO	MI	48867	989-723-0330
	Lansing	MI	48910	517-346-8270
	Saginaw	MI	48604	989-752-7867