

**Michigan Department of Community Health  
Office of Drug Control Policy  
Fiscal Year 2009 Site Visit Protocol – Financial/Contract**

12.15.08

<b>CA Name:</b> <b>Staff:</b>	<b>Date:</b> <b>Reviewer Name:</b>
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	<b>Requirement (citation) or information item (shaded in grey)</b>	<b>Evidence needed to support compliance requirement</b>	<b>Evidence presented</b>	<b>Findings</b>
F C 1	<p>The CA shall identify all self-identified faith-based organizations on its prevention and treatment provider panels. (Contract Attachment A, pages 16-17)</p> <p>If an otherwise eligible program beneficiary (client) or prospective program beneficiary (client) objects to the religious nature of a program participant (prevention or treatment provider), within a reasonable period of time after the date of such objection, such program beneficiary shall have rights to notice, referral, and alternative services, as outlined in paragraphs (b) through (d) of this section (42 CFR Part 54, Sec 54.8(a)-(d)). (Contract Attachment A, pp 16-17)</p>	<p>Provider Network Listing submitted with the Section 408 Legislative Report. For discussion and clarification as needed.</p> <p>Provider contract language, AMS contract language and/or policy and procedure. For discussion and clarification as needed.</p> <p><b>Procedures for identifying and compiling client requests for alternative services.</b></p>		
F C 2	<p>Determination of eligibility for SDA funds: If the CA makes its own determination of eligibility, then the CA applies the essential MDHS criteria. For present purposes only, these criteria are:</p> <ul style="list-style-type: none"> <li>• Residency in substance abuse residential treatment.</li> <li>• Michigan residency and not receiving cash assistance from another state.</li> <li>• U.S. citizenship or have an acceptable alien status.</li> <li>• Asset limit of \$3,000 (cash assets only are counted).</li> </ul> <p>Regardless of the method used, the CA must retain documentation sufficient to justify determinations of eligibility. (Attachment A, page 14)</p>	<p>Evidence that the essential eligibility criteria are applied, and that documentation is maintained.</p>		

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F C 3	The CA certifies to the best of its knowledge and belief that it, its employees and its subcontractors are not presently debarred, suspended....etc. (Contract Part II, page 11)	Evidence that the CA has taken reasonable steps to substantiate its certification.		
F C 4	Monitoring of subcontractors: The CA must prepare a report of monitoring findings, and must make this report available to the public at least biannually.  The CA must conduct monitoring and risk-based assessments of all subcontractors, during the period of the agreement.  (Contract Attachment A, page 4; Part II, 1.H, page 8)	A copy of the most recent report.  Evidence that the report was made available to the public.  Documentation of preparation of a risk-based plan.		
F C 5	Documentation of expenditures for Women’s Specialty Services: CAs must report on their RERs, in the Women’s Specialty column, all allowable expenditures for WSS, and only allowable expenditures. (Contract Attachment A, page 27-28)	Evidence that reported WSS expenditures are for services that meet minimum federal and state requirements		

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F C 6	The CA shall maintain documentation as to how each of the fixed unit rates used in its contracts was established. (Contract Attachment A, #14b on page 7) Rates must be established consistent with OMB Circular A-87 (local government) or A-122 (non-profits) as applicable.	<p>Listing of all current rates for treatment, prevention (if any), room and board, SDA, and for ancillary and support services (if separate rates have been established for these).</p> <p><i>Specification of rates for each fund source, in policy or contracts with providers.</i></p> <p>For each of the above, specification or definition of what is being purchased (or, what the provider will deliver for the payment).</p> <p>Documentation regarding the establishment of each rate.</p>		