

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

12-16-08

CA Name: Staff:	Date: Reviewer Name:
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	Requirement (citation) or information item (shaded in grey)	Evidence needed to support compliance requirement	Evidence presented	Findings
T 1	Access Management System MDCH/CA Contract Treatment Policy #7 Access Management Services			
T 1 a	The CA funds AMS services in the region.	Contract with provider(s) Policy and procedures		
T 1 b	The AMS must be available to triage clients seeking services 24 hours a day, seven days per week.	Contract with provider(s) Policy and procedures		
T 1 c	The CA must assure that the AMS meets the following timeliness standards:			
T 1 c 1	Clients who are identified as needing urgent help or determined to be in a crisis situation must be screened and referred to appropriate services.	Contract with provider(s) Policy and procedures		
T 1 c 2	If a client does not meet the criteria for an urgent or a crisis situation, a referral for screening by the AMS on the next business day is required.	Contract with provider(s) Policy and procedures		

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	Requirement (citation) or information item (shaded in grey)	Evidence needed to support compliance requirement	Evidence presented	Findings
T 1 c 3	For routine service requests, the minimum timeliness standard for conducting a client’s screening, level of care (LOC) determination, provider selection (placement activities) and admission to treatment is fourteen days from the first contact with the AMS.	Contract with provider(s) Policy and procedures		
T 1 d	AMS System Requirements at Initial Contact.			
T 1 d 1	Administrative Eligibility – Enough information should be gathered through this first contact to make a provisional eligibility determination.	Contract with provider(s) Policy and procedures		
T 1 d 2	Verification of county of residence	Contract with provider(s) Policy and procedures		
T 1 d 3	Verification of income and sliding fee scale.	Contract with provider(s) Policy and procedures		
T 1 d 4	Coordination of benefits: <ul style="list-style-type: none"> • Third party insurance • Responsible parties 	Contract with provider(s) Policy and procedures		
T 1 d 5	Determination of priority population status.	Contract with provider(s) Policy and procedures		

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T 1 d 6	Provision of information regarding confidentiality.	Contract with provider(s) Policy and procedures		
T 1 d 7	Provision of information regarding recipient rights.	Contract with provider(s) Policy and procedures		
T 1 d 8	Obtain a signed release of information based on individual client circumstance.	Contract with provider(s) Policy and procedures		
T 1 d 9	Enrollment – Collection of identifying information and essential demographic data.	Contract with provider(s) Policy and procedures		
T 1 d 10	Initial authorization or denial of service.	Contract with provider(s) Policy and procedures		
T 1 d 11	Authorization to receive an assessment at the determined LOC and at the provider chosen by the client.	Contract with provider(s) Policy and procedures		
T 1 d 12	If the client is not eligible or does not require services, referral and/or linkage to an appropriate service/provider to meet identified needs.	Contract with provider(s) Policy and procedures		

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T 1 d 13	Notification of rights to grievance and appeals.	Contract with provider(s) Policy and procedures		
T 1 e	AMS System Clinical Functions			
T 1 e 1	<ul style="list-style-type: none"> • Triage • Risk assessment • Determination of situation as urgent or routine. 	Contract with provider(s) Policy and procedures		
T 1 e 2	Screening for substance use disorders and mental health problems.	Contract with provider(s) Policy and procedures		
T 1 e 3	Level of care determination <ul style="list-style-type: none"> • Medical necessity • Provisional diagnostic impression – all 5 axes • ASAM PPC 	Contract with provider(s) Policy and procedures		
T 1 e 4	Service referral: <ul style="list-style-type: none"> • Provide information so client can make an informed choice. • Referral to program • Referrals for other needs 	Contract with provider(s) Policy and procedures		
T 1 f	AMS System Ongoing Administrative Functions			

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T 1 f 1	<ul style="list-style-type: none"> • Capacity Management • Services available for 12 months • Monitor provider capacity to accept new clients • Adjust service mix consistent with demand and funding 	Contract with provider(s) Policy and procedures		
T 1 f 2	Service authorization/reauthorization based on ASAM PPC. <ul style="list-style-type: none"> • Initial service authorization • Continued stay reviews • Notification of rights to grievance and appeals procedures. 	Contract with provider(s) Policy and procedures		
T 1 f 3	Utilization review	Contract with provider(s) Policy and procedures		
T 1 f 4	Quality assurance monitoring – the ability to review the services being received by clients at various levels of care to determine effectiveness and make necessary recommendations for change.	Contract with provider(s) Policy and procedures		
T 1 f 5	Administrative oversight to timeliness, access, tracking clients between level of care and follow-up to collect post-discharge information for outcome studies.	Contract with provider(s) Policy and procedures		
T 1 f 6	Identify community based service providers; develop referral or working relationships for the purpose of ensuring that the variety of clients needs can be addressed.	Contract with provider(s) Policy and procedures		

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T 1 f 7	Care management for the efficient and effective use of resources.	Contract with provider(s) Policy and procedures		
T 1 f 8	Public information regarding access to prevention and treatment services.	Contract with provider(s) Policy and procedures		
T 1 f 9	Ensure access to culturally competent/sensitive services.	Contract with provider(s) Policy and procedures		
T 1 f 10	Ensure data related to the AMS function is accurate, timely, and complete.	Contract with provider(s) Policy and procedures		
T 1 f 11	Provide customer service information.	Contract with provider(s) Policy and procedures		
T 1 f 12	District Court Referrals – The AMS system must be able to utilize screening by certified District Court Probation Officer.	Contract with provider(s) Policy and procedures		
T 1 f 13	The AMS must accept the screen from Project Rehab Hispanic Program and Monroe Harbor Light Deaf/Hard of Hearing programs.	Contract with provider(s) Policy and procedures		

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T 2	Individualized Treatment Planning MDCH/CA Contract Treatment Policy #06 The CA assures:			
T 2 a	Completion of bio-psychosocial assessment <ul style="list-style-type: none"> • Current and historical information • Identify needs and strengths 	Contract with provider(s) Policy and procedures		
T 2 b	The Treatment Plan <ul style="list-style-type: none"> • Joint setting of goals and objectives • Goals must be stated in client's words • Each goal must be directly tied to a need identified in the assessment. • Objectives must contain the steps that need to be taken to achieve the goals. • Objectives need to be measurable. • Objectives must have target dates for completion. 			
T 2 c	Treatment interventions <ul style="list-style-type: none"> • Determine the intervention(s) that will be used to assist the client in being able to accomplish the objective. • What action will the client take to achieve it and what action will the counselor take to assist the client in achieving the goal. • These actions must be mutually agreed upon to provide the best chance of success for the client. 	Contract with provider(s) Policy and procedures		

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T 2 d	Progress Notes <ul style="list-style-type: none"> • Any individual or group sessions that the client participates in must address or be related to the goals and objectives in the treatment plan. • When progress notes are written, the note should reflect what goal(s)/objective(s) were addressed during a treatment episode. • The progress notes are also used to document any changes made to the treatment plan. 	Contract with provider(s) Policy and procedures		
T 2 e	Treatment Plan Reviews <ul style="list-style-type: none"> • Reviews must be documented in the case file. • The reviews must include input from all clinicians/treatment providers involved in the care of the client as well as any other individuals the client has involved in their treatment plan. • This review should reflect on the progress the client has made toward achieving each goal and/or objective, the need to keep specific goals/objectives or discontinue them, and the need to add any additional goals/objectives due to new needs of the client. • The client, clinician, and other relevant individuals should sign this review. 			
T 3	Residency MDCH/CA Contract, Attachment A .1.7, Page 6			

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T 3 a	The CA does not limit access to programs and services funded by the MDCH Contract only to residents of the CA region.	CA to provide copies of policies and procedures		
T 4	Confidentiality MDCH/CA Contract			
T 4 a	The CA and any contractor meet all the requirements of 42 CFR, Part 2, Final Rule, June 9, 1987	CA to provide copies of policies and procedures		
T 5	MI Child MDCH/CA Contract, Attachment A, Services, 2.d Page 20			
T 5 a	The CA must use its standardized assessment process, including ASAM, to determine clinical eligibility for services based on medical necessity.	CA to provide copies of policies and procedures		
T 5 b	All covered services are available, including outpatient, residential, inpatient, laboratory and pharmacy.	Documentation		

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T 6	State Disability Assistance MDCH/CA Contract, Attachment A , Services, 1.c, Page 12			
T 6 a	The AMS determines client need for residential services for SDA clients.	CA to provide copies of policies and procedures		
T 7	Adult Benefits Waiver MDCH/CA Contract, Attachment A , Services, 2.e Page 21			
T 7 a	The CA has all covered services available. Initial assessment, diagnostic evaluation, referral and patient placement, outpatient, IOP, LAAM and methadone.	CA to provide copies of policies and procedures		
T 7 b	Benefit limits: <ul style="list-style-type: none"> • One assessment every six months • 15 Outpatient sessions • 12 days of IOP • 90 days of methadone or LAAM which can be reauthorized in 90 day increments 	CA to provide copies of policies and procedures		
T 8	Monitoring of Providers MDCH/CA Contract, Attachment A , General, 9, Page 4			

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T 8 a	The CA has regional monitoring policies and procedures.	CA to provide copies of policies and procedures Monitoring tool		
T 8 b	All CA provider site visit reports must be made available.	Monitoring tool		
T 9	Licensure, Accreditation & Staff Qualifications MDCH/CA Contract, Attachment A , General, 5, Page 3			
T 9 A	The CA shall require all treatment provider panel members to establish and maintain credentials file on all salaried or contractual staff who are providing clinical services.	CA to provide copies of policies and procedures		
T 9 b	The CA must ensure that criminal background checks are conducted as a condition of employment for its own potential employees and for network provider potential employees.	CA to provide copies of policies and procedures		
T 9 c	The CA must contract with licensed providers.	CA to provide copies of policies and procedures		

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T 9 d	The CA must contract with providers who are accredited by one of the national accrediting bodies (CARF, JCAHO, COA, AOA).	CA to provide copies of policies and procedures		
T 9 e	What has the CA done to implement the Workforce Development requirements?	Documentation		
T 10	Department of Human Services MDCH/CA Contract, Attachment A, Services, d, Page 13			
T 10 A	The CA must work with the Department of Human Services office(s) in its region on issues related to prevention, access, assessment and treatment of persons involved with DHS, including families in the child welfare system and public assistance recipients.	Agreements for all DHS offices in regions		
T 11	Cultural Competency MDCH/CA Contract, Attachment A , Services, 17 Page 14			
T 11 a	The CA must have a written cultural competency plan implemented in practice at their agency and all provider agencies. The plan must include:	Copy of plan		

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T 11 b	The CA's identification and assessment of the cultural needs of potential and active clients based on population served.	Copy of plan		
T 11 c	The CA's identification of how access to services is facilitated for persons with diverse cultural backgrounds and LEP.	Copy of plan		
T 11 d	The CA's identification of standards for the recruitment and hiring of culturally competent staff members.	Copy of plan		
T 11 e	The CA's identification of how ongoing staff training needs in cultural competency will be assessed and met and the evidence that staff members receive training.	Copy of plan		
T 11 f	The CA's process for ensuring that contractual providers comply with all applicable requirements concerning the provision of culturally competent services.	Copy of plan		
T 11 g	The CA's process for annually assessing its compliance with the CA's cultural competence plan.	Copy of plan		

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T 12	Methadone Enrollment Criteria MDCH/CA Contract Treatment Policy #05 The CA assures :			
T 12 a	Initial diagnosis of opioid dependency of one-year duration.	Contract with provider(s) Policy and procedures		
T 12 b	Physical exam required	Contract with provider(s) Policy and procedures		
T 12 c	Clients must be informed of: daily attendance requirements mandatory counseling toxicology testing requirements	Contract with provider(s) Policy and procedures		
T 12 d	OTPs must have a listing of all the client's prescribed medications in the case file.	Contract with provider(s) Policy and procedures		
T 12 e	Coordination of care with all prescribing physicians, treating physicians, dentists and other health care providers.	Contract with provider(s) Policy and procedures		
T 12 f	Reviews to determine continued eligibility for services must occur every 6 months.	Contract with provider(s) Policy and procedures		
T 13	Buprenorphine MDCH/CA Contract, Treatment Policy #03			

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T 13 a	Is the CA purchasing Buprenorphine as an adjunct in the treatment of opioid addiction?	Documentation		
T 13 b	The CA must assure that: <ul style="list-style-type: none"> • The client has a diagnosis of opioid dependence. • Buprenorphine is used as an adjunct to some level of treatment services. • Toxicology screens are done at intake, every week until 3 consecutive negative screens and randomly thereafter. • Toxicology screen must assay for opioids, cocaine, amphetamines, cannabinoids, benzodiazepines and methadone metabolites. 	Contract with provider(s) Policy and procedures		
T 1 3c	All physicians must have a waiver from SAMHSA permitting them to prescribe or dispense.	Contract with provider(s) Policy and procedures		
T 13 d	Target populations include: <ul style="list-style-type: none"> • Clients being detoxified from methadone. • Clients with opioid dependence of less than a year. • Clients on methadone within the 40 – 60 milligrams therapeutic range. 	Contract with provider(s) Policy and procedures		
T 13 e	Not approved for pregnant women.	Contract with provider(s) Policy and procedures		

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T 13 f	The combination medication buprenorphine/naloxone is the only medication approved for use.	Contract with provider(s) Policy and procedures		
T 14	Case Management			
T 14 a	Is the CA purchasing any case management services? What model is being used? At what level of care is it being provided? How are services being reimbursed? Treatment Technical Advisory #03	Not applicable; fact finding only.		
T 15	Co-Occurring Disorder Treatment			
T 15 a	Is the CA purchasing any integrated treatment services? What model is being used? At what level of care is it being provided? How are services being reimbursed?	Documentation		
T 15 b	What programs in your region are Dual Diagnosis Capable or Enhanced?	Documentation		
T 16	Recovery Support Services			
T 16 A	Is the CA purchasing any recovery support services? What model is being used? At what level of care is it being provided? How are services being reimbursed?	Documentation		

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T 17	Acupuncture Treatment Policy #02			
T 17 a	Is the CA purchasing acupuncture services? How are services being reimbursed?	Documentation		
T 18	Welcoming Treatment Technical Advisory #05			
T 18 a	Has the CA started to plan for and implement the treatment technical advisory on welcoming?	Documentation		
T 19	Fetal Alcohol Spectrum Disorders Treatment Technical Advisory #06			
T 19 a	Has the CA started to plan for and implement the treatment technical advisory on FASD?	Documentation		