

PA2 VENDOR PROTOCOL

Vendor: _____ **License#:** _____
 _____ **State:** _____
 _____ **Reviewer:** _____
 _____ **Date:** _____

ADMINISTRATIVE:

Has there been a submission of a Service Description/Service Plan for activities/services provided? Y N N/A

Does the Vendor provide services at reimbursement rates established by the CA? Y N

Does the Vendor utilize the CA's sliding fee scale where applicable? Y N

Is there proof of Professional Liability Insurance? Y N

Are qualifications prominently displayed? Y N

Is there a current State license? Y N

Does the Vendor have written policies and procedures? Y N

Has an organization description been formalized? Y N

Are CA Funds used for media campaigns? Y N

Are any services subcontracted? Y N

If yes, is there documentation available that the CA has given permission to the Provider to subcontract services? Y N N/A

Are clients aware of publication rights? Y N

Are clients aware of continuation of publication rights? Y N

Does the Vendor's Plan include cultural competency? **Y N**

PA2 Vendor Protocol, continued

FILES/REPORTING/SERVICES:

Does the Vendor provide services as contracted?	Y	N
Has the Vendor submitted monthly Financial Statement Report or invoices for services as agreed to by both parties?	Y	N
Has the Vendor submitted an Individual Treatment Admission Form for each client?	Y	N
Has the Vendor submitted an Individual Discharge Form for each client served?	Y	N
When applicable, is there an ability to document a Central Diagnostic Referral Assessment/Screening?	Y	N
Is there an ability to document other referral sources for clients treated to include any services provided in conjunction with another licensed Agency provider?	Y	N
Are client files stored in a secure location?	Y	N
Does the Vendor operate under client confidentiality regulations? (42 C.F.R. 2.53(b)(2)).	Y	N

The undersigned acknowledges this site review conducted by the Western Upper Peninsula Substance Abuse Services Coordinating Agency, Incorporated.

Authorized Signature	Title	Date
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