2008/2009 Coordinating Agency Substance Abuse Services
Site Monitoring Protocol

PROVIDER ________________________________ Date:__________________

CA Participants:____
____

Provider Participants:____
____

Sites to be visited (if located in more than one community) & license number:

____
____
____
____

Type of services under contract:

____
____
____
____

For the Provider

____
Signature Title Date

For the Coordinating Agency

____
Signature Title Date

Fiscal Year 09 Coordinating Agency (CA)
Site Visit Provider Monitoring Protocol

***ADMINISTRATIVE*:**

Follow-up on Previous Site Review and any Outstanding Areas/Issues

Applicable only if there are unresolved findings or if on-site discussion and review is needed.

Were there any previous contract violations? YES NO

If yes, are there minimally policies and procedures with which to address those violations? ***(Contract Section IV., Services, Section 3, Item 5, on page 18.)***

Is a corrective active plan implemented for previous site visit areas/issues? YES NO

Additional comments or monitoring issues:

Audit Items ***(Contract Section IV., Services, Section 3, Item 6, on pages 18 & 19.)***

1. Did the provider receive more than $500,000 in Federal funds during FY 2007-08? YES NO
2. Has the provider undergone an "Outside" audit(s) for FY 2007-08? YES NO
3. Has the audit been forwarded to the CA? YES NO

4. Were there any findings and recommendations? YES NO

5. If yes, have they been resolved? YES NO

6. Does the provider properly utilize its allocation resources specific to continued provisions and federal stated goals? YES NO

Documentation Submitted:

Discussion/Comments:

Findings and Recommendations:

DRUG FREE WORKPLACE

Does the provider meet the requirements of the Drug Free Workplace Act of 1988 34 CFR Part 85, Subpart F? ***(Contract Section VIII Section 3, page28)*** YES NO

Licensure, Accreditation, Staff Qualifications, Representation

Requirement: ***(Contract Section IV, General 2 on page 4.)***.

1. Does the Provider establish and maintain credentials file on all salaried or contractual staff providing clinical services? YES NO

2. Does the Provider conduct a criminal background check on all potential employees? YES NO

3. Does the Provider provide professional development of counselors and all health care workers relative to HIV/AIDS prevention and the prevention of other serious communicable diseases? YES NO

4. Describe how the "Credentials File*" is maintained (Contract Section IV, Paragraph 14)? ***(*current list of 'in service' training completed)***

Requirement: ***(Contract Section IV, General, 3 on page 4.)***.

Provider assures that all direct services staff hired have passed the FSAC or FAODP examination (or other approved), have a 6-month waiver or are exempt. YES NO

Provider assures that all personnel who provide client services as a provider, are licensed, certified, or otherwise qualified to carry out their responsibilities. YES NO

Provider assures that measures have been implemented to meet the ODCP professional qualification standards beginning October 1, 2008. YES NO

Describe:

1. Does the Provider display current Substance Abuse license status? YES NO

   Where is the license displayed:

2. List the national accreditation(s) for the provider.

3. Who is the designated representative to the Coordinating Agency (i.e. director)?

   Has an "alternate" been designated (i.e. asst. director)?

4. Where are your board meeting minutes maintained?

   Are they available for review? YES NO

FIDELITY BONDING

Requirement: The Provider shall submit to the Agency a program specific Fidelity Bonding confirmation and proof of professional liability insurance for the fiscal year with the executed agreement ***(Contract Section IV, Section 8 subsection f on page 7)***.

1. Does the Provider maintain fidelity bonding documentation? YES NO

2. Is the bonding documentation available for review? YES NO

3. Does the Provider maintain Professional Liability Insurance? YES NO

4. Is a copy of insurance available for review? YES NO

HIV/COMMUNICABLE DISEASES (Prevention Policy #2 10/1/06))

General services, subsection h on pages 16-18

A. Is there a Communicable Disease Policy for the program on file? YES NO
   Attach copy.

B. What screening tool for CD is used by the Provider? ____________________

   Attach copy of form if possible.

Does this screening tool identify how the determination is made of which clients are high risk and need referral for testing? YES NO

C. Are there established linkages to provide for testing? YES NO

Is there notation in the intake record that a referral has been made for testing?
YES NO

In the file, is it noted whether the client accepted or rejected the referral?
YES NO

D. Does the Program ensure that there is a mechanism for making clients aware of available resources if already infected with TB, Hepatitis, STD, or HIV?

How are these resources shared with the clients? ________________________________

____

____

____

E. Describe the process of how all clients with a history of IDU are referred for or provided with Hepatitis C testing. ____

____

____

F. Are referrals for or STD and HIV testing provided for all pregnant women presenting for treatment?

Attach documentation.

G. Is the distribution of sterile needles for the injection of any illegal drug prohibited?
YES NO

What is the Program's policy on hypodermic needles?

Attach statement of assurance and/or describe lack of evidence of such activity.

H. What is the process for those presenting for TB screening and what is the process when the results are returned? ____

____

____

____

Attach documentation.

I. Does the Program provide basic information on HIV/AIDS, tuberculosis, Hepatitis, and STDs to the client? YES NO

Attach sample informational documents provided to the client referencing HIV/AIDS, tuberculosis, Hepatitis, and STDs.

J. **Provide documentation for the following:**
Has Provider staff attained a basic knowledge of Communicable Diseases (CD) and HIV/AIDS and its relationship to substance abuse. YES NO

All staff receive Basic Knowledge Level I training
Has the direct services and support staff been trained? YES NO
Has the direct services and support staff attended any training sessions/seminars?
YES NO
Clinicians receive Level II training

Updates are received every two years.

K. Are HIV/AIDS, Hepatitis, and other communicable disease health education and risk reduction activity provided for high-risk clients enrolled in the treatment program?
YES NO

How is this documented in the client chart? ________________________________

____

____

____

L. Is all activity related to HIV/AIDS conducted in accordance with federal and MDCH/HAPIS requirements, including collection and submission of client data collection methods? YES NO

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M. For residential treatment providers, as a part of admission, are all clients given a TB test? YES NO

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WELCOMING

Does the program follow the welcoming requirements found on pages 11-12 of the treatment contract between the Provider and the CA (This is a part of MDCH/ODCP Treatment Technical Advisory #05)? YES NO

CULTURAL COMPETENCY

Does the Program's Plan include cultural competency? YES NO

Have you identified any specific ethnic/cultural needs in the region? YES NO

If yes, what are they?

OUT OF REGION PLACEMENTS

1. Do you access out of region providers? (Through the local CA, individual provider contracts, etc.)?

2. Do you coordinate the services provided?

3. Do you coordinate services provided to clients being serviced in your program that reside in another region? YES NO

   Describe how the services are coordinated?

4. Do you keep the Agency Access Center (AAC) staff informed of coordinated services? YES NO

5. Are there any contracts with other Coordinating Agencies? YES NO
   Are rates charged consistent with rates charged WUPSASCA? YES NO

APPEALS AND GRIEVANCES (RECIPIENT RIGHTS):

1. Are there informational materials re. appeals and grievances?

2. Who is identified as the program's recipient rights advisor? ________________
3. Has the recipient rights advisor completed qualified training? YES NO

4. Is the recipient rights policy consistent with the Public Health Code? YES NO

5. Does the program comply with MDCH recipient rights standard? YES NO

6. Are there posters/brochures in alternative formats regarding rights? YES NO

7. Submit your procedure regarding complying with Recipient Rights and Confidentiality requirements.

***FINANCE*:**

Fixed Unit Rate (FUR) Documentation

Requirement: The Provider shall maintain documentation regarding how each of the fixed unit rates are calculated (arrived at).

1. How does the Provider determine the cost for service delivery?

2. Does the provider have other FUR agreements (i.e. D.O.C., etc.)? YES NO

3. Does the Coordinating Agency receive the 'lowest' FUR for its reimbursable services? (Contract page 2). YES NO

Maximization of Resources

Assure that all reasonable efforts are made to collect 1st & 3rd party fees, where applicable, and report these as outlined in the agreement's fiscal procedures. Any under recoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures ***(Addendum T-C)***.

1. Does the Provider assure that it adheres to these requirements? YES NO

2. Does the Provider assure that there is no supplanting of local funds? YES NO

3. Does the Provider have a formal agreement with the MDOC? YES NO

4. How does the Provider collect fees from 1st and 3rd parties:

Reimbursement Rates for Community Grant (CG)

Requirement: The Provider should be charging the same rate for the purchase of CG, all CA, and related resources for services unless they have an appropriate rationale. ***(Contract Section III)***

1. What are the FY09 CG reimbursement rates for each treatment service (OP, IOP, etc.) for the provider?

2. For each instance where the CG and other resource rates are different for a given service, provide a rationale for the differential rates.

3. During FY 09, were there any provider billings disputed and unpaid after 60 days or more? YES NO

4. Does the Agency Access Center have documentation of treatment plan submission on all FY 09 clients utilizing a selection of ***5-6 clients from*** different months (Oct '08 through June '09). If applicable, at least one (1) file selected for review should be a client with a waiver. ***(If deemed necessary, one to five additional files may be requested***). YES NO

5. Does the Agency Access Center have documentation of treatment plan updates when additional units were sought on all FY 09 clients? YES NO

Consumer Satisfaction Surveys *(Contract Section IV. Section 2, Page 13)*

1. Does your program conduct client satisfaction surveys? YES NO

2. Does your program compile survey results? YES NO

3. Does the program use survey results to improve provider services? YES NO

4. Does your program forward compiled survey results to the Coordinating Agency? YES NO

MANAGEMENT CA-ADMINISTERED FUNDS

Review FY 2009 expenditures to date and compare to the amount allocated by the CA.

Outreach to Clients/Client Participation

Is there a "role for consumers" in treatment services including assistance to other consumers"?
YES NO

If yes, what is the role and how is it documented?

How does the provider conduct outreach activities to potential clients to include specialty populations (IDU's, pregnant women, etc.)?

LIMITED ENGLISH PROFICIENCY (LEP) ***(Contract Section IV Section h page 11)***

1. Are there policies/procedures in place for identifying and assessing the needs of deaf/hard of hearing? YES NO

2. Does your program provide notice to LEP persons of their right to free language assistance? YES NO

MANAGEMENT OF SERVICE

Are goals/objectives monitored and information disseminated to appropriate persons and actions taken when needed? YES NO

Does the provider have established protocols for monitoring this process? YES NO

Care Coordination

1. Are arrangements in place with respect to clients with co-occurring disorders?
YES NO
2. Are arrangements in place with respect to primary health care of SA clients?

YES NO

3. Does the Program have or have access to a primary care physician? YES NO

4. If applicable, review types of care coordination arrangements are in place.

5. Are there barriers to care coordination? YES NO

6. Are all appropriate clients in urgent situations ***offered*** admission to treatment within 24 hours of ***referral***? YES NO

7. Are all non-urgent situations ***offered*** admission to treatment within 7 calendar days of the ***referral***? YES NO

8. Are time frames for admission of priority clients being met? YES NO

9. Are parents who have lost custody, or at risk of losing custody, receiving mandated preference? YES NO

10. Are interim services provided when needed for the following populations:
    - Pregnant Intravenous Drug User
    - Pregnant Women
    - Intravenous Drug User (IDU)
    - Parents who have lost custody, or at risk of losing custody
    - Others YES NO

11. Are there procedures regarding Utilization Review? YES NO

12. Are there procedures to verify Medicaid eligibility? YES NO

    If yes, are these procedures followed and documented? YES NO

    How often is Medicaid eligibility verified with DHS?

***SERVICE/OPERATIONS*:**

FEDERAL HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT of 1996 (HIPAA)

Requirement: Providers are required to be in compliance with applicable portions of the HIPAA law (PL 104-91). ***(Contract Section IV. Paragraph 19 on pages 20 &21) and*** the requirements of 42 CFR, Part 2, Final Rule, June 9, 1987.

1. Has the Provider taken all steps to implement HIPAA requirements? YES NO

2. Does the Provider document the use of the CA privacy notice? YES NO

3. Who is responsible for HIPAA compliance?

Documentation Submitted (***documentation in client file of notice?***):

<u>12-MONTH AVAILABILITY OF SERVICES</u>

<u>Requirement</u>: For all contracted services, the Provider maintains service availability throughout the fiscal year to clients who do not have the ability to pay ***(Contract Section IV, General Services, Services 1a on page 8)***.

1. Does the Provider document 12-month availability of all subcontracted services? YES NO
2. Describe how the Provider compiles submitted waiting list information:

3. Are interim services made available to clients who are on a waiting list? YES NO N/A

<u>CLIENT ACCESS</u>

Are the hours of operations appropriate to serving clients? YES NO

Is/are the population(s) targeted in contracts/scope of service are being served? YES NO

<u>Sliding Fee Scale</u>

<u>Requirement</u>: The CA has implemented a sliding fee scale. The scale shall be utilized in all treatment programs, including the Access Center ***(Contract Section IV. ADMINISTRATIVE AND FINANCIAL Paragraph 2 on page 5).***

OBTAIN A COPY OF THE SLIDING FEE SCALE BEING UTILIZED BY THE VENDOR.

1. Has the provider used the CA single sliding fee scale? YES NO

2. If not, why not?

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<u>State Disability Assistance (SDA) Funds</u> ***<u>(RESIDENTIAL ONLY)</u>***

<u>Requirement:</u> SDA funds are to be used to reimburse for room and board costs in selected licensed, accredited residential service providers, on behalf of clients that have been determined to be eligible for an incidental allowance by Department of Human Services (DHS formerly FIA) and assessed by the CDR as needing residential care. ***(Contract Section V. Paragraph 16 on page 25.)***

1. Has the Provider obtained or verified DHS (or other) client eligibility determination, at admission and during the residential stay?

   YES NO

   Describe the Program's process/procedure/protocol to determine eligibility:

2. Has the AAC determined client need for residential care? YES NO

3. How does the Provider document that residential care is/was provided?

   Client File _______ Counselor Log _________ Other __________(Explain)

4. Does the provider discriminate acceptance of SDA clients based on prior involvement with the Criminal Justice System? YES NO

If yes, please explain and document rationale.

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<u>PUBLICATION AND MISCELLANEOUS</u>

1. Are CA Funds used for media campaigns? YES NO

2. Are any services subcontracted? YES NO

3. Are clients aware of publication rights? YES NO

4. Are clients aware of continuation of publication rights? YES NO

MI-CHILD

Did any clients receive MIChild subsidized substance abuse services during FY 2009?
YES NO

If yes, how many? ___________________

DATA (OPINION)

Do you meet required data reporting timelines to CA per the agreement?

-monthly client data uploads	YES	NO
-quarterly/monthly client activity summary data uploads-	YES	NO
-waiting list reports	YES	NO
-Performance Indicator reports (quarterly)	YES	NO
-Semi Annual reports (W&F, Communicable Diseases, etc.)	YES	NO

2. Have you taken steps to review data for consistency and logic, and to address discrepancies in the data?

-monthly client data uploads	YES	NO
-quarterly/monthly client activity summary data uploads	YES	NO
-waiting list reports	YES	NO
-Performance Indicator reports (quarterly)	YES	NO
-Sentinel Events (semi-annual)	YES	NO

3. Have you taken steps to correct faulty submissions, to reduce the volume of errors, and to improve the correction of errors (by submitting "change" records or revised reports)?

-monthly client data uploads	YES	NO
-quarterly/monthly client activity summary data uploads	YES	NO
-waiting list reports	YES	NO
-Performance Indicator reports (quarterly)	YES	NO
-Sentinel Events (semi-annual)	YES	NO

Have you taken steps to review trends in Performance Indicator data reports on **welcoming**, access, efficiency and outcomes of assessment/treatment services? YES NO

What steps have been taken to improve services as reflected in the Performance Indicators?

> If the PI reports have been determined as a "low performance outlier" in statewide PI reports, what actions have been taken to improve performance?

Documentation Submitted

<u>REVIEW OF FY 09 (TO DATE) REPORTING COMPLIANCE</u>

Submission of reports that are timely, accurate, complete. ***(Contract Section IX on page 28)***.

Is there a policy and procedure for reporting and analysis of sentinel events? YES NO

Is there a policy and procedure for reporting and review of critical health and safety incidents? YES NO

Review/discussion of submission of FY 09 reports to date.

Review of specialized report submission (if applicable) with established time frames for reporting:

<u>CLIENT RECORD MAINTENANCE</u>

Are there established procedures for documenting and maintaining client records? YES NO

Are there established policies/procedures regarding client confidentiality? YES NO

Is there established system in effect to protect the client's record from inappropriate disclosure? YES NO

Are all applicable client records are stored in a secure managed system? YES NO

Are your client records stored in a secure place? YES NO

Are client documents retained for a period of at least 7 years? YES NO

Are computerized records protected by password? YES NO
If so who has access?

Is the password changed on a regular basis? YES NO

Is the removal of a client file documented? YES NO
If it is removed, who has authority?

MEDICAID DENIALS/REJECTIONS:

Does the Program exhaust all avenues with Medicaid (i.e. filing a grievance with Medicaid) before remitting to the CA for payment (from Block Grant, General Fund, etc). YES NO

If other insurance (BC/BS) denies payment for substance abuse services rendered, does the Vendor ascertain whether the insured's Master Insurance Plan had a provision within the contract which listed SA services as an allowable or excluded expense? YES NO

SITE VISIT PROTOCOL ADDENDUM ***File Number:________________***

For the period of selective sampling:

I. Examine assessment/screening form and note type of services recommended

II. Review admission form, confirm the admission date

III. Review the sliding fee scale and confirm amount billed to client and WUPSASCA does not exceed the approved rate

IV. Note insurance company. If no insurance, ensure the file is documented as “NI”. Confirm any coverage paid by insurance company and any amounts due to WUPSASCA.

V. Note client was qualified under earmarked program, i.e. women, senior, outpatient intensive and or residential.

VI. Examine the bed days report, if applicable and confirm to the purchase of service report

VII. Examine counselor service notes agreeing hours of service

VIII. Examine the client file to ensure case management.

For Each File…..

Question		
Does it include the source of referral?	YES	NO
Was it initially completed within 3 days of receipt of referral?	YES	NO
Are immediate health care needs addressed?	YES	NO
Is final disposition noted in the file?	YES	NO
Does it contain signed/dated consent to serve form?	YES	NO
Does it describe case management services?	YES	NO
Does it contain information on where the client can be contacted?	YES	NO
Are release of information forms signed/dated for all other applicable referral sources, family members and other appropriate individuals?	YES	NO
Does it contain verification of service eligibility?	YES	NO
Are all other applicable papers secured in the file?	YES	NO
Are all entries made in ink?	YES	NO

Does the client have an Individualized Treatment Plan?

Is it available and consistent with the Client's needs?	YES	NO
Is it signed/dated by the client? Is it amended as changes dictate?	YES	NO
Is contact with the client (direct or indirect) documented?	YES	NO
Does it document the need for continued case management?	YES	NO
Does it contain the discharge summary?	YES	NO

Treatment Client Informational Section

Number of Client Referrals:				**Client Status**	
			Treatment	**Recovery**	**Recidivate**
Residential:	_____	[	_____	_____	_____
Intensive Outpatient:	_____	[	_____	_____	_____
Outpatient:	_____	[	_____	_____	_____