

PREFERRED PROVIDER: TREATMENT STANDARDS
COMPLIANCE ASSESSMENT TOOL

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Items that are highlighted in yellow are standards that, if not met, will result in an automatic provisional certificate.

CATEGORY	SECTION	STANDARD	EVIDENCE OR METHOD OF COMPLIANCE	PROVIDER SCORE	MAXIMUM SCORE	SCORING DESCRIPTION	FINDINGS
Certification Process and Review	1.3	Policies and procedures must be dated within five years from the date of the site visit.	Policy and Procedure Manual		2	0=present in less than 25% of reviewed policies 1=present in 25% to 75% of policies 2=present in more than 75% of policies	
				0	2		
Leadership and Governance	2.1	Organization identifies those responsible for Governance.	Annual Report		1	0=not present 1=present	
	2.2	Governance defines its responsibilities in writing with annual evaluation of the organization's performance in relation to its mission, vision and goals.	Annual Report		1	0=not present 1=present	
	2.3	Verification that quarterly meetings are occurring - minutes dated and documented - and publicly available.	Board of Directors meeting minutes, website posting		2	0=not present 1=present 2=present and publicly available	
	2.4	Organization chart reflects current staffing and is made available to staff and members of Governance.	Organizational chart		1	0=not present 1=present	
				0	9		
Planning	3.1	The mission, vision, and goals support the safety and quality of care, treatment and services.	Strategic plan, Annual Report, website		1	0=not present 1=present	
	3.2.1 - 3.2.2	Written, dated organizational strategic plan that includes: goals, priorities, evaluation, ongoing analysis and understanding of SUD treatment needs in the area and has input from clients, personnel and other stakeholders, identify methods to coordinate services with other service providers.	Strategic Plan		3	0=No strategic plan. 1=Strategic plan has goals and priorities, but is based on an internal process and shows no evaluation or analysis of SUD treatment needs in the area. 2=Strategic plan has goals and priorities based on a limited evaluation or analysis of SUD treatment needs in the area, but is based on internal process. 3=Strategic plan has goals and priorities based on an evaluation and analysis of the SUD treatment needs in the area that is based from client, community, employee, and stakeholder input.	
	3.2.3	Written plan to address CLAS standards.	Strategic Plan		1	0=not present 1=present	
				0	5		
Fiscal Management	4.1	Demonstrates responsible fiscal management practices: Medicaid certification, published fee schedule, reliable monitoring of billing and expenditures and revenues, identification of fund sources, written procedure to prepare budget.	Medicaid Enrollment, fee schedule, annual audit		2	0=not present 1=present but not inclusive 2=present and inclusive	
				0	2		
Human Resources	5.1	Non-discrimination policy and practices are in place and addresses non-discrimination on the basis of: race, religion, gender, ethnicity, age, disabilities, sexual orientation, real or perceived HIV status.	Policy and Procedure Manual		1	0=not present 1=present	
	5.2	Code of ethics which structures the behavior of the organization, to include all staff, including business practices.	Policy and Procedure Manual		1	0=not present 1=present	
	5.3	Written, dated policies that require staff responsible (as per their job descriptions) for SUD counseling to be licensed in VT and/or comply with licensing rules set by OPR.	Policy and Procedure Manual		2	0=not present 1=present but not inclusive 2=present and inclusive	
	5.4	Written policies and procedures for conducting background checks.	Personnel files		2	0=present in less than 25% of reviewed personnel files 1=present in 25% to 75% of files	
	5.5	Personnel policies include: recruitment, benefits, promotion; training and staff development; safety and health policies; disciplinary systems and practices; staff grievance mechanisms; wages, hours and salary administration; rules of conduct; performance appraisals, EEO and affirmative action policies; hiring practices; confidentiality; methods and documentation of supervision.	Policy and Procedure Manual		3	0=not present 1=present but not inclusive 2=present and inclusive but limited availability 3=present and inclusive and fully available to all employees	

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	5.5.2	Written and dated documentation in the personnel record that the staff person has reviewed the personnel policies and procedures.	Personnel files		2	0=present in less than 25% of reviewed personnel files 1=present in 25% to 75% of files 2=present in more than 75% of files	
	5.5.3	Written and dated documentation that the personnel policies and procedures are reviewed and updated (as necessary).	Policy and Procedure Manual		1	0=not present 1=present	
	5.5.4	Mechanism for notifying all employees of changes in personnel policies and procedures, which is documented.	Policy and Procedure Manual		1	0=not present 1=present	
	5.6	Each employee is oriented to all policies and procedures pertinent to his/her job description.	Policy and Procedure Manual, Personnel files		1	0=not present 1=present	
	5.7	Each position has a current job description that includes: Credentials and/or licensure required to employment in the position; Duties and responsibilities of the position; Minimum levels of education and training required for the position; Related work experience required for the position; Reporting and supervisory responsibilities of the position; Salary range of the position in the organization, performance criteria.	Personnel files		2	0=present in less than 25% of reviewed job descriptions 1=present in 25% to 75% of job descriptions 2=present in more than 75% of job descriptions	
	5.6.1, 5.6.2, 5.6.3, 5.7.3, 5.8.1, 5.8.2, 5.14, 5.15	Personnel file contains: Written and dated documentation signed by the employee that he/she has received an orientation including signed/dated acknowledgement that training on policies and procedures was received Documentation that employee has received training/orientation about 42 CFR Part 2 and agrees to abide by federal confidentiality regulations Copy of the current job description has been provided to him/her and is signed by employee Documentation of credentialing documents Signed and dated annual performance appraisals Written and dated staff development plan which addresses training, continuing education needs, and objectives and credentialing activities Documentation that appropriate staff have received training in clinical documentation	Personnel files		2	0=present in less than 25% of reviewed personnel files 1=present in 25% to 75% of files 2=present in more than 75% of files	
	5.9	Performance appraisals are: Conducted using pre-established performance criteria based on specific responsibilities for each position and have objectives Inclusive of strengths and weaknesses Include goals for the future Reviewed, signed, and discussed with their supervisor Document, if necessary, deficient performance and establish a plan to address deficiencies.	Policy and Procedure Manual*, Personnel files		2	0=present in less than 25% of reviewed files 1=present in 25% to 75% of files 2=present in more than 75% of files	
	5.10	Written policies and procedures for supervision of all individuals providing direct services and require supervision of any staff that provides billable SUD services.	Policy and Procedure Manual		1	0=not present 1=present	
	5.11	Ongoing supervision of clinical staff or direct service personnel is documented.	Supervision notes		2	0=present in less than 25% of reviewed notes 1=present in 25% to 75% of notes 2=present in more than 75% of notes	
	5.12	Policy and procedure for employees who have problems that interfere with acceptable job performance.	Policy and Procedure Manual		1	0=not present 1=present	
	5.13	Students, interns, or volunteers are held to section 5.0 standards.	Policy and Procedure Manual		1	0=not present 1=present	
	5.15	Program makes continuing education in SUD treatment and prevention services available to employees who provide the services.	Policy and Procedure Manual		1	0=not present 1=present	
				0	26		

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Utilization Management	6.1	Written annual report of the utilization management activities.	Annual Report		2	0=not present 1=present but not inclusive 2=present and inclusive	
				0	2		
Risk Management	7.1	Demonstrates implementaion of an up-to-date risk management plan.	Risk Management Plan		2	0=not present 1=present and demonstrates limited implementation 2=present and demonstrates full implementation	
				0	2		
Accessibility	8.1	Demonstrates accommodations for clients with language barriers or with special needs as outlined by the American Disability Act, Federal Guidelines.	Client Orientation, Policy and Procedure Manual		2	0=not present 1=present and demonstrates limited implementation 2=present and demonstrates full implementation	
				0	2		
Health and Safety	9.1 (§96.127 of SAPTBG)	Implement infection control policy that includes the prevention of transmission of tuberculosis that addresses: screening, testing, medical evaluation, identifying individuals who are at high-risk of becoming infected, counseling, case management, reporting requirements, and referrals.	Policy and Procedure Manual		1	0=not present 1=present	
	9.2	Procedures for addressing critical incidents that include: reporting, remedial action, timely debriefings.	Policy and Procedure Manual		1	0=not present or not compliant 1=present and compliant	
	9.3, 9.4, 9.5	Written procedures for addressing critical incidents (both internal purpose and ADAP reporting); will define sentinel events and communicate this definition throughout the organization.	Policy and Procedure Manual		2	0=not present 1=present and demonstrates limited implementation 2=present and demonstrates full implementation	
	9.6	Written policy and procedures for the handling of both licit and illicit drugs brought into the organization by both clients and personnel.	Policy and Procedure Manual		1	0=not present 1=present	
				0	5		
Quality Assurance and Performance Improvement	10.1	Collects data on all persons served and generates, compiles and reports it to ADAP at least annually.	SATIS data submissions		2	0=not present 1=inconsistently present 2=consistently present	
	10.2	Collects data at intake, discharge and ninety (90) calendar days post discharge.	SATIS data submissions		2	0=not present 1=inconsistently present 2=consistently present	
	10.3-10.4	The quality improvement plan includes: definition of QI structure and procedures, analysis of community needs, aligns with organizational goals and objectives, assigns responsibility to individual(s) or team, is informed by data, incorporates measurable goals and objectives, incorporates performance indicators that measure the program.	Quality Improvement Plan		3	0=not present 1=present but not inclusive 2=present, inclusive and demonstrates limited implementation 3=present, inclusive and demonstrates full implementation	
	10.5	Evidence that: QI plan was reviewed by multiple stakeholders within the organization and other key stakeholders Decisions were made as a result of improvement information or data trends Recommendations made or actions taken were based on agency and/or key stakeholder input	Quality Improvement Plan		1	0=not present 1=present	
				0	8		

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Rights of Person Served	11.1	Rights of the person served must be communicated to the person served: In a manner the person served understands. Prior to the beginning of service delivery or at the initiation of service delivery. When informed consent is not possible due to the inability of the person served to understand his/her rights in the treatment process, documentation of this factor appears in the client record.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	11.2	Policies that promote the following rights: Confidentiality Privacy Freedom from abuse, financial or other exploitation, retaliation, humiliation, neglect Access to information that would facilitate decision-making, records, person-centered plan Informed consent/refusal regarding service delivery, release of information, concurrent services, involvement in research (if applicable) Access or referral to self-help, advocacy Investigation and resolution of alleged infringement of rights	Policy and Procedure Manual, Client Handbook		5	0=No policies promoting rights of the persons served. 1=Limited policies or inconsistent promotion. 2=Limited policies but consistent promotion. 3=Robust policies but inconsistent promotion. 4=Robust policies and consistent promotion. 5=Robust policies and robust promotion.	
	11.3	Organization demonstrates knowledge of clients' legal status.	Policy and Procedure Manual, Client Handbook		1	0=not present 1=present	
	11.4.1	Policy and procedure about filing a grievance that specifies: freedom from retaliation resolution efforts levels of review time frames for decisions procedures for written notification rights and responsibilities of each party availability of advocates provisions for secondary review for disputed grievances compliance with state requirements regarding allegations of abuse and/or neglect.	Policy and Procedure Manual, Client Handbook		2	0=not present 1=present but not inclusive 2=present and inclusive	
	11.4.2	Makes grievance procedures understandable and readily available, maintain documentation of grievance including the results and resolution, will conduct annual review of grievances.	Policy and Procedure Manual, Client Handbook		2	0=not present 1=present but not inclusive 2=present and inclusive	
	11.5	Policy and procedures allowing persons served to review their medical record.	Policy and Procedure Manual, Client Handbook		1	0=not present 1=present	
	11.6	Policy and procedures regarding the use of person served labor.	Policy and Procedure Manual, Client Handbook		1	0=not present 1=present	
					0	14	
Program Structure and Staffing	12.1	Organization is authorized to provide modalities of care approved and certified by ADAP.	Grant award		1	0=not compliant 1=compliant	
	12.2	Staffing requirements are in accordance the ASAM Criteria and are determined by the level of care being provided.	Staff list, Utilization data, clinician case loads		5	0= 1= 2= 3= 4= 5=	
	12.3	Description of each program made available to the public that includes: philosophy, goals, description, and identification of priority populations.	Menu of Services, Client Handbook, Website		2	0=not present 1=present but not inclusive or not publicly available 2=present, inclusive and publicly available	

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	12.4	Outlines the following items for each level of care and has them publicly available: scope of services: populations served, settings, hours and days of services, frequency of services, payer sources, fees, referral sources, specific services offered, entry criteria, transition criteria, exit criteria.	Menu of Services, Client Handbook, Website		2	0=not present 1=present but not inclusive or not publicly available 2=present, inclusive and publicly available	
	12.5	Service delivery models/strategies are based on accepted practice, research, EBP, peer-reviewed publications, clinical practice guidelines, and/or expert professional consensus.	Menu of Services		2	0=not present 1=present but not inclusive 2=present and inclusive but limited in design or implementation 3=present, inclusive, and fully designed and implemented	
	12.6	Services: support the recovery, health, and well-being of the persons or family served; enhance the quality of life of the persons served; reduce symptoms and needs, and build resilience; restore and/or improve functioning; support the integration of persons served in the community.	Menu of Services		2	0=not present 1=present but not inclusive 2=present and inclusive but limited in design or implementation 3=present, inclusive, and fully designed and implemented	
	12.7	Staff must demonstrate the skills and abilities necessary for delivering the applicable service modalities to the persons served.	Personnel files, client interviews		2	0=present in less than 25% of personnel files 1=present in 25% to 75% of files 2=present in more than 75% of files Bonus=add 1 point if present in 100% of files	
	12.8	Program offers either in house or through referral: peer support, advocacy groups, and/or self-help groups.	Menu of Services		2	0=not present 1=present but not inclusive 2=present and inclusive	
	12.9	Families are encouraged or invited to participate, as appropriate.	Client Handbook		2	0=not present 1=present but limited encouragement 2=present and fully encouraged	
	12.10	Provider will: empower each client to actively participate with the team to promote recovery, progress, or wellbeing; provide services that are consistent with the needs of each client; be culturally and linguistically competent; meet as often as needed to carry out decision-making responsibilities.	Client chart		2	0=present in less than 25% of client charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 3 points if present in 100% of charts	
	12.11	Policies and procedures regarding illegal and legal drugs, prescriptions, and weapons.	Policy and Procedure Manual		1	0=not present 1=present	
	12.12	Information available identifying other social service providers.	Client Handbook		2	0=not present 1=present but not inclusive 2=present and inclusive	
				0	25		
Documentation	13.1	Written and dated policies and procedures that define the format and content of client charts.	Policy and Procedure Manual		1	0=not present 1=present	
	13.2	System in place to protect client records from inappropriate disclosure including provisions for employee education.	Policy and Procedure Manual		2	0=not present 1=present but not inclusive 2=present and inclusive	
	13.3	Compliance with documentation requirements in grant award.	Grant award		1	0=not compliant 1=compliant	
	13.4	Written and dated policy and procedure for closing, storing and destroying person served identifying information.	Policy and Procedure Manual		1	0=not present 1=present	
	13.5	Documentation is legible, clear, and sufficient clinical content.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	13.6	Notes are clear and include required components (e.g. client ID, date, service rendered, location, time, treatment goal, etc.).	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	13.7	Each reimbursed service is documented in client's record and provider uses acceptable documentation practices.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
				0	11		

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Screening and Access	14.1 and §96.131 of SAPTBG	Screening/eligibility policies and procedures: definitions, acceptance/refusal of referrals, preference to priority populations in the following order: Pregnant women who use substances intravenously Pregnant women who use substances People who use substances intravenously All other people who use substances	Policy and Procedure Manual		2	0=not present 1=present but not inclusive 2=present and inclusive	
	14.1.3 and §96.131 of SAPTBG	Compliance with 48 hour time limit to screen and determine eligibility for pregnant women. If Provider has insufficient capacity, ADAP Clinical Director is notified within 48 hours.	Policy and Procedure Manual, ADAP notification		2	0=not occurring 1=occurring irregularly 2=occurring regularly	
	14.2 and §96.126 of SAPTBG	Each individual who requests and is in need of treatment for intravenous substance use is admitted to a program of such treatment not later than: 14 days after making the request for admission to such a program; or 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.	Policy and procedure manual, waiting list reports		2	0=not occurring 1=occurring irregularly 2=occurring regularly	
	14.3	Screening utilizes EB tool and is uniformly administered by trained staff and includes an interview, review of eligibility, and other treatment sources when services cannot be provided.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	14.4 and §96.133 of SAPTBG	Policy and procedure for offering interim services evidence of interim services being provided (around needle sharing, HIV, tuberculosis, and substance use and pregnancy, etc.) with special attention given to pregnant women, women with dependent children, people who use via IV, people who have HIV and/or TB.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	14.5	Crisis assessments are documented and include: suicide risk, danger to self or others, urgent or critical medical condition(s), immediate threats.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	14.6	Utilizes written and standardized criteria for admission to each level of care. Admission criteria publicly available.	Policy and Procedure Manual		3	0=not present 1=present but not inclusive 2=present and inclusive but not publicly available 3=present, inclusive, and publicly available	
	14.7 and §96.131 of SAPTBG	Publicizes availability of services with notice of preference to pregnant women.	Policy and Procedure Manual		2	0=not present 1=present but not inclusive 2=present and inclusive	
	14.8	Clients receive an orientation; written and dated documentation signed by the person served that the orientation occurred and includes: Philosophy and goals of the program Confidentiality policies (including 42 CFR Part 2) Consent to treatment Rules governing conduct Transitions between levels of care criteria and procedures Hours of services and access to after-hour services, as appropriate Costs, fees, and payment responsibility Mandated reporting laws Includes explanation of: rights and responsibilities; grievance procedures; policies around tobacco, legal or illegal substances brought into program, prescription medication brought into the program, weapons brought into the program; rules and expectations of the persons served; a description of how the person-centered treatment plan will be developed; the person's participation in goal development and achievement; expectations for legally required appointments, sanction, or court notification.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	

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				0	19		
Assessment	15.1	Written and dated policies and procedures for obtaining a client assessment and establishment of a diagnosis.	Policy and Procedure Manual		2	0=not present 1=present but not inclusive 2=present and inclusive	
	15.1.1.1	The assessment is completed by qualified personnel trained in the applicable tools, tests, instruments prior to administration, and signed by a licensed professional	Policy and Procedure Manual, client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	15.1.1.2	The assessment documents the risk ratings across all six dimensions in the ASAM Criteria to determine the appropriate level of care.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	15.2-15.3, 15.5	Assessment includes a comprehensive evaluation of the areas outlined in sections 15.2 and 15.3, or has completed an addendum	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	15.4	Assessment results in written and dated document that includes written interpretive summary, DSM-5 diagnosis or ICD-10 diagnosis code, identification of co-occurring disorders, ASAM criteria, and treatment recommendations.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 2 points if present in 100% of charts	
	15.6	Written policy and procedure about screening, assessing, and treating clients who use tobacco.	Policy and Procedure Manual		1	0=not present 1=present	
				0	11		
Case Management	16.1	Demonstrates the capacity to provide case management services that is goal-oriented, focused on improving self-sufficiency, flexible and driven by the unique needs of the client.	Menu of services, Client chart, Staff interviews	2	2	0=does not demonstrate capacity 1=demonstrates limited capacity 2=demonstrates full capacity	
				2	2		
Person Centered Plan	17.1	Person-centered plan involves family, as appropriate, and is based on persons' strengths, needs, abilities, and preferences.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	17.2	Plan is completed within timeframes (end of fourth visit for OP and MAT, end of fifth day for residential)	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	17.3	Plan includes: goals in words of client with clinical interpretation; objectives that are specific, measurable, achievable, realistic, and time-limited; treatment objectives that identify specific interventions, modalities, or services including frequency and staff.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 3 points if present in 100% of files	
	17.4	Person served will sign and date a statement, included in the treatment plan, indicating that he/she has reviewed, participated in the development of, and understands the treatment plan.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	17.5	Counselor signs and dates the treatment plan upon its completion.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	17.6	Plans are reviewed and updated by the counselor and the person served no less frequently than when there are significant changes in a person's life; when there are changes to the treatment modality, frequency, and/or amount of treatment services; or when there is a transition between levels of care.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	

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	17.7	If the clinician signing the treatment plan is a non-licensed clinician, AAP, or CADC, the treatment plan must be cosigned by a supervisor who is either: an LADC with one year of full-time experience; an independent LICSW, LMFT, LCMHC who has at least one year of full-time addiction counseling experience (or part-time equivalent); physician certified in addiction medicine by ASAM.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	17.8	Clients will be offered a copy of their treatment plan and each update thereof.			2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	17.9	After each billable service, documentation supporting continued need for services based on clinical necessity, including the following: dated progress notes that link to the treatment plan; updates or modifications to treatment plan; interventions provided and client's response; printed staff name and signature or electronic equivalent.	Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
				0	18		
Transition/ Discharge	18.1	Written and dated policies and procedures on clients who are transitioning or are discharged.	Policy and Procedure Manual		2	0=not present 1=present but not inclusive 2=present and inclusive	
	18.2	Discharge summary completed within seven (7) calendar days following discharge and is signed, dated by the counselor, includes required components and is entered into the client's chart.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	18.3	The written aftercare plan is developed and: is prepared to ensure seamless transition when a person served is transferred to another level of care or prepares for a planned discharge; identifies the person's need for a recovery support system or other types of service that will assist in continuing the recovery and community integration; includes referral information made for additional services such as appointment dates, times, contact name, telephone number, and location; includes recommendations for self-help and contact information for local peer recovery support services; will include the signature of the person served and/or their legal guardian as applicable.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 3 points if present in 100% of files	
	18.4	For transitions between levels of care and/or providers: counselors ensure successful transition between clinically appropriate levels of care; referring agencies must provide the receiving agency the most recent assessment upon receipt of a signed release of information.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 3 points if present in 100% of files	
	18.5	Upon discharge, when client has given documented consent, the organization, when prescribing medications, will document coordination of care with the Primary Care Provider and/or external prescribing professional regarding, at a minimum, what medications are being prescribed and for what diagnoses.	Policy and Procedure Manual*, Client chart		3	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
					0	11	
Medication Monitoring and Management	19.1	All medications are administered in accordance with accepted and statutory clinical practice under the authority of a prescribing professional.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	19.2	A list of clinical staff members authorized by the program and by law to administer or dispense medications is maintained and updated as needed.	Staff list		1	0=not present 1=present	

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CATEGORY	SECTION	STANDARD	EVIDENCE OR METHOD OF COMPLIANCE	PROVIDER SCORE	MAXIMUM SCORE	SCORING DESCRIPTION	FINDINGS
	19.3	Self-administration of medication is permitted only when specifically ordered by the responsible prescribing professional.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	19.4	Drugs and prescriptions brought into the program for the client are neither administered nor made available for self-administration unless they are identified by the program and approved by the responsible prescribing professional.	Policy and Procedure Manual*, Client chart		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts	
	19.5	Medication errors and adverse drug reactions are documented in the client chart and reported to the responsible physician upon discovery.	Policy and Procedure Manual, Client chart, Critical incident reporting		2	0=present in less than 25% of reviewed charts 1=present in 25% to 75% of charts 2=present in more than 75% of charts Bonus=add 1 point if present in 100% of charts	
	19.6	Written and dated policies and procedures regarding pharmaceutical practices.	Policy and Procedure Manual		2	0=not present 1=present but not inclusive 2=present and inclusive	
				0	11		
Crisis Management	20.1	The organization has written guidelines for mental health crisis/emergency management.	Policy and Procedure Manual		1	0=not present 1=present	
				0	1		
GENERAL PROGRAM STANDARDS: TOTAL					184		