Com	prehensive SUD Residential Review: Contract Review											
COIII												
	Residential Facility Name: Address:											
	City / State / Zip:											
	Home BHO of Residential Facility:											
	Primary Contact Name:											
	Dates of Review:											
	Name of Reviewer:											
Inctri	Name of BHO conducting Review:  ctions: Please score each item in the Contract Review based on a Three (3) point rating: "0" = Not in Complia	nco: "1"	- Partially in Compliance: "2" - Fully in Compliance, Select N/A if not applicable									
#												
л ЛП С	Item   Score   Notes / Comments   Score   Score											
All C												
1	Is a criminal background check and an excluded provider check through the Office of Inspector General		Evidence: P & P, sample checks. Once demonstrated, review every other year (or next contract									
2	(OIG) conducted for all agency staff members?	1	cycle).									
2	Are background checks conducted for all agency volunteers, board members, and interns?		Evidence: P & P, sample checks. Once demonstrated, review every other year.									
3	Is a background check conducted for all subcontractors?	1	Evidence: P & P, sample checks. Once demonstrated, review every other year.									
4	Does the agency ensure employees are trained in: The skills each employee needs to effectively perform the		Evidence: Job description review, P&P new employee orientation and staff training, training									
	functions included in their job description and the population in which they directly serve;		sign-in sheet, personnel record sample. Once demonstrated, review every other year.									
	Safety and violence prevention per RCW 49.19.030;											
	Personnel training consistent with WAC 388-877-0500(6);											
	HIPAA compliance and confidentiality of records and Enrollee information;											
	Utilizing natural supports, building on Individual strengths, and recovery and resiliency;											
	Suicidal risk identification and intervention;											
	Basic Life Support (CPR and first aid) and prevention and control of communicable disease, including											
	HIV/AIDS, blood borne pathogens and tuberculosis (TB);											
	Psychotropic medications (if applicable).											
5	Does the agency provide training in treatment methods that address individual age, gender, language,		Evidence: P&P, staff training, Sample training									
	literacy, culture, ethnicity and sexual orientation?											
6	Does the agency have established referral relationships with the assessment entities, outpatient individual		Evidence: P&P care coordination and ISP. Sample chart review.									
	providers, vocational or employment services, and courts which specify aftercare expectations and services											
	including procedure for involvement of referents in treatment activities?											
7	Does the agency have internal policies and practices to measure and improve the quality of services?		Evidence: P&P quality improvement. QM plan. Sample of initiative. Once demonstrated, review									
	Quality Plan elements list		every other year.									
8	Does the agency have internal policies and practices to accept and make necessary adjustments to continue		Evidence: P&P. Once demonstrated, review every other year.									
	treatment for any clinically appropriate individual taking opiate substitution medication?											
9	Does the agency have policy and provide training for staff to implement person-centered techniques, such		Evidence: P&P AMAs & Staff Training. Once demonstrated, review every other year.									
	as motivational interviewing, to assist the individual in completing recommended level of care?											
10	Does the agency have policy and procedure for notifying the responsibile BHO and any other required		Evidence: P&P Incident reporting and CPS/APS reporting									
	agencies of critical incidents including serious injury requiring medical attention, alleged sexual abuse,											
	serious physical assaults between individuals, alleged abuse of a youth by a staff member, or other instances	5										
	of suspected individual abuse in accordance with state law?											
11	Does the agency allow individuals to leave the facility for the purposes of obtaining medical treatment not		Evidence: P&P temporary pass									
	available at the center, conducting personal business, visiting with family members or significant others, and											
	for other reasons that may be beneficial to the individuals treatment program?											
12	Does the agency have specific criteria for therapeutic and rule violation discharges?		Evidence: P&P Discharges									
	, . ,	1										

13	Is the agency in compliance with contract requirements relating to maintenance of records?		Evidence: P&P records maintenance. Site review. Once demonstrated, review every other year.
14	Is the agency following requirements related to the permitted and required uses or disclosures of protected health information?		Evidence : P&P, Review HIPPA tracking sheet of releases
General Contract Requirements - Score			
	ole Score		
	ved Percent	#DIV/0!	
Subs	tance Abuse Block Grant Fund Requirements		I
1	Does the agency make continuing education services available to staff?		Evidence: P&P and personnel record review
2	Has the agency ensured that information on the priority populations was publicized?		Evidence: P&P and sample of methods of publication (brochures, website, community presentation, etc.)
3	Did the agency ensure that the following order of priority was followed for admission to treatment: (a)		Evidence: Admission P&P
3	Pregnant injecting drug users; (b) Pregnant substance users; (c) Injecting drug users; (d) Parenting women?		endence. / damission r d.
Subst	ance Abuse Block Grant Requirements - Score		
Possil	le Score		
Achie	ved Percent	#DIV/0!	
Billir	g / Financial Requirements		
1	Were all potential Medicaid-eligible individuals screened for Medicaid eligibility?		This is only applicable for direct admits. Evidence: P&Ps admission and financial eligibility. Sample of records.
2	Are potential Medicaid-eligible persons referred to the Health Care Navigators to apply for medical coverage?		Evidence: P&Ps admission and financial eligibility. Once demonstrated, review every other vear.
3	Once enrolled in the program are all individuals screened for financial eligibility no less than once each		Evidence: P&Ps admission and financial eligibility. Once demonstrated, review every other
	month?		year.
4	Does the agency have policies and procedures on income eligibility for DBHR, Medicaid, and third party		Evidence: P&Ps admission and financial eligibility. Once demonstrated, review every other
	insurance individuals?		vear.
5	Is the agency charging any fees to Medicaid-eligible individuals (with the exception of ADIS)?		Evidence: P&P. Once demonstrated, review every other year.
Billing	and Financial - Score		
	le Score		
Achie	ved Percent	#DIV/0!	
Yout	h Residential Requirements		
1	Do CDPs who are working with youth have 10 hours of their 40 CEU's specific to youth?		Evidence: Personnel record review. Review annually.
2	Does the agency meet "supervised care" requirements for program site and in public places?		Evidence: Site review and P&Ps
3	For level II programs, is the agency providing specialized treatment groups addressing co-existing mental health concerns that may complicate substance use disorder treatment? (hours for these groups may be a part or in addition to the 20 hours required in WAC)		Evidence: Program schedule. Review annually
4	Does the agency provide recreational, leisure, and free time that are appropriate to the ages, abilities, and individual interests of the individual? (Minimum of 7 hours/weekly of supervised recreational activity)?		Evidence: Programming description
5	Is the agency following contract requirements regarding individual age for admission and exceptions for		Evidence: P&P admission/intake. Chart review. Again, the regional BHO could use its
	youth under age 13 and for 18, 19, or 20 year old admissions?		population as a proxy. WAC 388-877B-0280
6	Does the agency ensure compliance with contract restrictions on nicotine products?		Evidence: P&P admission paperwork describing compliance with nicotine products.
7	Does the agency meet the contract requirements for required number of hours and content for treatment modality?		Evidence: Data report- level to hours. Sample record review. WAC 388-877B-0280
8	Does the agency have a policy regarding transportation of individuals to medical appointments or individual outings?		Evidence: P&P transportation internal and Medicaid
Youth	Residential - Score		
	le Score		
	ved Percent	#DIV/0!	
РРМ	Requirements		

1	Does the agency have specific criteria for therapeutic and rule violation discharges?		Evidence: P&P discharge
	Is the agency providing the opportunity for the individual's clinical individual and group services to be		Evidence: P&P treatment/programming
1	provided by someone of the same gender?		Estachica di di cutinent, programming
3	Is the agency currently licensed with the Department of Early Learning?		Evidence: Cuurent license status
	Does the PPW program staffing include a licensed nurse?		Evidence: Staffing level in P&P. Sample shift staffing.
	- Score		Evidence. Starring rever in Fact. Sample Stiffe Starring.
	le Score		
	ved Percent	#DIV/0!	
	drawal Management Requirements		
	Does the agency ensure the program is open for admission and service availability 24 hours per day, 365	1	Evidence: P&P
1	days per year?		Evidence.1 &i
2	Does the agency ensure pregnant women unable to access treatment due to lack of capacity and in need of		Evidence: P&P
2	withdrawal management are referred to CUP program within 24 hours of request?		Lviderice. F&F
	withthat a war management are referred to COF program within 24 hours of request:		
3	Does the agency maintain protocols for MAT patients in need of withdrawal management from other		Evidence: P&P
	substances?		Lividence. I di
4	Does the agency ensure access to on-site crisis stabilization, including mental health screening, assessment,		Evidence: P&P
•	intervention, and referral to respond to any immediate or on-going crisis?		
	and reliably and release to respond to any minimediate or on going on our		
Adult	Withdrawal Management Requirements - Score		
Possib	le Score		
Achie	ved Percent	#DIV/0!	
Adul	t Residential Requirements		
1	Does the agency accept admissions for all eligible individuals authorized from a Behavioral Health		Evidence: P&P admission
	Organization unless there are specific documented reasons relative to health, welfare, or safety of		
	individuals?		
2	Did the agency provide each individual with necessary personal items: i.e. soap, toothpaste, and sanitary		Evidence: P&P
	items from the funds provided by the BHO and included in the daily bed rate?		
3	Does the agency provide access to services for MAT substitution individuals?		Evidence: P&P for coordination or guest dosing. Business arrangement with local facility.
4	Does the agency ensure there are no policies/procedures denying treatment services to any individual solely		Evidence: P&P regarding admission and continuity of medical care or prescriptions.
	on the basis that the individual is taking prescribed medications?		
5	Does the agency ensure treatment services are not denied solely on the basis of the individual's drug of		Evidence: Admission criteria specifically the excluded section.
	choice?		
6	Does the agency accept involuntarily committed individuals by a court pursuant to RCW 70.96A, provided		Evidence: Admission criteria specifically the excluded section.
	that the individual is deemed to be medically appropriate for the level of care provided?		
7	Does the agency have a policy to discharge an individual and notify the assessment agency/referral in		Evidence: P&P Discharge
	writing of such termination if the individual is absent from the facility for more than 24 hours?		
ال الم	Paridantial Cons		
	Residential - Score		
	Possible Score Achieved Percent		
Acme	reiteilt.	#DIV/0!	
Total	Achieved Score	#REF!	
Total Possible Score			
	ved Percent	#REF!	
Acilie	rea i credit		

		Individual											
Community CUD Posidowkiel Pository		Gender											
Comprehensive SUD Residential Review File Review	Evidence	Age Chart Status	Total A	verages									
rile review		D/C Reason											
		Diagnosis											
		Eligibility											
General Contract Requirements			8				8	8	8	8			
Is there a GAIN-SS with quadrant placement?	GAIN SS, Assessment												
1	documentation											#DIV/0!	#DIV/0!
Did the agency provide individual service planning that sought to identify and treat individuals with co- occurring disorders?	Assessment and ISP review												
For individuals identified as co-occurring, is there documentation that the individual has been referred for	Assessment, ISP												
the appropriate services?	review, Referral documentation											#DIV/0!	#DIV/0!
Are ASAM Criteria requirements for admission, continued stay, and discharge criteria documented?	Assessment, ISP												
4	review, D/C summary												
Is notification of enrollee rights documented?	Assessment												
5	documentation packet.												
Is enrollee voice evident in the individual service plan (ISP)?	ISP review. Use of												
	quotes, individual												
	signature with												
6	signature statement (i.e. "this ISP												
	represents my goals												
	and included my												
	voice").												
Were services sensitive and responsive to the individual and family's age, gender, language, culture, ethnicity, and sexual orientation?	ISP and chart notes.												
Did the agency provide appropriate referrals / transfer agreements with local service providers once	Review assessment to												
services were completed? (youth and family in a youth program)	identify needs and												
	review the referral												
	documentation.												
Did the agency coordinate services and provide discharge planning within the first week of residential	Review discharge: ROI,												
treatment with the referring outpatient agency to exchange assessment, admission, treatment progress,	evidence of records												
and continuing care information? If an outpatient provider was not established, did the agency	exchanged.												
coordinate a referral back to one within the individual's home community in the first few weeks?													
Did the agency include referrals to other services such as housing, transportation, medical, mental health,	Review admission												
schools, juvenile corrections operations, community mobilizations groups, vocational services, Division of	documentation for												
Children and Family Services, BHO, other resources or services in the discharge plan to meet the needs of	those who had these												
the individual?	needs identified during the												
10	assessment/admission												
	. Review Assessment,												
	ISP, and progress												
	notes.												
Did the agency providing discharge planning services to include, at a minimum, coordination of services to	Record review of												
financially eligible individuals who are in need of medical services?	discharge plan. Ensure					1							
11	that all needs were												
	included in the discharge plan.												
	aischarge platt.												
General Contract Requirements - Subsection Score		0	0	0	0	0	0	0	0	0	0	C	
Possible Score		upu da	upu - /	up v · to ·	upu da	upr./s:	#B# : /a:	#B# : /a:	WDW - / 2 -	"B" - / - :	upu : /a:	(0,000	
Achieved Percent Substance Abuse Block Grant Fund Requirements		#DIV/0!	#DI\	//0!									
Substance Abuse block Grant Fund Requirements													

1	Did the assessment include mother's age, living arrangements and family support data for post-partum women?	ISP and progress note review against the criteria												#DIV/0!
	Substance Abuse Block Grant - Subsection Score		0	0	0	0	0	0	0	0	0	0		0
	Possible Score Achieved Percent		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		V/0!
	Youth Residential													.,
1	Did the agency provide an assessment of the family and encourage their participation in treatment services?	Review of the assessment											#DIV/0!	#DIV/0!
	Where clinically indicated, did the agency facilitate a referral for mental health services, which may have	GAIN SS, Assessment												
2	included a psychiatric evaluation for purposes of assessment, individual service planning, behavior intervention, and/or discharge planning?	documentation, and clinical documentation											#DIV/0!	#DIV/0!
3	Did the agency provide availability of daily individual counseling for youth as needed clinically to ensure progress and success in treatment?	ISP and clinical/progress note documentation											#DIV/0!	#DIV/0!
	Did the agency provide ancillary treatment services to family members that are relevant to the individual's recovery while in residence and during the designated continuing care period?	Review of clinical record and data report-codes											#DIV/0!	#DIV/0!
5	Did the agency provide discharge planning and post treatment placement assistance to youth and family with managed referrals back to their home community?	Record review- Discharge planning and ISP review											#DIV/0!	#DIV/0!
6	Did the agency meet contract requirements to provide a minimum of one (1) charting note for each individual, for each day, evening, and night shift to assure individual whereabouts and safety?	Record review. Check minimum standard for a clinical shift note.											#DIV/0!	#DIV/0!
	Youth Residential - subsection score		0	0	0	0	0	0	0	0	0	0		0
	Possible Score													0
	Achieved Percent		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DI	V/0!
1	Was the client provided individualized treatment modalities that focus on sustaining long-term recovery for themselves and there child(ren)? (i.e parenting support and education, college readiness, job skills and employment readiness, medication and medical emergency management, etc.)	Review clinical record and ISP.											#DIV/0!	#DIV/0!
	PPW - subsection score		0	0	0	0	0	0	0	0	0	0		0
	Possible Score													0
	Achieved Percent		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DI	V/0!
1	Withdrawal Management Agency ensures withdrawal management service coordination with other agencies.	ROI. Coordination /case management notes.											#DIV/0!	#DIV/0!
2	Agency ensures an assessment is requested if patient has been admitted 2 or more times in the same quarter.	ROI. Care coordination.											#DIV/0!	#DIV/0!
3	Did the agency provide screening, referral, and support services to family members?	Review of screening tool/document, referral doc, and documentation of family sessions.												
4	Agency shall ensure each patient receives counseling regarding the patient's substance use disorder, utilizing counseling techniques to motivate acceptance of a referral into treatment. Assessments provided to those able to participate. Documentation maintained in file.	Review of chart notes.											#DIV/0!	#DIV/0!
5	Agency provides minimum 1 hour of substance abuse education 5 days per week. Documentation is maintained in patient file.	Review of chart notes.											#DIV/0!	#DIV/0!
	Withdrawal Management - subsection score		0	0	0	0	0	0	0	0	0	0	0	
	Possible Score		#DIV / 01	#DIV/01	#DD//01	#DD//01	#DD://OI	#DD//01	#DD//01	#DIV /01	#DIV / 61	#DD://OI	0	
	Achieved Percent		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
	Total Points Achieved		#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		EF!
	Total Points Possible		#REF!	#REF!	#REF! #REF!	#REF! #REF!	#REF!	#REF!	#REF!	#REF! #REF!	#REF! #REF!	#REF! #REF!		REF!
Note	Achieved Percent		#NET!	#NEF!	#NEF!	#NEF!	#NEF!	#NEF!	#NEF!	#REF!	#REF!	#NEF!	#15	
NOTE														

