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| **MSHN SUDSP Program Specific Services Review** | | | | | | | | |
| **Provider**: | | | | **Date of Review**: | | | | |
| **Reviewers**: | | | | | | | | |
| **#** | **Standard** | **Source** | **Evidence of Compliance May Include** | | **0 = Non-Compliance**  **1 = Partial Compliance**  **2 = Full Compliance**  **N/A = Not Applicable** | **Evidence, Notes, Comments** | |
| **ASAM** | | | | | | | | |
| 1.1 | Service hours are consistent with the requirements indicated by the approved LOC Determination. | MSHN Contract | ASAM Application  Letter of Designation  Evidence  Weekly Schedule of Services | | 0  1  2  NA |  | |
| 1.2 | Provider has policies/procedures in place to ensure:   * ASAM Criteria is used to determine level of care * All 6 Dimensions are completed with narrative based assessment(s) or progress note(s) * Individualized Treatment/Service plans align with the individual’s ASAM LOC Determination | MSHN Contract | Policy/procedure, treatment plan templates, QI reviews, etc. | | 0  1  2  NA |  | |
| 1.3 | There is evidence provider has appropriate processes in place to ensure ASAM LOC Determinations are accurate, change when consumer’s status changes, and ASAM is used to fidelity in all situations. | MSHN Contract | Policy/Procedure Language  Evidence of Quality Assurance Reviews  Training(s)  Please provide documentation of any efforts taken to ensure ASAM fidelity practices in place. | | 0  1  2  NA |  | |
|  |  |  | **Total:** | | 0 |  | |
| **ASAM Findings and Corrective Action** | | | | | | | | |
| Findings:  Strengths:  Recommendations: | | | | | | | | |
| **Residential** | | | | | | | | |
| 2.1 | Provider has deleted any program materials that reference short/long-term programming & implemented into practice. | Treatment Policy #10 | Attestation signed by program manager or CEO, program brochures/materials | | 0  1  2  NA |  | |
| 2.2 | Service hours are consistent with the requirements indicated by the approved LOC Determination. | Treatment Policy #10 | Program Schedule  Consumer Records | | 0  1  2  NA |  | |
| 2.3 | There are procedures in place to ensure TB testing and medical exams occur, as required. | Treatment Policy #10 | Policy/procedure | | 0  1  2  NA |  | |
| 2.4 | Provider has evidence of required supports in place.  Example: 3.1 Supports = 24/7 consultation ability w/ physician & emergency services | Treatment Policy #10 | Consultation Protocols | | 0  1  2  NA |  | |
| 2.5 | Provider has evidence that required staffing is in place. | Treatment Policy #10 | Organization Chat  Staff List with titles  Staff Interview(s)  Position Descriptions | | 0  1  2  NA |  | |
| 2.6 | Provider has evidence that required Co-occurring programming elements are in place. | Treatment Policy #10 | Staff List with titles/credentials/Job Descriptions  Training Records | | 0  1  2  NA |  | |
| 2.7 | Provider has clear protocols for documenting level of care service provisions based on individualized assessment, diagnosis, ASAM Placement Criteria. | MSHN Contract | Staff Interviews  Policy/Procedures  QI Reviews  In-Service Training | | 0  1  2  NA |  | |
|  |  |  | **Total:** | | **0** |  | |
| **Residential Findings and Corrective Action** | | | | | | | | |
| Findings:  Strengths:  Recommendations: | | | | | | | | |
| **Case Management** | | | | | | | | |
| 3.1 | Provider can demonstrate policy/procedures are in place to inform clinical recommendation for case management as medically necessary & appropriate based on identified domain in community, relapse history, need for long-term care, and severity of diagnosis. | Treatment Policy #08 | Policy/procedures | | 0  1  2  NA |  | |
| 3.2 | Services occur in the home/community & not just office | Treatment Policy #08 | Policy/procedures  Progress Notes  Treatment Plan | | 0  1  2  NA |  | |
| 3.3 | Provider has procedures in place to ensure coordination of care, planning and monitoring of recovery services. | Treatment Policy #08 | Policy/procedures | | 0  1  2  NA |  | |
|  |  |  | **Total:** | | **0** |  | |
| **Case Management Findings and Corrective Action** | | | | | | | | |
| Findings:  Strengths:  Recommendations: | | | | | | | | |
| **Peer Recovery Support Services** | | | | | | | | |
| 4.1 | Provider can demonstrate policy/procedures are in place regarding self-efficacy, community connection, quality of life, and sustained recovery. | Treatment Technical Advisory #07 |  | | 0  1  2  NA |  | |
|  |  |  | **Total:** | | **0** |  | |
| **Peer Recovery Support Services Findings and Corrective Action** | | | | | | | | |
| Findings:  Strengths:  Recommendations: | | | | | | | | |
| **Women’s Specialty Services** | | | | | | | | |
| 5.1 | Designated  Provider has established eligibility requirements that include:   * Parenting/Expecting Women * Men identified as primary caregiver | Treatment Policy #12 | Policy/procedures | | 0  1  2  NA |  | |
| 5.2 | Gender-specific programming is implemented into treatment regimen. | Treatment Policy #12 | List of Didactic Topics  Gender-Specific Evidence-Based Practices & Programming | | 0  1  2  NA |  | |
| 5.3 | Program has procedure(s) for assessing needs of both the consumer & children.  (Must assess for family planning/birth control, pregnancy, postpartum and/or parenting issues.) | Treatment Policy #12 | Policy/Procedure  Assessment Tool  Children’s Needs Assessment  WSS Consumer Needs Assessment  Intake Documents | | 0  1  2  NA |  | |
| 5.4 | Guidelines in place that ensure:   * Women receive primary medical care/prenatal care/pediatric care for children * Children receive therapeutic interventions * Sufficient case management * Childcare * Transportation | Treatment Policy #12,  MSHN Contract – WSS Provider Section | Policy/procedure  Other tools | | 0  1  2  NA |  | |
| 5.5 | **Enhanced:** Provider has mechanism for determining eligibility for enhanced women’s services which includes:   * Pregnant * Post-partum (up to 12-months) | Technical Advisory #08 | Policy/procedure  Intake packet  Assessment | | 0  1  2  NA |  | |
| 5.6 | Consumers receive information about the program that includes:   * Engagement & Reengagement Practices * Focus on Effective Contraceptive(s) * Focus on access & use of community-based services (include transportation) * Services occur in the home/community & not just office | Technical Advisory #08 | Policy/procedure  Chart Records  Screens  Assessments  Etc. | | 0  1  2  NA |  | |
| 5.7 | Maintain engaged & consistent contact for at least 18 to 24 months in a home visitation/community-based services model, expandable up to three years.  \*Or demonstration of consistent attempts to engage. | Technical Advisory #08 | Policy/procedure  Participant Contract  Service Plan(s) | | 0  1  2  NA |  | |
| 5.8 | Supervision is provided at least 2 per month. | Technical Advisory #08 | Personnel Files  Supervision Logs | | 0  1  2  NA |  | |
| 5.9 | Require maximum case load of 15 per peer advocate. | Technical Advisory #08 | Internal assurance process  Case load (current/past year) of Enhanced WSS Peer | | 0  1  2  NA |  | |
| 5.10 | Develop referral agreement with community organization(s) to provide family planning options & instruction. | Technical Advisory #08 | Agreements | | 0  1  2  NA |  | |
|  |  |  | **Total:** | | **0** |  | |
| **Women’s Specialty Services Findings and Corrective Action** | | | | | | | | |
| Findings:  Strengths:  Recommendations: | | | | | | | | |
| **Medication Assisted Treatment Programs** | | | | | | | | |
| 6.1 | There are written plans and procedures, which include how dosing clients on-site, as well as dispensing doses for off-site use, will be accomplished in emergency situations. | Treatment Policy #04 | Policy/procedure | | 0  1  2  NA | |  | | |
| 6.2 | Evidence the OTP can provide case management services, treatment for co-occurring disorders, peer recovery services, recovery support services internally or through referral(s). | Treatment Policy #05 | Referral Agreements  Program Service Descriptions | | 0  1  2  NA | |  | | |
| 6.3 | Evidence the OTP appropriately addresses administrative discharges. | Treatment Policy #05 | Policy/Procedure | | 0  1  2  NA | |  | | |
| 6.4 | Program has medical and MAPS protocols for new & existing clients. | Admin. Rule R325.14404/2(b)  Treatment Policy #05 | Policy/Procedure | | 0  1  2  NA | |  | | |
| 6.5 | Program has protocols for pregnant consumers. | Treatment Policy #05 | Policy/Procedure | | 0  1  2  NA | |  | | |
| 6.6 | Program has protocols for routine, random toxicology screens that includes program responses to screening outcomes in accordance with State & Federal policy. | R325.14406  Treatment Policy #05  42CFR8.12 | Policy/Procedures | | 0  1  2  NA | |  | | |
|  |  |  | **Total:** | | **0** | |  | | |
| **Medication Assisted Program Findings and Corrective Action** | | | | | | | | |
| Findings:  Strengths:  Recommendations: | | | | | | | | |
| **Recovery Residence** | | | | | | | | |
| 7.1 | Explicit written admission criteria include:   * Procedures for tenant inclusion in the decision-making processes involving new resident * Screening requirements * Application requirements | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Provider policy & practice guidelines | | 0  1  2  NA |  | |
| 7.2 | Explicit and posted house operational rules | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Policy/Procedure (ensure this is posted for all sites)    On-site evidence of posted rules | | 0  1  2  NA |  | |
| 7.3 | House operations manual on site and available to residents upon request | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Written manual on-site | | 0  1  2  NA |  | |
| 7.4 | A professional code of ethics agreement is signed by all management and staff, volunteers and peer support. | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Policy and signed agreements on site | | 0  1  2  NA |  | |
| 7.5 | NARR membership is current and documented. | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Documentation of membership | | 0  1  2  NA |  | |
| 7.6 | Evidence of weekly house meetings | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Program Policy/Procedure  Meeting logs w/ attendance  Meeting topics | | 0  1  2  NA |  | |
| 7.7 | Evidence of recovery activities & community-engagement efforts | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Program Materials  List of Community Engagement Efforts (event, how disseminated to consumers, etc.)  Referrals  Coordination of Care Evidence | | 0  1  2  NA |  | |
| 7.8 | Protocols for coordination of care with SUD Treatment Providers | MSHN SUD Recovery Housing Technical Requirement 2016, Treatment TA #11, NARR guidelines | Policy/procedure  Meeting Minutes (include discussion topics, attendance, etc.)  Progress Notes | | 0  1  2  NA |  | |
| 7.9 | Evidence of staff availability 24/7/365 in case a need arises or emergent situation. | NARR  MSHN SUD Provider Manual | Agency on-call schedule or list of available staff to contact.  Policies/procedures relevant to staffing coverage. | | 0  1  2  NA |  | |
|  |  |  | **Total:** | | **0** |  | |
| **Recovery Residence Findings and Corrective Action** | | | | | | | | |
| Findings:  Strengths:  Recommendations: | | | | | | | | |