

Housing/



City and County of San Francisco
 Department of Public Health
 Business Office - Contract Compliance

1380 Howard Street - Fourth Floor
 San Francisco, CA 94103-2638
 Phone: (415) 255-3697
 Fax: (415) 252-3001

DUE DATE April 12, 2016

PROGRAM DECLARATION OF COMPLIANCE (FY 16-17)

For Contractors Providing Housing & Urban Health Services Ryan White

Contractor Name: Catholic Charities CVO
 Program Name (HUHRW): Derek Siva Community
 BOCC Manager: Tom Mesa
 Executive Director: Jeffrey Blalk

CDTA Manager: Francine Austin
 Program Director: Kevin Fauteux

[+ View All Instructions](#)

Administrative Binder

Yes

Contractor/Agency/Program attests that an Administrative Binder is located at the program site and that it contains all of the forms, policies, statements, and documentation required as listed herein. If a contractor/agency/program believes that a particular item of compliance is not applicable to their program, then a page in the Administrative Binder should list all of the items that are believed to be not applicable. Each site must have an Administrative Binder. If a contractor/agency has numerous programs located at a single site, then one Administrative Binder is sufficient. If a contractor/agency has numerous programs at different sites, then each site must have an Administrative Binder and each Administrative Binder must have a copy of any policy that is centralized with the contractor/agency. This is because program monitoring takes place on a program level (not on a contractor/agency level) and each program site may or may not be visited for compliance.

Administrative Binder	
Admission Criteria and Denial of Service Policy	Affordable Care Act (ACA)
Americans with Disabilities (ADA) Form	Billing and Collection Policy
Client Satisfaction Survey	Code of Ethics and Standards of Conduct
Compliance Program	Compliance, Privacy and Data Security
Cultural Competence Staff Report	Eligibility Policy and Procedure
Emergency Response Plan	Fire Clearance
Grievance Policy	Harm Reduction Policy
Infection Control, Health and Safety	Latest Program Monitoring and Plan of Action (if applicable)
Memorandum of Understanding	Monitoring and Invoice Backup Documentation
Organizational Chart	Quality Assurance Plan and Activities (NEW)
Staff Training Log	Subcontractor Contracts
Transgender and 12N Ordinance LGBTQ Youth Sensitivity Trainings	Trauma Informed Systems Initiative & Workforce Training
Updating Program Profiles	Veterans Policy
Wait Lists (NEW)	Waiver Requested (if applicable)

Premises

Yes

Program attests that the program site has all of the required postings in public view.

Premises	
ARIES Data Collection	Board of Director Roster and Minutes
Grievance and HIPAA Notices Posted	Hours of Operation Posted and Attested
Informing and Promotional Materials	Personnel Policies
Policy and Procedure Manual (NEW)	Program Progress Report to the Public (NEW)

Client Files

Yes Not Applicable, Client Files not maintained

Program attests that Client Files (if applicable) have all of the client signatures.

Client Files	
Client File Contents	Client File Signatures

Client File Storage	
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As the director/authorized representative for the above program, I do hereby declare that the information provided above is true and correct to the best of my knowledge. I understand the Business Office Contract Compliance (BOCC) section of DPH Community Programs may randomly visit a program site at any time to ensure compliance with one or more of the above items. Furthermore, I understand that inaccurate reporting or the lack of appropriate documentation may result in an unsatisfactory score at the time of Program Monitoring which may affect the contractor's eligibility to contract with DPH and/or delay the contract renewal and approval process for current or future contracts.

BOCC-PDC 16-17

Revised 03/01/2016



City & County of San Francisco
Department of Public Health
Community Programs

Business Office - Contract Compliance
1380 Howard Street - Fourth Floor

Instructions for Housing and Urban Health Ryan White Programs

The Declaration of Compliance is an annual attestation by contractors/agencies that each program funded by Ryan White dollars is in compliance with items set forth below:

1. An Administrative Binder is kept that contains all of the required forms, policies, and program statements of compliance (or non-applicability) for particular elements.
2. Various posters and informing notices are prominently displayed in public spaces for client viewing. Also, some information is available for inspection by Business Office Contract Compliance in a format not in the Administrative Binder, i.e., personnel policies, computerized records, minutes of staff meetings, Board of Directors, etc.
3. Clinical charts (if applicable) are on site (either hard copy or electronically available).

If a program believes that a particular item of compliance is not applicable to their agency/program, the program should list that element in the Administrative Binder as "Waiver Requested". BOCC will adjudicate whether or not the particular item(s) is not applicable when it examines the Administrative Binder.

Further instructions are found separate for the Administrative Binder and for each element required as part of the Administrative Binder. Programs are also reminded that they must complete and submit a Program Profile Update when requested.

Most of the requirements herein are required by HRSA, Health Resources and Services Administration, a federal agency. More information about HRSA requirements can be found at their website: <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>

Please note that the links included in this Declaration work best with the Internet Explorer browser.

This year's Declaration includes updates to many items in order to meet requirements of the final enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as they became available by the Department of Health and Human Services (HHS), Office of the Secretary; Office of Minority Health (OMH) in September of 2013. The final enhanced standards can be found online at www.thinkculturalhealth.hhs.gov.

Administrative Binder

Admission Criteria and Denial of Service Policy

Program shall have a policy on admission criteria that clearly defines which persons are accepted for service in the program. In addition, admission policy shall clearly define which clients are denied admission due to a pre-existing condition.

Affordable Care Act (ACA)

Program shall provide documentation of "vigorous pursuit" of clients who may be eligible, but elect not to enroll in the Private Health Insurance Exchange or expanded Medicaid (Medi-Cal) as a prerequisite to continue to bill Ryan White for services that might otherwise be covered by either of these two programs. For services provided as part of the Essential Benefits Package, clients enrolled in expanded Medicaid or the private Health Insurance Exchange may not be eligible for Ryan White funding. Client eligibility for Ryan White services are described in your contract language and all HIV Health Services

solicitations for services, or questions may be directed to HIV Health Services Administrator at 415-437-6278. In order to meet the requirements of "Vigorous Pursuit" providers should use the "Covered California Client Information and Acknowledgment and Documentation Form" provided by SFDPH PC HIV Health Services and at the link below. This form details the information to be communicated to the client including the federal requirement to have health insurance, the potential tax penalty for not having health insurance coverage and includes client signature to document receipt of this information. Once completed and signed this form must be stored in the client's charts and noted and uploaded into ARJES. For FY2016-2017, the Business Office of Contract Compliance (BOCC) will review program's compliance with HRSA's "Vigorous Pursuit" requirements.

[Click here to see the form](#)

[Click here to see the form in multiple languages](#)

Americans with Disabilities (ADA) Form

Program has completed this form (site specific) and mailed or emailed a copy to Darlene Daevu (415-255-3426 or darlene.daevu@sfdph.org) at the Office of Cultural Competency, 1380 Howard Street, San Francisco, CA 94103. A copy is to be kept in the Administrative Binder.

Please click [here to see the ADA Form](#).

Billing and Collection Policy

Program will have a billing policy defining how clients are billed for services (if they are). Also, a policy and procedure is defined if the program uses a collection agency.

Client Satisfaction Survey

DPH expects that every contractor has "clients" or "customers" or "groups served" that need to be surveyed regarding their satisfaction. There must be evidence that a satisfaction survey was done during the evaluating contract year. A copy of the instrument used by the program to survey satisfaction should be in the Binder along with a notation documenting the date(s) that the survey was administered. There must be evidence that the results of the survey were reviewed, analyzed, and summarized by staff. For example, evidence may be minutes of a staff meeting where results were discussed and these minutes would be in the Binder.

Code of Ethics and Standards of Conduct

Each program shall have a policy governing employee conduct. This should be in the form of a Code of Ethics and Standards of Conduct that each employee signs. The policy needs to forbid the solicitation of cash or any in-kind gifts from clients. The Administrative Binder should contain a copy of the policy. Each employee's personnel file should include a copy signed by the employee.

Compliance Program

The Affordable Care Act requires that any legal entity providing healthcare services have in place a Compliance Program that has been approved by the legal entity's Board of Directors and Executive Director. DPH requires that the Compliance Program for an entity designate a Compliance Officer. Each program must document in its Administrative Binder and in its

agency profile the name of the Compliance Officer that is responsible for their program because an organization may have several Compliance Officers or only one for the whole organization. The Binder must also have a copy of the "SFDPH Compliance Attestation" form showing all signatures and date submitted annually.

Contact Chona Peralta, DPH Compliance Officer, at 415-255-3706.

Compliance, Privacy and Data Security

SFDPH policies and federal and state regulations require that any legal entity providing healthcare services have in place programs assuring compliance, data security, and privacy. Officers, CEOs, and Board of Director Presidents must attest that the entity meets all the program requirements for privacy, data security, and compliance.

Responsible Persons

DPH requires that each entity designate a Compliance Officer, a Data Security Officer, a Privacy Officer and a person who is assigned responsibility for requesting employee access to, and deactivation from, SFDPH data systems. Contractors are to update their profile as necessary; contractors shall contact Reanna Albert at 415-255-3697 to request a profile update via email.

ATTESTATIONS ARE SIGNED AT THE AGENCY LEVEL, BUT EACH ADMINISTRATIVE BINDER FOR ANY PROGRAM MUST MAINTAIN COPIES OF THE COMPLETED AGENCY FORMS FOR A PERIOD OF SEVEN (7) YEARS.

Compliance:

- a. Click [here](#) to print and complete the attestation form for designating a Compliance Officer and for attesting entity's compliance with ACA, Title VI, Section 6401.7, Patient Protection and Affordable Care Act of March 2010 and SFDPH [Compliance Policies](#).
- b. Entities must have proof that employees, upon hire, and annually thereafter, have completed the DPH Compliance Training. Click [here](#) for instructions on how to complete the training.
- c. Entities must have proof that employees, upon hire, and annually thereafter, have completed the *Compliance Code of Conduct* form. Click [here](#) to complete the form.

Privacy and Data Security:

- a. Click [here](#) to print and complete the attestation form for designating a Privacy Officer and for attesting entity's compliance with HIPAA Privacy Rule, 45CFR, 42CFR and SFDPH [Privacy Policies](#).
- b. Click [here](#) to print and complete the attestation form for designating a Data Security Officer and for attesting entity's compliance with HIPAA Data Security (Health Information Portability and Accountability Act), HITECH (Health Information Technology for Economic and Clinical Health Act), AICPA (American Institute of Certified Public Accountants) and SFDPH [Data Security Policies](#).
- c. Entities must have proof that employees, upon hire, and annually thereafter, have completed the DPH Privacy and Data Security Training. Click [here](#) for instructions on how to complete the training.
- d. In order to access various DPH Systems, entities must have proof that employees, upon hire, and annually thereafter, have completed the *User Agreement for Confidentiality, Data Security and Electronic Signature*. Click [here](#) to print and complete the form.
- e. Click [here](#) to print and complete the form for informing DPH of who will authorize request for employee access to DPH data systems.

For all staff memos, go to: [SFDPH Office of Compliance & Privacy Affairs' Business Ethics and Best Practices](#).

Contact:

SFDPH Office of Compliance and Privacy Affairs

Office email: compliance.privacy@sfdph.org

Office phone: 415-554-2787

Privacy & Compliance Toll-Free Hotline: 855-729-6040

Calls may be made confidentially and anonymously. Always remember: SFDPH has a non-retaliation policy.

Cultural Competence Staff Report

This document must be in the Administrative Binder. DPH will notify contractors of when and how to submit a copy of the

document to DPH. Click [here](#) to see the document.

Out-of-county providers do not need to submit nor keep this document in their Binder.

Contact Toni Rucker at 415-255-3522 or toni.rucker@sfdph.org

Eligibility Policy and Procedure

Program has a policy that requires client eligibility for the program to be established and reassessed every 6 months. In addition to the policy, a procedure shall be defined, which describes how eligibility is checked and where it is recorded for each client. **For more information about eligibility requirements and other HIV health services policies click [here](#).**

Emergency Response Plan

Agency/program has developed and maintained a Disaster and Emergency Response Plan containing site specific information. Administrative Binder must have documentation that staff has been trained regarding Plan. Note that this requirement is not required of out-of-county contractors

For greater detail, see Appendix I in the agency's contract with the City and County of San Francisco.

Fire Clearance

Space owned, leased, or operated by San Francisco Department of Public Health providers, including satellite sites, and used by clients or staff shall meet local fire codes. Providers shall obtain a valid and current fire clearance (within 3 years), and documentation of fire safety, or corrections of any deficiencies, shall be kept in the Administrative Binder for inspection. This requirement can be found as a contract term in the Appendix section of your contract. Please see the following links for more information.

<http://sf-fire.org/inspections>
[Referral Inspection to Grant Fire Clearance](#)

Contact Reanna Albert at 415-255-3697 or reanna.albert@sfdph.org

Grievance Policy

An agency/program statement on the program's grievance policy and procedures is in the Administrative Binder.

Policy shall include:

- written documentation of client complaints retained
- client or other interested party able to access grievance policy/procedures upon request
- clients are informed of grievance policy/procedure at intake
- defined steps with timetables for appeal process within grievance procedure
- names and phone numbers of individuals making decisions about grievance and appeal
- clients not denied service or retaliated against if filing grievance
- client identity kept private from other clients while grievance is investigated
- grievances/complaints may be orally submitted and then summarized by staff in writing and retained

Harm Reduction Policy

All agencies/programs funded by DPH that provide substance abuse, STD, and HIV treatment and prevention services, and/or who serve drug users and abusers in their programs shall

1. address in their program design and objectives how they will provide harm reduction treatment options and
2. develop harm reduction guidelines. This is according to the Resolution of the Health Commission in September of 2000. [Click here to see the resolution.](#)

Infection Control, Health and Safety

Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and record keeping.

Latest Program Monitoring and Plan of Action (if applicable)

Programs will keep in the Administrative Binder a copy of the latest program monitoring report and Plan of Action (if applicable).

Memorandum(s) of Understanding

Program shall have current Memorandums of Understanding (MOUs) or Letters of Agreement (LOAs) with other programs that are key points of entry to facilitate client access to care for those who test positive. MOUs and LOAs must be current which is defined as not having expired.

Monitoring and Invoice Backup Documentation

The Administrative Binder must contain (or direct auditors to a separate file) all of the backup documentation and data necessary to demonstrate the program's achievement of contract performance objectives and the data that backs up invoices/claims for payment sent to DPH by the agency. This can include information about deliverables, outcome objectives, process objectives, and quality assurance activities.

Organizational Chart

Program shall have an organizational chart. If the program includes medical services provided by a physician, the chart must clearly delineate the physician's supervision responsibilities.

Quality Assurance Plan and Activities (NEW)

According to the contract each contractor has with the City, the contractor must:

- Have staff evaluations completed on an annual basis.
- Have personnel policies and procedures in place that are reviewed and updated annually.
- Have the agency Board of Directors review the Quality Improvement Plan.
- Demonstrate in the annual quality assurance activities that there is an ongoing assessment of the organization's CLAS-related activities and integrate CLAS-related measures into measurement of continuous quality improvement activities.

Because Program Monitoring is completed on a program-by-program basis, each program must have within its Administrative Binder onsite copies of the Board meeting minutes from the meeting at which the Board approved the agency's overall Quality Improvement Plan.

Each program's Administrative Binder shall have documentation of a program's most recent specific activities or projects of quality improvement as outlined in the specific current contractual language of Appendix A Program Narrative, Section 8, Continuous Quality Improvement.

The Administrative Binder need not contain staff evaluations nor personnel policies. These will be examined separately as part of a site visit when such documentation will be reviewed by DPH site auditors.

Staff Training Log

All training logs should show current evidence of staff attendance at trainings (staff sign-in), the topic of the training, and the date and duration (hours) of the specific training during each evaluating year. Program needs to demonstrate that a variety and diversity of trainings are provided during the contract year regarding relevant topics. The training log can be in a separate binder from the Administrative Binder, especially since downloaded certificates of training must be kept by the program (i.e. Privacy, Compliance, 12N and Transgender online trainings).

Subcontractor Contracts

If the program has subcontracts to perform services for others or has subcontracted out work for its own program, copies of these contracts are to be kept in the Administrative Binder.

Transgender and 12N Ordinance LGBTQ Youth Sensitivity Trainings

Barbara Garcia, DPH Director, has directed that each program will ensure that employees, interns, and any others who have client contact take the Transgender 101 training, either at a training session scheduled by DPH or through an online training module available from the DPH public website. Programs will keep evidence of the training of each staff person in their Administrative Binder. [Click here to see the memo.](#)

To access the Transgender training, click [here](#) to enter the Online Classroom, scroll down to "Adult Transgender Cultural Competence and Cultural Humility: 101" and click "Enter Classroom." In addition, please click [here](#) to see the **Transgender Resource Manual**. **Please note that the Transgender training is a ONE-TIME requirement.**

According to Administrative Code Chapter 12N (Section 12N.1 - 12N.4) all programs serving youth need to ensure that their employees receive LGBTQ sensitivity training. [Click here to review a helpful flyer.](#)

To access the 12N Ordinance training, click [here](#) to enter the Online Classroom, scroll down to "Creating a Safe and Welcoming Environment the 12N City Ordinance" and click "Enter Classroom." **Please note that the 12N Ordinance**

training is an ANNUAL requirement.

Contact Julie Graham, MFT, Gender Services Coordinator, at 415-642-4519.

Trauma Informed Systems Initiative & Workforce Training

Barbara Garcia has mandated that all staff in the DPH System of Care (all sections, both clinical and non-clinical) take the Transforming Stress & Trauma 101 Training as part of an organizational change effort happening within DPH. [Click here](#) to see Barbara's message.

This training is not online and requires attendance at one of the training sessions which are held throughout the year. Proof of completion must be kept in the programs' Training Binder (or Administrative Binder). Proof of completion will either be a certificate provided at the training or a certificate provided to the attendees' email. Click here to register for the training: www.sfdph.org/training and then click on "Ambulatory Care Training Unit". Please note this training only needs to be taken once.

Contact Kaytie Speziale at kaytie.speziale@sfdph.org

Updating Program Profiles

Programs are required to update their database profiles routinely by responding to email requests from BOCC. Programs will need to submit their profile update by return email and keep a copy of the update information in their Administrative Binder. It is important that the BOCC database be accurate regarding staff leadership, contact information, and emergency contacts.

Veterans Policy

Program has a policy which states that veterans will be served and the veteran will not be required to seek services with the Veterans Administration unless the veteran wishes to exercise a choice to do so.

Wait Lists (NEW)

Program will maintain any wait list for services and produce evidence of the wait list at the time of BOCC's site visit for purposes of program monitoring. BOCC will inquire about how long clients were on a wait list.

Waiver Requested (if applicable)

If the program requests a waiver of one or more items of compliance of either Administrative Binder contents or Site Checklist, the program will request such a waiver in a section of the Administrative Binder called "Waiver Requested."

Premises

ARIES Data Collection

Program is required to register clients into ARIES, the HHS/HUH data and registration system as well as collect and report client-level data and quality of care indicators required by funders. Data must be entered into the ARIES data system in a timely, complete, and accurate manner. Registration data must be entered into the ARIES data system within 48 hours or two working days after data collection.

Board of Director Roster and Minutes

Program must be able to show Board minutes. Specific minutes to be available are: minutes showing Board approval of Quality Assurance Plan, minutes from three (3) most recent Board meetings. Also, the Board roster must be made available that includes a consumer member of the Board. The corporate by-laws of the organization shall be made available.

Grievance and HIPAA Notices Posted

The HIPAA notice and grievance notice must be posted in an area accessible by all tenants/clients. Posters must be in the threshold languages as defined by DPH: English, Spanish, Vietnamese, Cantonese, Tagalog and Russian. It is a matter of the client's civil rights that notices are posted in languages common in their community.

HIPAA notices can be ordered by following the instructions on [this](#) form. Grievance notices can be ordered using [this](#) form.

Contact CBHS Supply Room at 1380 Howard Street, 415-255-3913 or cbhs.forms@sfdph.org

Hours of Operation Posted and Attested

All programs shall post the hours of operation to inform the general public and participants. When not open, the program shall provide information concerning the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services.

Informing and Promotional Materials

Program's brochure or flyers or other materials used to attract low-income clients must be available in program lobby or public waiting area. These informing materials must include information about HIV and also eligibility requirements for the program.

Personnel Policies

Do the personnel files include:

- Employment application or resume
- Employment confirmation or Letter of Hire
- Salary information including adjustments
- Annual performance evaluation
- Health records as required
- Job description
- Verification of New Employee Orientation
- Record of status changes

- Record of disciplinary actions
- Verification of applicable staff licenses

Policy and Procedure Manual (NEW)

The program has a policy and procedure manual that includes specific information as its governing agency has promulgated regarding organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. Also there is information about universal precautions and evidence that the policies are periodically reviewed and updated as necessary.

Program Progress Report to the Public (NEW)

Program will communicate the organization's progress in implementing and sustaining CLAS to all stakeholders' constituents and the general public by having onsite a brief report updated annually regarding this progress available to the public.

Client Files

Client File Contents

Federal Ryan White Act specifies that funds are to be used to provide services to persons with HIV infection.

1. Documentation of HIV infection

Acceptable forms of HIV diagnosis include any of the following documents:

1. Letter of Diagnosis on agency letterhead stationary signed by Physician, Registered Nurse, Nurse Practitioner or Medical Social Worker or
2. HIV antibody test results or
3. Laboratory report of T-cell count or viral load

Exceptions:

1. Agencies providing crisis/temporary emergency services may assist clients while awaiting HIV infection documentation if client signs a self-proclamation of HIV status form.
2. As specified in HRSA guidelines and if stipulated in a HHS contract selected services may be available to caregivers, partners and family members in order to better serve an HIV infected client.

2. Documentation of San Francisco residency

Proof of San Francisco residency includes originals or photocopies of any of the following documents:

1. Rent receipt
2. Rental agreement
3. California Driver's license
4. Property tax statement
5. Department of Motor Vehicle Registration

6. Utility Bill
7. Public Assistance award letter
8. Recently received postmarked U.S. mail
9. Client signature or signed original self-proclamation of residency statement form. This is for clients that do not have one of the above listed items of verification, or have only just arrived with the intent to permanently reside in San Francisco.

3. Third Party Insurance (if any)

Comprehensive Health Care Coverage Form (if applicable)

4. Laboratory Tests performed

5. Client treatment/care plan including long and short term goals and timelines, client consent to the plan, and plan reviewed and signed by supervisor.

6. Documentation of referrals made.

7. Eligibility assessment and reassessment every 6 months, with evidence of low income.

8. Release of Information form (if applicable).

9. Determination of low or no income

Low and very low income thresholds in San Francisco are based on the most recently published annual limits determined by the U.S. Department of Health & Human Services. Presently it's \$47,080 annually.

Proof of zero to low income documentation includes originals or photocopies of any the following documents:

1. Pay stub (current)
2. Benefit award letter (county, state, federal programs, private insurance, group insurance)
3. Copy of Federal or State tax return
4. Written financial statement
5. Bank Statement (current)
6. Agency may accept a signed self-proclamation of income statement when a client's employer does not provide wage stubs or other documents commonly used to verify income, when a client's income verification documentation is not immediately available and will be provided at a later date, or when a client claims no income.

Upon chart review, lack of the above documentation may result in disallowance of a specific client as part of the unduplicated client count and/or units of service.

Client File Signatures

Program's clinician notes should be signed and dated or available electronically.

Client File Storage

Client charts/files shall be stored in locked file cabinets with restricted access. Charts kept electronically should be password protected with each staff person needing a unique identifier to access electronic records. Charts should indicate if a case is active or inactive (with explanation of why inactive). Chart labeling should be coded without using client names on the outside of folder/chart.

BHS



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 Department of Public Health
 Community Programs
 Business Office - Contract Compliance

1380 Howard Street - Fourth Floor
 San Francisco, CA 94103-2638
 Phone: (415) 255-3697
 Fax: (415) 252-3001

DUE DATE: April 11, 2016

PROGRAM DECLARATION OF COMPLIANCE (FY 15-16)

For Contractors Providing Behavioral Health Services

Contractor Name: Saint James Infirmary
 Program Name (MH): Saint James Infirmary
 BOCC Manager: Tom Mesa
 Executive Director: Stephany Ashley

CDTA Manager: Elizabeth Davis
 Program Director: Stephany Ashley

Administrative Binder

Yes

Contractor/Agency/Program attests that an Administrative Binder is located at the program site and that it contains all of the forms, policies, statements, and documentation required. If a contractor/agency/program believes that a particular item of compliance is not applicable to their program, then the program should list that item in the Administrative Binder section entitled "Waiver Requested" and the Business Office Contract Compliance (BOCC) team will adjudicate such a request when BOCC makes a site visit. Each site must have an Administrative Binder. If a contractor/agency has a centralized policy for all of its programs at multiple sites, the Administrative Binder at each site must have a copy of the centralized policy. Multiple programs at the same site may share one Administrative Binder.

The Administrative Binder contains:	
Adult Needs & Strengths Assessment (ANSA)	Americans with Disabilities (ADA) Form
CBHS Policy and Procedures Table of Contents	Child and Adolescent Needs and Strengths (CANS)
Client Satisfaction Survey and Analysis Documentation	Compliance, Privacy and Data Security (NEW)
Copies of Staff Clinical Licenses or Licensure Waivers	Cultural Competence Staff Report
Emergency Response Plan	Fire Clearance
Harm Reduction Policy	Key Document Translation Services
Latest Program Monitoring and Plan of Action (if applicable)	Quality Assurance Plan and Activities
Site/Facility Licenses	Transgender and LGBTQ Youth Sensitivity Trainings
Transitional Youth Activity	Trauma Informed Systems Initiative & Workforce Training (NEW)
Waiver Requested (if applicable)	

Premises

Yes

Program attests that the site has all of the following items:

Premises	
Availability of Interpretation Signage	Avatar Duplicate Billing Report (NEW)
Consumer Handouts (Drug Medi-Cal Programs)	Grievance/Appeal Information/Procedures
HIPAA Poster (NEW)	Hours of Operation Posted and Attested
Monitoring and Invoice Backup Documentation	Program Utilization Review Quality Committee MH
Timely Access Documentation	Vocational Training Opportunities Available

Clinical Chart Checklist of Client Signatures

Yes No Clinical Charts Kept

Program attests that Client Files (if applicable) have all of the client signatures.

Clinical Chart Checklist of Client Signatures	
ABN Form for Medicare Clients	Accounting of Disclosures Log
Acknowledgment of Receipt of Materials Form	Other Chart Requirements Requiring Client Signature

Release of Information for Billing	
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As the director/authorized representative for the above program, I do hereby declare that the information provided above is true and correct to the best of my knowledge. I understand the Business Office Contract Compliance (BOCC) section of DPH Community Programs may randomly visit a program site at any time to ensure compliance with one or more of the above items. Furthermore, I understand that inaccurate reporting or the lack of appropriate documentation may result in an unsatisfactory score at the time of Program Monitoring which may affect the contractor's eligibility to contract with DPH and/or delay the contract renewal and approval process for current or future contracts.

BOCC-PDC 15-16

Revised 07/28/2015



City & County of San Francisco
Department of Public Health
Community Programs

Business Office - Contract Compliance
1380 Howard Street - Fourth Floor

Instructions for CBHS-MH Programs

The Declaration of Compliance is an annual attestation by contractors that each program is in compliance with items set forth below:

1. An Administrative Binder is kept that contains all of the required forms, policies, and program statements of compliance for particular items.
2. Various posters and informing notices are prominently displayed in public spaces for client viewing (the Site Checklist).
3. Clinical charts kept on site contain all client and staff signatures on various forms as required.

If a program believes that a particular item of compliance is not applicable to their agency/program, the program must list the requirement in the Administrative Binder under a heading of "Waiver Requested" and the Business Office of Contract Compliance (BOCC) will adjudicate the request at the time of BOCC's site visit to perform Program Monitoring.

Each site must have an Administrative Binder. If an agency has more than one program and has an agency-wide centralized policy covering multiple programs, it is still required that each program site has in its own Administrative Binder a copy of the agency's overall policy. If an agency has multiple programs at one site, it is acceptable that one Administrative Binder be in place for all programs at the site.

Administrative Binder

Adult Needs & Strengths Assessment (ANSA)

Programs providing mental health services to adult consumers must have a representative attend at least 80% of regularly scheduled ANSA Super User calls and in-person meetings.

All clinicians providing mental health services to adult consumers must be certified in the use of the ANSA. Certification is done via online training at: <http://canstraining.com/>

Each new employee providing mental health services will have completed the online training within 30 days of hire and annually thereafter. Certification certificates should be printed and kept in the Administrative Binder.

Contact Thomas Blecker at 415-255-3683.

Americans with Disabilities (ADA) Form

Program has completed this form (site specific) and mailed or emailed a copy to Darlene Daevu (415-255-3426 or darlene.daevu@sfdph.org) at the Office of Cultural Competency, 1380 Howard Street, San Francisco, CA 94103. A copy is to be kept in the Administrative Binder.

Please click [here to see the ADA Form](#).

CBHS Policy and Procedures Table of Contents

The agency/program has an updated CBHS Policy Manual either by having the most recent table of contents in hard copy format or the Administrative Binder has a Program Statement that the CBHS Policy Manual is bookmarked under "favorites" on an on-site computer.

Child and Adolescent Needs and Strengths (CANS)

Programs providing Child, Youth, and Families (CYF) mental health services must have a representative attend at least 80% of regularly scheduled CANS Super User calls and in-person meetings.

All clinicians providing mental health services to CYF consumers will be certified in the use of the CANS. Certification is done via online training at: <https://canstraining.com/>

Each new employee providing mental health services will have completed the online training within 30 days of hire and annually thereafter. Certification certificates should be printed and kept in the Administrative Binder.

Contact Thomas Bleecker at 415-255-3683,

Client Satisfaction Survey and Analysis Documentation

Program must participate in the standardized CBHS Client Satisfaction survey according to CBHS protocols or in an alternative methodology. All clients receiving a face to face service during the survey period(s) must be offered a survey.

There must be evidence in the Administrative Binder that the program reviewed the most recent survey results and analyzed them for purposes of operational changes needed, if any. This could take the form of minutes from a staff meeting where client satisfaction was discussed and reviewed.

If a program's services are not appropriate for the standardized survey, the program will devise, administer, and review a customized client survey. If the program utilizes a client satisfaction methodology which is different than the CBHS standardized survey or in addition to the standardized survey, then a copy of the instrument used must be in the Administrative Binder.

Click here to see the latest program survey results and scroll down to the middle of the page to the section "Quality Management": <https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/>

Contact Deborah Sherwood, CBHS Director of Quality Management, at 415-255-3435.

Compliance, Privacy and Data Security (UPDATED)

SFDPH policies and federal and state regulations require that any legal entity providing healthcare services have in place programs assuring compliance, data security, and privacy. Officers, CEOs, and Board of Director Presidents must attest that the entity meets all the program requirements for privacy, data security, and compliance.

Responsible Persons

DPH requires that each entity designate a Compliance Officer, a Data Security Officer, a Privacy Officer and a person who is assigned responsibility for requesting employee access to, and deactivation from, SFDPH data systems. Contractors are to update their profile as necessary; contractors shall contact Reanna Albert at 415-255-3697 to request a profile update via email.

ATTESTATIONS ARE SIGNED AT THE AGENCY LEVEL, BUT EACH ADMINISTRATIVE BINDER FOR ANY PROGRAM MUST MAINTAIN COPIES OF THE COMPLETED AGENCY FORMS FOR A PERIOD OF SEVEN (7) YEARS.

Compliance:

- a. Click [here](#) to print and complete the attestation form for designating a Compliance Officer and for attesting entity's compliance with ACA, Title VI, Section 6401.7, Patient Protection and Affordable Care Act of March 2010 and SFDPH [Compliance Policies](#).

- b. Entities must have proof that employees, upon hire, and annually thereafter, have completed the DPH Compliance Training. Click [here](#) for instructions on how to complete the training.
- c. Entities must have proof that employees, upon hire, and annually thereafter, have completed the *Compliance Code of Conduct* form. Click [here](#) to complete the form.

Privacy and Data Security:

- a. Click [here](#) to print and complete the attestation form for designating a Privacy Officer and for attesting entity's compliance with HIPAA Privacy Rule, 45CFR, 42CFR and SFDPH [Privacy Policies](#).
- b. Click [here](#) to print and complete the attestation form for designating a Data Security Officer and for attesting entity's compliance with HIPAA Data Security (Health Information Portability and Accountability Act), HITECH (Health Information Technology for Economic and Clinical Health Act), AICPA (American Institute of Certified Public Accountants) and SFDPH [Data Security Policies](#).
- c. Entities must have proof that employees, upon hire, and annually thereafter, have completed the DPH Privacy and Data Security Training. Click [here](#) for instructions on how to complete the training.
- d. In order to access various DPH Systems, entities must have proof that employees, upon hire, and annually thereafter, have completed the *User Agreement for Confidentiality, Data Security and Electronic Signature*. Click [here](#) to print and complete the form.
- e. Click [here](#) to print and complete the form for informing DPH of who will authorize request for employee access to DPH data systems.

Contact:

SFDPH Office of Compliance and Privacy Affairs

Office email: compliance.privacy@sfdph.org

Office phone: 415-554-2787

Privacy & Compliance Toll-Free Hotline: 855-729-6040

Calls may be made confidentially and anonymously. Always remember: SFDPH has a non-retaliation policy.

Copies of Staff Clinical Licenses or Licensure Waivers

Program shall have a list of all staff, noting who is licensed or waived, and keep copies of unexpired state license or state-issued licensure waivers for all clinical staff in the Administrative Binder.

Cultural Competence Staff Report

This questionnaire is due to the Office of Cultural Competence by January 29, 2016. We are postponing this requirement to improve our data collection methods. In the future, staff demographic data, i.e., ethnicity, language, gender, job title, licensure, etc. will be collected using web forms.

Providers who are out-of-county must comply with the "SFDPH Ambulatory Care Services - Out of County Contract Programs" memo of July 31, 2014. [Click here](#) to see the memo.

Contact Darlene Daevu at 415-255-3426 or darlene.daevu@sfdph.org.

Emergency Response Plan

Agency/program has developed and maintained a Disaster and Emergency Response Plan containing site specific information. Administrative Binder must have documentation that staff have been trained regarding Plan. Note that this requirement is not required of out-of-county contractors.

For greater detail, see Appendix I in the agency's contract with the City and County of San Francisco.

Fire Clearance

Space owned, leased, or operated by San Francisco Department of Public Health providers, including satellite sites, and used by clients or staff shall meet local fire codes. Providers shall obtain a valid and current fire clearance, and documentation of fire safety, or corrections of any deficiencies, shall be kept in the Administrative Binder for inspection. This requirement can be found as a contract term in the Appendix section of your contract. Please use the following links for more information.

<http://38.106.4.187/Modules/ShowDocument.aspx?documentID=3136>

<http://www.sf-fire.org/modules/showdocument.aspx?documentid=3380>

<http://www.sf-fire.org/modules/showdocument.aspx?documentid=187>

Contact Gilda Mansour at 415-255-3661.

Harm Reduction Policy

All agencies/programs funded by DPH that provide substance abuse, STD, and HIV treatment and prevention services, and/or who serve drug users and abusers in their programs shall

1. address in their program design and objectives how they will provide harm reduction treatment options and
 2. develop harm reduction guidelines. This is according to the Resolution of the Health Commission in September of 2000. [Click here to see the resolution.](#)
-

Key Document Translation Services

The Office of Cultural Competence will provide and coordinate translations for vital and key documents.

Contact Darlene Daevu at 415-255-3426.

Latest Program Monitoring and Plan of Action (if applicable)

The Administrative Binder has a copy of the latest Plan of Action authored by program in response to deficiency findings of BOCC from previous Program Monitoring.

Quality Assurance Plan and Activities

According to the contract each contractor has with the City, the contractor must:

- Have staff evaluations completed on an annual basis
- Have personnel policies and procedures in place that are reviewed and updated annually
- Have the agency Board of Directors review the Quality Improvement Plan

Because Program Monitoring is completed on a program-by-program basis, each program must have within its Administrative Binder on site copies of the Board meeting minutes from the meeting at which the Board approved the agency's overall Quality Improvement Plan.

Each program's Administrative Binder shall have documentation of a program's most recent specific activities or projects of

quality improvement as outlined in the specific current contractual language of Appendix A Program Narrative, Section 8, Continuous Quality Improvement.

The Administrative Binder need not contain staff evaluations nor personnel policies. These will be examined separately as part of a site visit when such documentation will be reviewed by DPH site auditors.

Site/Facility Licenses

Program has a copy of any license and certification issued by CBHS, DSS Community Care, or DHCS.

Contact Gilda Mansour at 415-255-3661.

Transgender and LGBTQ Youth Sensitivity Trainings

Barbara Garcia, DPH Director, has directed that each program will ensure that employees, interns, and any others who have client contact take the Transgender 101 training, either at a training session scheduled by DPH or through an online training module available from the DPH public website. Programs will keep evidence of the training of each staff person in their Administrative Binder. [Click here to see the memo.](#)

To access the Transgender training, click [here](#) to enter the Online Classroom, scroll down to "Adult Transgender Cultural Competence and Cultural Humility: 101" and click "Enter Classroom." In addition, please click here to see the [Transgender Resource Manual](#).

According to Administrative Code Chapter 12N (Section 12N.1 - 12N.4) all programs serving youth need to ensure that their employees receive LGBTQ sensitivity training. [Click here to review a helpful flyer.](#)

To access the 12N Ordinance training, click [here](#) to enter the Online Classroom, scroll down to "Creating a Safe and Welcoming Environment the 12N City Ordinance" and click "Enter Classroom."

Please note that the Transgender and 12N trainings are one-time trainings for all new employees.

Contact Julie Graham, MFT, Gender Services Coordinator, at 415-642-4519.

Transitional Youth Activity

Programs serving transitional youth clients aged 16-25 will designate one staff member to serve as its Transitional-Age Youth (TAY) point person and this person's identity shall be listed in the Administrative Binder. Programs with a TAY point person will send this person to the TAY Provider's Conference(s) as scheduled by CBHS.

Contact Annette Quiettt at 415-255-3442.

Trauma Informed Systems Initiative & Workforce Training (NEW)

Barbara Garcia has mandated that all staff in the DPH System of Care (all sections, both clinical and non-clinical) take the Transforming Stress & Trauma 101 Training as part of an organizational change effort happening within DPH. [Click here](#) to see Barbara's message.

This training is not online and requires attendance at one of the training sessions which are held throughout the year. Proof of completion must be kept in the programs' Training Binder (or Administrative Binder). Proof of completion will either be a certificate provided at the training or a certificate provided to the attendees' email. Click here to register for the training: www.sfdph.org/training and then click on "Ambulatory Care Training Unit". Please note this training only needs to be taken once.

Contact Kaytie Speziale at kaytie.speziale@sfdph.org

Waiver Requested (if applicable)

If the program requests a waiver of one or more items of compliance of either Administrative Binder contents or Site Checklist, the program will request such a waiver in a section of the Administrative Binder called "Waiver Requested."

Premises

Availability of Interpretation Signage

Program must post in a public place a sign that states that interpretation services are available.

Avatar Duplicate Billing Report (NEW)

Programs are to run the AVATAR duplicate billing report monthly and keep a bookmark electronic copy of the report for inspection at the time of a site visit regarding program monitoring and compliance. There should be at least twelve (12) electronic reports. If the program finds a duplicate billing during one of the monthly reviews, then the program must show evidence that the duplicate billing was deleted through their use of the BH 7019 which also must be made electronically available for inspection.

Contact:

Maria Barteaux at 415-255-3536 or maria.j.barteaux@sfdph.org.

Avatar Help Desk for Avatar and report questions at 415-255-3788 or avatarhelp@sfdph.org.

Consumer Handouts (Drug Medi-Cal Programs)

Each program that is Medi-Cal certified must have available to the public information about Medi-Cal benefits and local resources.

Contact Gilda Mansour at 415-255-3661.

Grievance/Appeal Information/Procedures

Grievance and Appeal posters, the Problem Resolution Request Forms, the Grievance and Appeal Process Handouts, and the pre-paid postage envelopes must be posted and/or available in areas visible and accessible to clients (CBHS Policy 3.11-03 and 3.11-05). Clients are to have easy access to these documents without having to request them from staff. The Grievance and Appeal posters and the Problem Resolution Request Forms and Appeal Process Handouts must be available in the threshold languages as required by the State. The appeal process applies only to Medi-Cal mental health clients. These documents and posters are available from the CBHS Supply Room, 1380 Howard Street, 2nd floor, 415-255-3913.

Contact Grievance Officer, Office of Quality Management, at 415-255-3632.

HIPAA Poster (NEW)

Effective FY15-16 there are new HIPAA posters. Providers must take down the old posters and replace them with the new posters in all six threshold languages. The posters must be exhibited by all programs in a location where clients are able to view the posters. Posters are expected to be available in September 2015 from the CBHS Supply Room, 1380 Howard Street, 2nd floor, by emailing [this form](#).

Contact CBHS Supply Room at 415-255-3913.

Hours of Operation Posted and Attested

All programs shall post the hours of operation to inform the general public and participants. When not open, the program shall provide information concerning the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services.

Monitoring and Invoice Backup Documentation

Programs shall have at the time of a BOCC site visit all source data (i.e. raw data, spreadsheets, reports, database printouts, etc.) necessary to substantiate performance objectives (both process and outcome). For example, programs may not just provide percentage of objective achieved, but must also provide the data and formulas used to calculate the objective performance. Programs must also provide methodologies used by program to track units of service and unduplicated client count for purposes of invoicing DPH.

Program Utilization Review Quality Committee MH

Each MH program will have a Program Utilization Review Quality Committee (PURQC) that meets regularly according to CBHS policy. The deliberations of such committee will be recorded in PURQC meeting minutes to be kept in a PURQC Binder on site. The Binder will contain the date and time of all meetings, the names of PURQC attendees, the list of case records reviewed by client name and BIS#, the client's episode opening date and number of impairments, the name of the requesting clinician, the number of hours requested and approved, and a summary of all actions taken by the PURQC. The PURQC is responsible for monitoring the quality of chart documentation such as client signatures and ensuring that every client has a treatment plan that covers all planned mental health and medication services that are to be billed. The PURQC Binder must be kept in a confidential and secure location and be kept in reverse chronological order for each fiscal year.

Contact Susan Esposito at 415-255-3441.

Timely Access Documentation

Outpatient treatment programs must comply with the relevant sections of the Timely Access Standard for outpatient programs to ensure DPH's compliance with the California Department of Managed Health Care as well as CBHS Policy 3.02-13 ([download here](#)).

Programs must be able to produce Daily Log(s) as outlined in the regulations for examination during a program monitoring audit. It is permissible for multiple programs at the same street address to share one daily log for all programs located there. Programs must also enter Timely Access into Avatar ([see instructions here](#)).

Contact Edwin Batongbacal for Adult/Older Adult at 415-255-3446.
Contact Ken Epstein for Children, Youth & Families at 415-255-3439.

Vocational Training Opportunities Available

Program will make available to clients information regarding vocational opportunities available to them in the community. Programs will have vocational training brochures available in common areas and/or post any community vocational training opportunities on a client bulletin board.

Clinical Chart Checklist of Client Signatures

ABN Form for Medicare Clients

Federal law requires that all Medicare beneficiaries have in their chart a signed copy of the Advance Beneficiary Notice of Noncoverage (ABN). This form must be completed only once during the client's episode of services; it is not completed annually like other forms. This form must be in the chart even if the client has both Medicare and Medi-Cal. Clinicians should list services not covered in box "D" for example, case management, crisis, residential stays, etc. Clinicians would then state in the "Reason Medicare May Not Pay"(box "E") on the form that services are not a covered Medicare benefit. For many clients with dual coverage of both Medicare and Medi-Cal some services will be covered by Medi-Cal when Medicare does not cover them, i.e. case management and crisis. In box "F" for estimated cost, the clinician can enter the word "unknown" because the clinician may not be able to predict the actual number of various services nor their associated costs. The client must choose an option in section "G". It is illegal to change this form in any way. The client must sign and date the form and be given a copy, with a copy left in the chart. [Click here to see the ABN Form.](#)

Contact Maria Barteaux, CBHS Billing Director, at 415-255-3536.

Accounting of Disclosures Log

Each chart must include the Accounting of Disclosures Log (MRD 10).

Contact Matt Flores, Medical Records, at 415-255-3487.

Acknowledgment of Receipt of Materials Form

At the opening of any new episode, clients must have written evidence in their clinical chart by signing the CBHS Form BHRD84 - Acknowledgment of Receipt of Materials - that:

- They were informed of their HIPAA and privacy rights
- They were informed about the grievance policy and procedures
- They were provided (if wanted by client) a copy of the "Guide to Mental Health Services"
- They received a copy of the latest "CBHS Provider List"
- They were provided (if wanted by client) materials about "Advance Health Care Directive"

This form is only required once per episode.

Contact Matt Flores, Medical Records, at 415-255-3487.

Other Chart Requirements Requiring Client Signature

- Client signed Consent form.
 - Client signed Medication Consent (if prescribing medication in the program).
 - Client signed each Plan of Care (Treatment Plan) as required by modality regulations.
-

Release of Information for Billing

Every client must have in the chart an "Authorization to Release Information for Billing and Assignment of Benefits" form. This is required in order that CBHS is able to bill for the client's services to third-party payers such as Medicare, Medi-Cal, or any other insurance carrier. This form must be completed annually. [Click here to see the Form.](#)

Contact Maria Barteaux at 415-255-3536.

CBHS CHART REVIEW & PROGRAM COMPLIANCE SITE VISIT MONITORING DATA COLLECTION FORM FY 14-15
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT SERVICES

1. Prepare for Site Visit

Agency Name		Contact Person	
Program Name(s)		Program Code(s)	
Compliance Manager		Date of Site Visit	

2. Tour Premises and Check

Are the following items present in client accessible area(s)?	Yes	No	N/A	Findings/Recommendations/Improvements
• Grievance, Appeal & HIPAA Posters in Threshold Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Grievance Forms & Envelopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Participant's Rights (SA only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Hours of Operation Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Consumer Handouts Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• PURQC Binder (MH only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Vocational Training Opportunities Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Backup Invoice Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Review Administrative Binder

Does the Administrative Binder include the following for the FY being monitored?	Yes	No	N/A	Findings/Recommendations/Improvements
• CBHS Policy and Procedures Table of Contents (Electronic Bookmark Acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• DPH Privacy: Designation of Privacy Official	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• DPH Privacy: Proof of Annual Staff Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• DPH Privacy: Proof of Annual User Security Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Harm Reduction Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Cal/OMS Training Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• ANSA/CANS Training/Certification Policy and Proof of Staff Annual Certification (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Sliding Fee Scale (SA Programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Transitional Youth Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• ADA Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Quality Assurance Plan and Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Client Satisfaction Survey & Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Emergency Response Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does the Administrative Binder include the following for the FY being monitored?	Yes	No	/A	Findings/Recommendations/Improvements
• Cultural Competency Staff Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Fire Clearance – Current & Valid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Latest Program Monitoring and Plan of Action (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Waiver from any SFDPH policy or procedure, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Transgender and LGBTQ Youth Sensitivity Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Compliance Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Review Client Charts & PURQC

Client ID	Clinician dates on last 3 TPOCs Signatures	Client	Client Signed Consent	Acknowledgement of Receipt of Materials Signed	Release of Info for Billing Signed	Medication Consent Signed	ABN Form for Medicare Clients	HIPAA Form Signed
1.	LPHA	1.	Yes	No	Yes	Yes	No	No
		2.			No	No	No	
		3.						
2.		1.						
		2.						
		3.						
3.		1.						
		2.						
		3.						
4.		1.						
		2.						
		3.						
5.		1.						

**HIV HEALTH SERVICES (HHS) AND HOUSING & URBAN HEALTH (HUH) GENERAL FUND
SITE VISIT MONITORING DATA COLLECTION FORM FY 15-16**

1. Prepare for Site Visit

Agency Name		Program Name	
Contract Compliance Manager		Date of Site Visit	
Agency Attendees			

2. Premises Tour & Checklist

Are the following present?	Yes	No	N/A	Findings/Recommendations
• ARIES Data Collection and Evidence of Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Board of Director Roster and Minutes ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Grievance, HIPAA Notices, and Participant's Rights Posted ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• HIPAA Compliance and DPH Privacy (client information kept in locked area, no client information left in public view, etc.) ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Hours of Operations Posted and Information about short-term emergency counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Informing and Promotional Materials about HIV services and eligibility requirements for program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Personnel Policies (must include all elements listed on page 12 herein)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹DPH Boilerplate: The Board roster must be made available that includes a consumer member of the Board.

² HUH programs do not need to use the CBHS HIPAA posters, but should describe how health information is kept private. Program shall have participant's program rights posted in public view. For HUH-contracted programs, the grievance procedure should also include contact information for the HUH SOC.

³ See DPH Privacy/HIPAA Policies: <https://www.sfdph.org/dph/commupg/loservices/medSvs/HIPAA/staffmemos.asp>

3. Review Administrative Binder

	Yes	No	N/A	Findings/Recommendations			
Does the Administrative Binder include the following for the FY being monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Admissions Criteria & Denial of Service Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Affordable Care Act (ACA): Evidence to encourage clients to enroll in Medi-Cal ("vigorous pursuit" of ACA eligibility required by HRSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Americans with Disabilities Act (ADA) Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Billing and Collection Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Client Satisfaction Survey ⁴ including documentation of the percentage of clients satisfied from among those that were surveyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For the Client Satisfaction Survey:	<input type="checkbox"/> Survey Tool was used.	<input type="checkbox"/> Responses were analyzed and reviewed by staff.	<input type="checkbox"/> Were program changes made? (changes not required).
• Code of Ethics and Standards of Conduct: Policy governing employee conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Compliance Program: Compliance Officer Designated and Attestation signed by Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Eligibility Policy and Procedure: program has a policy and procedure that establishes client eligibility every 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
• Emergency Response Plan (not required of out-of-county contractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

⁴ All programs must assess client satisfaction annually. A copy of the tool (questionnaire) used by the program needs to be in the Administrative Binder as well as documentation of the analysis and evidence of discussion with staff. Collect Client Satisfaction Survey Findings for Section IV of the Monitoring Report.

Does the Administrative Binder include the following for the FY being monitored?	Yes	No	N/A	Findings/Recommendations	
<ul style="list-style-type: none"> • Fire Clearance⁵ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> • Grievance Policy (must include all elements listed on page 12 herein) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> • Harm Reduction Policy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> • Infection Control, Health and Safety (Universal precautions about bloodborne pathogens) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> • Latest Program Monitoring and Plan of Action, if applicable⁶ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If there was a POA, select implementation/ submittal status	<input type="checkbox"/> Submitted/ Completed <input type="checkbox"/> Submitted/ Partially Completed <input type="checkbox"/> Not Submitted
<ul style="list-style-type: none"> • Memorandum of Understanding (MOUs and/or Letters of Agreement): Must be current and not expired 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> • Monitoring and Invoice Backup Documentation: Examine the program's methodology for computing and substantiating UOS used to generate invoices to DPH 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> • Organizational Chart 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<ul style="list-style-type: none"> • Privacy and Data Security and System Access Compliance: Privacy Officer designated and Attestations by Board of Directors 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

⁵ Program should use the following links to obtain a fire clearance: <http://sf-fire.org/inspections> and <http://sf-fire.org/sites/default/files/FileCenter/Documents/4109-Request%20for%20Referral%20Inspection%20to%20Grant%20Fire%20Clearance%20-%20Form%20%28Sept%202015%29.pdf>

⁶ Program shall keep a copy of the latest Program Monitoring Summary and Findings in the Administrative Binder.

Does the Administrative Binder include the following for the FY being monitored?		Yes	No	N/A	Findings/Recommendations
<ul style="list-style-type: none"> Quality Assurance Plan and Activities 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Staff Training Logs (minimally must have Privacy, Compliance, and Transgender, and LGBTQ Youth Sensitivity, if program serves youth) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Subcontractor Contracts 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Trauma Informed Systems Training (civil service and hospital-based programs only) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Updating Program Profiles: Evidence in binder that profile was updated 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Veterans Policy 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Waiver from any DPH policy or procedure, if applicable⁷ 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Review Performance (Outcome) Objectives

		Outcome Objectives		
1. Objective				
Documentation				
Score (0-5)				
2. Objective				
	Findings/Recommendations			

⁷ If a Waiver (exception to any policy/procedure) is requested, BOCC will review and approve at site visit. If approved, keep a copy of the approved waiver in the Administrative Binder.



City and County of San Francisco
Edwin M. Lee, Mayor
Department of Public Health
Community Programs
Business Office Contract Compliance Unit

Duane Einhorn
1380 Howard Street
San Francisco, CA 94103
Email: duane.einhorn@sfdph.org
Phone 925 262-7584

Date

Contractor Contact Name
Contractor Title
Contractor Agency Name
Mailing Address
City, State Zip

Subject: Citywide Fiscal and Compliance Monitoring of Current Contracts/Grants for [Contractor] for Fiscal Year 15-16

List of Contracts Reviewed:

City Department & Contract/Project Name
City Department & Contract/Project Name
City Department & Contract/Project Name

Dear [Contractor Contact]:

Your organization has been selected for a standard fiscal and compliance site visit, in accordance with the Citywide Nonprofit Monitoring and Capacity Building Program. This monitoring visit is proposed for [Date] at 9:30 a.m. and will be conducted at the above-noted location. The purpose of the monitoring program is to support nonprofit contractors to implement sustainable financial practices and achieve greater mission impact.

The monitoring will focus on fiscal and compliance oversight of the above-listed contracts, and will include an analysis of accounting records and other supporting documentation for a two-month period. If necessary, we may request to review the general ledger, bank statements and cancelled checks for the selected months. We will disclose the two months we have selected for review on the day of the actual monitoring. However, if you would like to have more advance notice, you may contact me within two days of the site visit, and I can let you know the exact months at that time.

New in FY15-16:

In preparation for FY15-16 monitoring, City departments have made certain updates to the Standard Monitoring Form (attached), including additional guidance on how the standards will be applied. The changes are intended to provide greater consistency and insights into the fiscal and operational health of nonprofit contractors. While some changes in the standards are more stringent, others provide more flexibility for contractors. Some of the standards added as pilots or best practices in FY14-15 have been retained as such in the current year. In these cases, if the standard is not met, it will be documented in the Monitoring Report Letter to track nonprofit fiscal and operational health, but it will not be considered a "finding" and will not require corrective action. A summary of the major changes to the Standard Monitoring Form and a contractor FAQ are attached.

We will review the following documentation during the monitoring visit. To save time on-site, please provide the indicated items by email by [date prior to site visit].

Provide in Advance:

- Agency-wide budget – please provide a detailed budget showing expenditures by program. Budget should also include a one-year *cash flow projection*.
- Cost allocation plan
- Most recent audited financial statement
- Financial reports, including balance sheets and statement of activities within the last four months

Provide On-Site:

- Most recent 990 tax form
- Fiscal policies and procedures manual
- Three most recent audited financial statements (e.g., FY14-15, FY13-14 and FY12-13)
- Timesheet template
- DE 9, DE 9C, and 941 filings for the two most recent quarters with Social Security number deleted or blacked out
- Current Board roster
- Articles of Incorporation and Bylaws
- Personnel policies and procedures manual
- Emergency operations plan
- American with Disability Act policy and procedures
- Registered DUNS Number (Data Universal Numbering System), required of all nonprofit contractors receiving federal or state funds, including funds passed through city government as grants or contracts. Registration is free: <http://fedgov.dnb.com/webform>
- Subcontract agreements, if applicable
- Licenses, if applicable
- Board minutes from the following meetings over the past twelve months:
 - One meeting during which the organization’s most recent budget was approved
 - One meeting during which the organization’s most recent audit was reviewed
 - Two meetings when financial reports were shared with the Board
 - One meeting during which the Board made a decision on a City and County of San Francisco contract
 - Two meetings that were open to the public
 - One meeting when recruitment of new members was discussed
 - One meeting when the Board conducted a review of the Executive Director
- Written policy on public access to records (find a sample at the Controller’s Office website, here: <http://sfcontroller.org/modules/showdocument.aspx?documentid=6639>)
- Governance Review – Board of Directors Best Practices Checklist (*details below*)

Governance Review – Board of Directors Best Practices Checklist: Please describe how each item in the checklist is addressed (see attached), and be prepared to discuss at the site visit. While these governance best practices will not be considered “findings,” they will be documented in the Monitoring Report Letter to track non-profit governance health.

Please make sure you have all documentation available and accessible to City staff on the day of the site visit. City staff may request additional documentation while on-site, such as supporting documentation for invoices reviewed or paperwork illustrating internal controls are being followed. Please review the attached Standard Monitoring Form carefully to ensure you are prepared for the visit.

The Controller's Office offers an array of resources aimed at nonprofits and specific to this monitoring process (e.g., sample personnel policies). Visit www.sfcontroller.org/nonprofits to find documents and training guides designed to support your agency in meeting the standards outlined in the attached monitoring form.

If you have any questions regarding this monitoring, please contact me at 925 262-7584.

Sincerely,

Duane Einhorn
Department of Public Health

cc:

Attachments:

- Standard Monitoring Form
- Summary of FY15-16 Changes to the Standard Monitoring Form
- FAQ for Nonprofit Contractors in the Joint Monitoring Pool
- Governance Review Checklist



Citywide Nonprofit Monitoring and Capacity Building Program

NONPROFIT CONTRACTOR FISCAL & COMPLIANCE REVIEW
STANDARD MONITORING FORM

Contractor Name:

City Contracts Reviewed:

Department / Program

Contract Name and Description

For City Staff Use Only – Please indicate how this form is being used:

Self-Assessment Submitted by Contractor: Send form to Contractor to complete and submit for review; maintain file copy with lead department.

Submit by: _____ Submit to: _____
(Due Date) (Name, Title, Department)

Site Visit Conducted by City Staff: Complete this form for use in writing up Monitoring Report Letter; maintain file copy with lead department.

Date of Visit: _____ Time Started: _____ Time Ended: _____

Name Department/Division

Assigned lead for this monitoring

Additional staff (if applicable)

SIGNATURES

Lead Department Monitor Signature & Title

Date

SELF ASSESSMENTS ONLY: I, the authorized representative for the contractor mentioned above, state that the information provided on this form is true and correct to the best of my knowledge.

Contractor Representative Signature & Title

Date



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW		Comment
Standards	Guidance	
<p>1. Agency-wide Budget</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Current (fiscal or calendar year) <input type="checkbox"/> b. Shows income and expense by program <input type="checkbox"/> c. Shows allocation of shared and indirect costs by program <input type="checkbox"/> d. Shows fundraising separate from program expense <input type="checkbox"/> e. Clearly identifies all revenue sources (City, state, federal) <input type="checkbox"/> f. 15% of funding from non-City sources or contractor can demonstrate non-City fundraising efforts <input type="checkbox"/> g. Includes annual cash flow projections [FY16 pilot standard] 	<p>FREQUENCY: ANNUALLY</p> <p>Request and review cash flow projections and the detailed agency-wide budget (not a roll-up budget) in initial letter. Ask Contractor if there is any missing information. Budgets do not need to be by funding source, but income sections should show all revenue sources.</p> <p>Item f. might be verified through letters of intent, board fundraising committee notes, or other descriptions of solicitation efforts. The list of funders may include private foundations, individual donors, state or federal revenue sources, documented in-kind services, or documented volunteer hours.</p> <p>Item g. is a pilot for FY15 and will be tracked but is not considered a finding. Basic cash flow statement should include opening cash balance, monthly revenue/expense, resulting monthly cash balance, with tracking throughout the fiscal year. Straight-line projections of cash flow are not generally considered reasonable or sufficient.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW		Guidance	Comment
<p style="text-align: center;">Standards</p> <p>2. Cost Allocation Procedures</p> <p><input type="checkbox"/> a. Cost allocation procedures and plan for <u>shared</u> costs is documented in a written narrative or in the footnotes of the current approved agency-wide budget</p> <p><input type="checkbox"/> b. Process for allocating <u>shared</u> program costs is consistent and reasonable</p> <p><input type="checkbox"/> c. Cost allocation procedures and plan for <u>indirect</u> costs is documented in a written narrative or in the footnotes of the current approved agency-wide budget</p> <p><input type="checkbox"/> d. Process for allocating <u>indirect</u> costs is consistent and reasonable</p> <p><input type="checkbox"/> e. Procedures for cost allocation match actual cost allocation found in agency-wide budget and financial documents</p>	<p style="text-align: center;">Guidance</p> <p>FREQUENCY: ANNUALLY</p> <p>The agency should develop an overall budget and reasonable cost allocation plan based on how shared or common costs are distributed across programs. The agency's approach to allocating shared costs by funding source might vary according to organizational size, complexity, and other public compliance standards. If needed, ask the Contractor to clarify process (e.g., spreadsheets or additional narrative).</p> <p><u>Intent of cost allocation standards:</u></p> <ol style="list-style-type: none"> 1) Ensure that agencies understand the full program costs for making management decisions. 2) Ensure that City contracts are not covering more than the cost of the program that they are supporting. <p><u>Reasonable</u> = makes sense and is appropriate to the type of programs, e.g., square footage, FTE's, etc.</p> <p><u>Consistent</u> = same methodology for the same types of costs across programs.</p> <p><u>Inconsistent</u> = using highly variable basis, e.g., number of participants in a program, salaries without monthly reconciliation.</p> <p>To test that cost allocation is occurring according to documented procedures, examine salaries and rent first, as these line items are most commonly applicable to many funding sources and programs. If there are issues with these items, monitors may decide to test others. The time period to test can vary, but monitors may want to start by testing the months for which invoices are already being requested. E.g., if the monitor has indicated that October and November invoices will be tested, then they may also examine cost allocation for that same time period. If issues are uncovered, the monitor may choose to expand the examination.</p>	<p style="text-align: center;">Comment</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW	
Standards	Guidance
<p>3. Audited Financial Statements As Applicable (Per Departmental Requirements):</p> <p><input type="checkbox"/> a. Complete: all sections and statements included; opinion and other audit letters are signed</p> <p><input type="checkbox"/> b. Unmodified opinion</p> <p><input type="checkbox"/> c. No material weaknesses mentioned or going concern stated in the notes to the financial statements</p> <p><input type="checkbox"/> d. No current audit findings and/or questioned costs</p> <p><input type="checkbox"/> e. Audit completed within six months of the close of the contractor's fiscal year</p> <p>For contractors that received a Management Letter:</p> <p><input type="checkbox"/> f. Management letter has been signed by the audit firm</p> <p><input type="checkbox"/> g. For any prior year findings, the Contractor has provided a reasonable explanation of how the Contractor has corrected all the findings</p> <p>For Organizations with an A-133 Audit:</p> <p><input type="checkbox"/> h. No material weaknesses mentioned or going concern stated in the notes to the financial statements</p> <p><input type="checkbox"/> i. No current audit findings and/or questioned costs</p> <p><input type="checkbox"/> j. For any prior year findings, the Contractor has provided a reasonable explanation of how the Contractor has corrected all the findings</p> <p>Cash Flow Assessment:</p> <p><input type="checkbox"/> k. Total change in cash is positive over 3 consecutive years or agency has a reasonable explanation and/or plan to reverse cash outflow [FY16 pilot standard]</p> <p><input type="checkbox"/> l. In current audit, cash flow from operations is positive [best practice only]</p> <p><input type="checkbox"/> m. In current audit, agency has at least 60 days of operating cash [best practice only]</p>	<p>FREQUENCY: ANNUALLY</p> <p>Check requirements of funding departments to determine applicability for basic audits. An A-133 Audit is required if the contractor was awarded over \$500,000 in federal funds. If the audit is conducted after January 1, 2015, the threshold for A-133 audits is \$750,000. If the written opinion references a management letter, then request it and assess items d. and e. If no management letter exists, these items are not applicable.</p> <p>Item e.: If monitoring occurs prior to the 6-month deadline (e.g., in November, when audit is due January), review the prior fiscal year's audit, and determine if the date it was completed was within 6 months of the prior fiscal year's close. This standard is interested in timeliness of audit completion.</p> <p>Item k.: Request both the current and prior year audit. Using the Statement of Cash Flows, add amounts in the line item "Increase (decrease) in Cash and Cash Equivalents" for current year and two prior years. The number should be positive, or agency should have a reasonable explanation.</p> <p>Item l. is a pilot and items i. and m. are best practices (financial indicators). If the pilot or best practice is not met, this should be noted on the form and letter, but it is not a finding. These standards may indicate problems in the agency's financial health. If the financials are too complex or if the monitor has limited experience, these indicators may trigger a monitor to request support from a financial expert (e.g., lead monitor or Controller's Office).</p> <p>l. Using the Statement of Cash Flows, net cash provided by operating activities (top section of statement) should be positive. If the number is negative, it could mean that the organization is relying on debt or investments to fund its day-to-day operations.</p> <p>m. Operating Cash = $\frac{\text{Cash + Investments}}{[(\text{Operating Expenses} - \text{Bad Debt} - \text{Depreciation}) / 365]}$</p> <p>If the number is less than 60, the best practice is not met. The numerator (cash and investments) are found on the Balance Sheet. If an agency has investments, they are generally documented as such. An audit may list them separately or it may incorporate it into "cash" section. The denominator (operating expenses, bad debt and depreciation) are found on the Statement of Functional Expenses, and are labeled in those terms. Document results in the Monitoring Report Letter for trend analysis.</p> <p><i>Add comments for this section on the following page.</i></p>



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW		
Standards	Guidance	Comment
Comments for Category 3 – Audited Financial Statements:		
4. Tax Form <input type="checkbox"/> a. Federal 990 return filed for most recent tax year or request for extension submitted on time	FREQUENCY: ANNUALLY Date of submission is on page 9. A letter requesting an extension is sufficient. To be "on time," letter must be sent 4.5 months after the close of the fiscal period: Calendar year = May 15 Fiscal year = November 15 If the contractor received an extension, item a. is not a finding, but they must send in tax form when filed.	



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW		Guidance	Comment
<p style="text-align: center;">Standards</p> <p>5. Fiscal Policies & Procedures</p> <p><input type="checkbox"/> a. Upon turnover of executive director and/or fiscal manager, policies and procedures are reviewed within one year of the change, and updated if necessary [if applicable]</p> <p><input type="checkbox"/> b. Current (updated within the past two calendar years or to reflect monitoring/audit recommendations) [best practice only]</p> <p><input type="checkbox"/> c. Complete (contains policies and procedures related to:</p> <ul style="list-style-type: none"> - <u>Internal controls</u> (including safeguarding of assets, authorization of transactions, reconciliation of accounting records) [per Standard 6c.] - <u>Financial reporting</u> [per Standards 6a., 6d., 9a-c.] - <u>Accounts payable</u> [per Standards 7a-c.] - <u>Accounts receivable</u> [per Standards 5d.] - <u>Payroll</u> (including accounting for leave, signature requirements, documentation of salary levels) [per Standards 8e-f., 15c.] - <u>Procurement of goods and services</u> [per 7e-g., 13a-c.] <p><input type="checkbox"/> d. Implementation of policies and procedures demonstrates appropriate <u>internal controls</u>, including segregation of duties</p>	<p>FREQUENCY: SITE VISITS ONLY</p> <p>Items a-b.: Policies must be reviewed when leadership changes (standard), and should be assessed every two years (best practice), even if no changes are necessary. Agencies can meet the standard by creating a version history to show reviews occurred.</p> <p>Item c.: The document should address ALL items in list with sufficient detail to be actionable, and should be specific to the agency, not generic. The monitor reviewing sections of the form referenced within the standard to left should cross-reference the manual to ensure actions match written procedures.</p> <p>Item d.: Actual implementation may vary based on internal operations. The following are examples of reasonable practices, and monitors should test whether each agency's policies are reasonable and implemented consistently.</p> <ul style="list-style-type: none"> - Disbursements are made by pre-numbered checks or through a secure electronic system [test: check register or e-check register] - Expenses are pre-approved [test: signed approval forms] - Someone prepares a daily list of all cash and checks immediately upon receipt [test: ledger/list] - Someone performs spot-checks of fiscal practices to test policies are being followed - Bank statements are opened/reviewed by staff or board member who does not have accounting responsibilities [test: bank statement showing address] - Two people count all cash, and/or unannounced counts of petty cash are made by someone other than the fund custodian [test: signed cash counting forms] - Checks over threshold amount (e.g., \$500) are signed by two staff members [test: canceled checks] - Agency follows its own (and funders') policies for timely invoicing - Agency conducts a biannual equipment inventory [per federal funding requirements, if applicable] 		



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW		Guidance	Comment
Standards	<p>6. Financial Reports</p> <p>Balance Sheet (aka Statement of Financial Position):</p> <p><input type="checkbox"/> a. Current (as of the last four months, at least)</p> <p><input type="checkbox"/> b. Working capital ratio is greater than 1</p> <p><input type="checkbox"/> c. Current bank reconciliation (as of the last four months, at least)</p> <p>Profit and Loss Statement (aka Statement of Activity):</p> <p><input type="checkbox"/> d. Current (as of the last four months, at least)</p> <p><input type="checkbox"/> e. Shows year-to-date (YTD) income and expense by program, contract or funding source, including indirect costs</p> <p><input type="checkbox"/> f. Year-to-date net income is either a positive number or the Contractor provides a sound explanation of how it will be positive by the end of the fiscal year</p>	<p>FREQUENCY: ANNUALLY</p> <p>Item b. Working Capital = $\frac{\text{Current Assets}}{\text{Current Liabilities}}$</p> <p>Divide Current Assets (all assets that could be converted to cash in less than 1 year) by Current Liabilities (all money owed by the agency and due within 1 year). A ratio greater than 1 signals the short-term capacity to pay all current liabilities from current asset sources. This measure shows the capital needed to carry out the day-to-day work and should always be positive.</p> <p>Current Assets = Cash + Cash Equivalents + Accounts Receivable + Inventory + Marketable Securities</p> <p>Current Liabilities = Accounts Payable + Grants Payable + Accrued Salaries + current portion of long-term debt</p> <p>Item e.: Monitors should request the chart of accounts from the agency to better understand the agency's structure and confirm no comingling of funds has occurred when reviewing the income and expenses by program or funding source.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW		Comment
Standards	Guidance	
<p>7. Invoices</p> <p>Expenses:</p> <p><input type="checkbox"/> a. Expenses tested on invoices have supporting documentation: credit card charges and/or petty cash expenditures are all documented with an original receipt and reasonably tie to the cost allocation plan.</p> <p><input type="checkbox"/> b. Contractor follows its policies for writing checks, credit card use, petty cash use, and/or reimbursement for expenses tested on invoices</p> <p><input type="checkbox"/> c. Tested expenses on invoices appear to be reasonably associated with the program budget</p> <p>If Contract uses units of service (usually DPH only):</p> <p><input type="checkbox"/> d. Units of service provided are documented and agree with invoices</p> <p>If invoices include payments to subcontractors:</p> <p><input type="checkbox"/> e. Subcontractor authorized by contract</p> <p><input type="checkbox"/> f. Contractor paid its subcontractors' invoices per the schedule established in the subcontracting agreement and/or prior to receiving City reimbursement for the services delivered</p> <p><input type="checkbox"/> g. Subcontractor invoices show basis for work billed as performed (units of service, hours, reimbursable costs)</p>	<p>FREQUENCY: SITE VISITS ONLY</p> <p>For items a. through d., test selected expenses on selected invoices, requesting documentation and explanation from Contractor as needed.</p> <p>For items e. through g., request and review subcontracting agreement and invoices as needed for select months.</p> <p>Check whether invoices follow the cost allocation procedures. This is not a finding, as there may be reasons why they don't match exactly, but it could point to a pattern of inconsistent allocation to be explored in category 2.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

FISCAL REVIEW		Comment
Standards	Guidance	
<p>8. Payroll</p> <p><input type="checkbox"/> a. State (DE 9 and DE 9C) and federal (941) payroll tax returns were filed by the end of the month following the end of the quarter for monitoring months under review</p> <p><input type="checkbox"/> b. Employees paid with City funds listed on invoices checked in Section 7 above are listed on the DE 9 and DE 9C for the quarter(s) that includes the monitoring months under review</p> <p><input type="checkbox"/> c. Documentation that payroll taxes due were actually paid</p> <p>Timesheets:</p> <p><input type="checkbox"/> d. If employee time is paid by more than one source, it is recorded by funding source or program on timesheets</p> <p><input type="checkbox"/> e. Employee & supervisor signatures on timesheets in ink (e-timesheets are acceptable, with demonstration or verification of e-signature, or written procedures about how e-timesheets are signed)</p> <p><input type="checkbox"/> f. All changes to timesheet are initialed by supervisor and employee in ink (e-timesheets are acceptable with demonstration or verification of the approval process for changes, or written procedures about how e-timesheets are changed)</p> <p><input type="checkbox"/> g. Timesheets of employees paid with City funds listed on invoices checked in Section 7 above list hours worked that are consistent with invoices</p>	<p>FREQUENCY:</p> <ul style="list-style-type: none"> • Items a & c: ANNUALLY • Items b, d-g: SITE VISITS ONLY <p>Unless there were prior year findings in these areas, contractors do not need to submit timesheets, and standards b., d., e., f., and g. do not apply in Self-Assessments. Items a. and c. still apply for all monitoring. Departments with federal funding in their contracts may choose to request timesheets at any point to validate payroll expenses on invoices.</p> <p>For Site Visits, request and review the Contractor's DE 9, DE 9C, and 941 returns, payroll tax verification, bank statements, select employee timesheets, and payroll register/ journal for the months under review.</p> <p>For item c., the contractor should provide either a canceled check or the invoice/statement from a payroll preparation company that indicates they paid the payroll tax for the quarter.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

COMPLIANCE REVIEW		
Standards	Guidance	Comments
<p>9. Board Oversight Fiscal Standards:</p> <p><input type="checkbox"/> a. Minutes show that the Board approved the current agency-wide budget</p> <p><input type="checkbox"/> b. Minutes show that financial reports are shared with the Board (or finance committee) at least quarterly, or more regularly when financial concerns warrant it</p> <p><input type="checkbox"/> c. Minutes show that the Board reviewed the most recent audit within the fiscal year</p> <p>Compliance Standards:</p> <p><input type="checkbox"/> d. Minutes show that if a paid City employee or City commission member is on the Board, he or she did not vote on items related to City contracts with their affiliated City department (excluding vote on Agency-Wide Budget)</p> <p><input type="checkbox"/> e. Minutes show that if the Executive Director is a member of the Board, s/he does not vote on his or her compensation</p> <p><input type="checkbox"/> f. Board conducts a performance review of the Executive Director annually</p>	<p>FREQUENCY: ANNUALLY</p> <p>Board minutes will be reviewed to assess both Fiscal and Compliance standards. Items a-d. are fiscal, and e-f. are compliance-related.</p> <p>The site visit letter should indicate that board meeting minutes will be used to assess these standards so that the contractor can pull the appropriate meeting minutes ahead of time.</p> <p>Boards do not need to "approve" the financial reports or audit, but do need to show that they conducted a review. Review by a finance subcommittee is acceptable. If the minutes are not detailed, request additional supporting documentation that could indicate such a review.</p> <p>Items d-e.: Request copy of Board Roster to verify membership of City staff members or commissioners.</p> <p>Board minutes may also be used in Category 10. Public Access (below), as needed.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

COMPLIANCE REVIEW		Comments
Standards	Guidance	
<p>10. Public Access (Administrative Code Section 12L)</p> <p><input type="checkbox"/> a. Contractor has a written policy that it must maintain and make available for public inspection within 10 days of the request (1) most recent budget, (2) most recently filed State and federal tax returns, and (3) any financial audits and performance evaluations performed by or for the City pursuant to a City contract</p> <p><input type="checkbox"/> b. At least two meetings with quorum status are open to the public each year</p> <p><input type="checkbox"/> c. These two meetings are announced to the general public at least 30 days in advance through the SF Public Library and the Clerk of the Board of Supervisors</p> <p><input type="checkbox"/> d. By-laws include requirements for client representation on Board, or Contractor makes other good-faith efforts to ensure client representation</p>	<p>**ONLY APPLICABLE FOR CONTRACTORS RECEIVING AT LEAST \$250,000 IN CITY FUNDING. All others n/a.**</p> <p>FREQUENCY:</p> <ul style="list-style-type: none"> • Item a.: AT FIRST MONITORING (and as needed) • Items b-d.: SITE VISITS ONLY <p>Item a. A sample Public Access Policy can be found online at: http://sfcontroller.org/modules/showdocument.aspx?documentid=6639. Monitors should refer any contractors lacking a written policy to the website for corrective action.</p> <p>Item b-c. Request the email or fax sent to Board of Supervisors and Library to verify the date both meeting notices were posted. If contractor cannot produce documentation for both, this is a finding.</p> <p>Item d. Per Administrative Code Sec. 12L, if bylaws do not include seats set aside for client or community representation, good faith efforts at recruitment must include distributing notice of Board vacancies by means reasonably calculated to come to the attention of the recipients; providing an opportunity for members of the public to propose him/herself or another for nomination at one public board meeting per year; and providing an opportunity for members of the public to comment on board membership at one public board meeting per year.</p> <p>Test this item by reviewing meeting agendas for public meetings for items regarding board membership, or requesting materials used by the agency to outreach about board vacancies among client populations.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

COMPLIANCE REVIEW		Comments
Standards	Guidance	
<p>11. Subcontracts (including fiscal sponsors & fiscal intermediaries)</p> <p><input type="checkbox"/> a. Documentation that procurement procedures (and/or the process for entering into legal agreements) in the Contractor's fiscal policies and procedures were followed by Contractor to select subcontractors (if applicable)</p> <p><input type="checkbox"/> b. Legally binding agreements between Contractor and subcontractors are valid and current, and include scope of work/deliverables</p> <p><input type="checkbox"/> c. Documentation that contractor regularly monitors fiscal and programmatic performance of subcontractors providing direct services to clients, including monitoring of invoices (e.g., validating receipts)</p>	<p>FREQUENCY: SITE VISITS ONLY</p> <p>Standards apply to subcontracts where the recipient provides direct services to clients. Vendor or consultant subcontracts (e.g., evaluation services) do not need to be monitored in these ways.</p> <p>Unless there is a prior year finding in this category, it will not be monitored during a Self-Assessment, and no related documents need to be submitted.</p>	
<p>12. Licenses</p> <p><input type="checkbox"/> a. Site licenses required by City contracts are available, verified and current</p> <p><input type="checkbox"/> b. Staff licenses required by City contracts are available, verified and current</p>	<p>FREQUENCY: SITE VISITS ONLY</p> <p>Unless there is a prior year finding in this category, it will not be monitored during a Self-Assessment, and no related documents need to be submitted.</p>	
<p>13. Personnel Policies</p> <p><input type="checkbox"/> a. Written and current personnel/ employee manual, including:</p> <ul style="list-style-type: none"> - Equal Employment Opportunity - Harassment and Discrimination - Reasonable Accommodation - ADA - Grievance Procedures <p><input type="checkbox"/> b. Evidence that staff were trained regarding personnel policies</p> <p><input type="checkbox"/> c. Documentation of the following is maintained on file:</p> <ul style="list-style-type: none"> - Job description - Employment application or résumé - Employment confirmation or letter of hire - Salary information including adjustments - Verification of employee orientation - Annual TB clearance (as applicable) - Fingerprinting (required for children's services) 	<p>FREQUENCY:</p> <ul style="list-style-type: none"> • Item a.: AT FIRST MONITORING (and as needed) • Items b. & c.: SITE VISITS ONLY <p>Unless there is a prior year finding in this category, it will not be monitored during a Self-Assessment, and no related documents need to be submitted.</p> <p>Proof of training may include a training sign-in sheet or individual notations of training dates in the personnel file, as well as a signed acknowledgement that the employee has received a copy of the personnel policies.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

COMPLIANCE REVIEW		
Standards	Guidance	Comments
<p>14. Emergency Operations Plan</p> <p><input type="checkbox"/> a. Written emergency operations plan</p> <p><input type="checkbox"/> b. Plan contains contingency planning, including an alternate site, if needed</p> <p><input type="checkbox"/> c. Staff and volunteers were trained within the last year on the emergency plan</p> <p><input type="checkbox"/> d. At least one fire drill and one earthquake drill have been conducted in last year</p>	<p>FREQUENCY:</p> <ul style="list-style-type: none"> • Items a. & b.: AT FIRST MONITORING (and as needed) • Items c. & d.: SITE VISITS ONLY <p>Unless there is a prior year finding in this category, it will not be monitored during a Self-Assessment, and no related documents need to be submitted. Proof of training and drills may include a sign-in sheet, documentation in the personnel file, or an agency-wide email or posted announcement of the training or drill (items c. and d.).</p>	
<p>15. Americans with Disabilities Act (ADA)</p> <p><input type="checkbox"/> a. Written policies and procedures to allow people with disabilities to benefit from services and containing an agency-wide ADA grievance procedure</p> <p><input type="checkbox"/> b. Staff is trained regarding Contractor's ADA policies and procedures</p>	<p>FREQUENCY:</p> <ul style="list-style-type: none"> • Item a.: AT FIRST MONITORING (and as needed) • Item b.: SITE VISITS ONLY <p>Unless there is a prior year finding in this category, it will not be monitored during a Self-Assessment, and no related documents need to be submitted. Proof of training may include a sign-in sheet, documentation in the personnel file, or an agency-wide email or posted announcement of the training (item b.).</p>	
<p>16. Data Universal Numbering System (DUNS)</p> <p><input type="checkbox"/> a. Demonstration of registered DUNS number if contractor receives federal or state funds.</p>	<p>FREQUENCY: AT FIRST MONITORING (and as needed)</p> <p>Unless there is a prior year finding in this category, it will not be monitored during a Self-Assessment, and no related documents need to be submitted.</p>	



Citywide Nonprofit Monitoring and Capacity Building Program

GOVERNANCE REVIEW		Comments
Standards	Guidance	
<p>17. Board of Directors Best Practices</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Assist with the raising of funds <input type="checkbox"/> b. Participate in annual giving to agency <input type="checkbox"/> c. Achieve quorum at every meeting <input type="checkbox"/> d. Board reviews IRS Form 990 (or is distributed to members) <input type="checkbox"/> e. Bylaws define term limits, quorum, committee structures, and voting/decision-making process <input type="checkbox"/> f. Board leadership positions filled <input type="checkbox"/> g. Board is conducting active recruitment to fill vacancies <input type="checkbox"/> h. Conflict of Interest policy exists <input type="checkbox"/> i. Agency has a Board Manual documenting the best practices described here 	<p>FREQUENCY: ANNUALLY</p> <p>Provide the contractor with the Governance Review Checklist with the Site Visit Letter or Self-Assessment Letter. The Contractor should fill it out and submit it at the time of the monitoring.</p> <p>Monitoring staff should review governance best practices with contracted agencies, identifying areas of strength and areas for improvement. Deviation from these best practices will not be considered monitoring findings in the Monitoring Report Letter; however as important indicators of healthy nonprofits, they will be tracked in a separate section of the report.</p> <p>Upload the checklist to the contractor's SharePoint library, and only document the areas of weakness in the Monitoring Report Letter through the standard process of indicating findings.</p>	

Note about Frequencies:

City departments may elect to monitor any element of this form annually, regardless of the frequency stated in the guidance. In particular, if a contractor receiving a self-assessment has an unresolved finding in the prior year, monitors must re-assess whether the contractor has come into conformance, even if the frequency guideline indicates that the standard is only monitored during site visits.

Program Reporting Unit: Treatment Satisfaction Survey

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Right justify, no blanks please

Date When Survey Was Offered to Client:

		-			-						
--	--	---	--	--	---	--	--	--	--	--	--

If Blank Indicate Reason:

- Refused
 Impaired
 Language
 Other

Program Name: _____

Please answer these questions based on the Last 6 Months of service at this program. If you have not been here that long, just answer based on the services you have received so far. If the question is about something you have not experienced, choose "Not Applicable"

Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and only choose one answer for each question.

EXAMPLE: Correct ● Incorrect ✕ ✓

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I felt welcomed here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I like the services offered here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Services were available when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff spoke to me in a way I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff gave me enough time in my treatment sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I chose the treatment goals with my provider's help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff were sensitive to my cultural background (race, religion, language, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I was able to get all the help/services that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The location was convenient (public transportation, distance, parking, etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Please answer the following questions:

I answered these questions for: Myself My Child

Complete the following information about this person:

Age Range 0-5 6-12 13-17 18-25 26-35 36-45 46-55 56+

Gender Female Male Transgender Decline to Answer

Ethnicity (Please mark all that apply)

- American Indian / Alaskan Native
 Asian
 Black / African American
 Mexican/Latino
 Native Hawaiian / Other Pacific Islander
 White / Caucasian
 Other
 Unknown

46636

Thank you for taking the time to answer these questions!



SAN FRANCISCO MENTAL HEALTH PLAN GRIEVANCE PROCESS

For All Clients in Mental Health and Substance Abuse Programs within Community Behavioral Health Services

You are encouraged to informally resolve your concerns by speaking with the program directly. The **grievance process** is a formal way for you to express any dissatisfaction about your services that is not one of the problems covered by the Appeal and State Fair Hearing processes. You have the option at anytime and without reprisal to use the formal grievance process provided by the San Francisco Mental Health Plan (SFMHP).

Here are the steps to the SFMHP grievance process:

- You or a representative acting on your behalf may file a grievance, preferably by using the Grievance Form (CBHS 316). Representatives may include, but are not limited to: staff, family members, friends, other clients, trained advocates or legal representatives.
- If your representative is not employed through the SFMHP, confidentiality will be protected by your authorized disclosure and your representative's signed confidentiality agreement.
- You may also seek assistance from Behavioral Health Access Center (415-503-4730) or from the Office of Cultural Competence & Client Relations (415-255-3422).
- You may file a grievance in person, by phone or via US Mail:

In person or by phone:

Officer of the Day
Behavioral Health Access Center (BHAC)
1380 Howard Street, 1st floor
San Francisco, CA 94103
415-503-4730 or 1-800-750-2727
TDD: 1-888-484-7200

Via US Mail:

Grievance Officer
Office of Quality Management
1380 Howard Street, 2nd Floor
San Francisco, CA 94103
-OR-
postage-paid envelope

- You will receive a written acknowledgement of receipt of your grievance. The Grievance Investigator will make every attempt to contact you. The investigator will not have any prior involvement regarding your issue and will have appropriate clinical expertise if your grievance concerns clinical issues.
- A written decision will be sent to you or your representative within 60 calendar days from the date of receipt. The time frame may be extended up to 14 days if requested by you or if the SFMHP determines an extension to be in your best interest.
- The Grievance Officer (415-255-3632) will provide information on the status of your grievance upon request by you or your representative.

Problem Resolution Request Form

-complete this form and mail in the postage-paid envelope to file a grievance, appeal, or expedited appeal-

Client Information:

Name _____ Date of Birth _____

Address _____

Phone/E-mail _____ Best way to reach me _____

I wish to file (choose one): *Grievance *Appeal *Expedited Appeal (*see grievance/appeal handout for requirements)

My problem or concern is about the following program or provider: _____

Description of problem or concern: _____

What I would like to have happen: _____

I authorize the following person to act on my behalf (optional) _____

I understand that I will not be subject to discrimination as a result of filing a grievance or appeal, or requesting a State Fair Hearing.

Signature of client or legal guardian _____ Date _____

Signature, if not signed by the client or legal guardian _____ Date _____

FOR OFFICE USE ONLY

Date received _____ Grievance Appeal Expedited Appeal Oral report received by _____ File Number _____

Acknowledgement letter mailed on _____ Assigned to _____ or Referred to _____

CBHS 316

San Francisco Mental Health Plan, Behavioral Health Services
Office of Quality Management, 1380 Howard Street, 2nd Floor, San Francisco CA 94103

Rev 7/14 English



City and County of San Francisco
Department of Public Health
 COMMUNITY BEHAVIORAL HEALTH SERVICES
 A DIVISION OF COMMUNITY PROGRAMS

BEHAVIORAL HEALTH SERVICES (MH)
CHART REVIEW PROTOCOL
 FY _____

PROGRAM Name/RU#	CLINICIAN:	Reviewer:	Review DATE:
CLIENT Name:	BIS#:	Review Period:	

DRAFT NOTES ARE NOT CONSIDERED FINALIZED/VALID

I. ASSESSMENT: <u>Assessment</u> and <u>Annual Assessment Updates</u>			
OPENING DATE:	MM/DD/YYYY:	_____	
CLOSING DATE:	MM/DD/YYYY:	_____	
Assessment Date: (no later than 60 days of opening) Completed: _____			
Annual Assessment Update: Completed: _____			
Completed: _____			
	Yes	No	N/A
1. Case has an included primary DSM Diagnosis that meets medical necessity. (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Diagnosis: _____			
2. Assessment justifies diagnosis by stating current symptoms and behaviors (including frequency, severity and duration) listed in DSM criteria. (CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. As a result of the mental disorder (a) client has a significant Impairment in life functioning, or (b) client has the probability of significant deterioration in an area of life functioning, or (c) (For EPSDT only) child/youth will not progress developmentally as individually appropriate. (CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R)).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a completed assessment (all sections filled out)? (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Signature of LPHA clinician, co-sign by staff other than LPHA with credential? (CCR, title 9, chapter 11, section 1810.254).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Feedback/Comments on ASSESSMENT: OK Improvement Needed

See last page for feedback/comments on Assessment.

II. TREATMENT PLAN OF CARE

1. Initial Treatment POC Date: (completed within the 60 days of episode opening prior to any planned services).
(Mental Contract, Exhibit A, Attachment I)


Completed Date:: _____


Annual Treatment Plan of Care Update:

Dates: _____


	Yes	No	N/A
2. Objectives and interventions address the identified functional impairment(s) and symptoms? (CCR, title 9, chapter 11, sections 1830.205(b)(2)(A-C) and 1830.210)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Objectives are specific, quantifiable and/or observable? (State method of measurement from current baseline to goal.) (CCR, title 9, chapter 11, section 1810.205.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interventions are clearly listed in addition to modality and duration? (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Client Signature and Date is on Treatment POC, OR a progress note explaining why it is not? (note if any significant time lapse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If no client signature, does clinician show continuous attempt to obtain it? (Document in progress notes.) (CCR, title 9, chapter 11, section 1810.205.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Signature of the staff/clinician w/ credential & Date on Treatment POC? (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Co-signed if signed by staff other than LPHA? (CCR, title 9, chapter 11, section 1810.205.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Goals and interventions vary from year to year? (CCR, title 9, chapter 11, section 1810.212)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there documentation that a copy of the Treatment POC was offered? (CFR, title 42, section 438.10(d)(2))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRESS NOTES: THIS SECTION IS A GUIDE FOR WHAT IS TO BE INCLUDED IN EACH PROGRESS NOTE.

 Upon reading each progress note the reviewer is to ensure that every note includes the items listed below and is to write comments/feedback to the clinician on margins of printed copies of progress notes about the specific items that are not met. Other noteworthy feedback should also be given here including praise, suggestions on how to improve the note, note is too long, etc.

 Program **MUST BACK OUT** the billings of notes (on "services report") that:
1) are not covered by a Treatment Plan for the review period; **2)** are non-billable/administrative functions performed;
3) do not have an associated progress note to the POC; **4)** contain an egregious flaw.

BACK OUT (BO) & specific deficiencies must be listed on "services report" next to the service claimed.

 At the end of the review, Directors will receive copies of all of the progress notes pages with reviewer's comments and copies of the "services billed reports" with any back outs that need to be made.

PROGRESS NOTE GUIDE for what is to be included in each progress note:

	Yes	No
1. Note co-signed by LPHA when necessary? (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>
2. Note documents INTERVENTION and clinical decisions? (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>
3. Note documents evidence of client's RESPONSE to interventions? (Mental Health Plan, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>
Note stands alone & addresses medical necessity/impairments/symptoms? (CCR, title 9, chapter 11, section 1810.204)	<input type="checkbox"/>	<input type="checkbox"/>
5. Note addresses issues listed on Treatment POC and documents progress, or lack of, toward tx goals? (CCR, title 9, chapter 11, section 1810.205.2)	<input type="checkbox"/>	<input type="checkbox"/>
6. Note documents PLAN (dates of follow-up appointments/next focus/homework, etc.) (CCR, title 9, chapter 11, section 1810.212)	<input type="checkbox"/>	<input type="checkbox"/>
7. Non-billable services: Admin/clerical functions: fax/left message/no shows cannot be billed (may be listed, but cannot be claimed, or may have non-billable code). MUST BACK OUT (note "BO" on Services-Billed" report). (CFR, title 32, section 438.10(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>
8. Note matches the appropriate procedure/billing code? (i.e. case management or collateral.) (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a trend or pattern of cloning progress notes? (Mental Health Plan Contract, Exhibit A, Attachment I)	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION SERVICES:

1) Medication Consent:

2) MD: Assessment (Psychiatric Evaluation Form)

3) MD: Plan of Care

DAY TREATMENT INTENSIVE/REHABILITATION

	Yes	No	N/A
1. Review weekly schedule and log:			
A) Have Day Treatment Intensive or Day Rehabilitation services been provided in accordance with regulatory and contractual requirements? NOTE: The MPH shall retain the authority to set additional higher or more specific standards than those set forth in the MHP Contract, provided the MHP's standards are consistent with applicable state and federal laws and regulations and do not prevent the delivery of medically necessary Day Treatment Intensive and Day Rehabilitation. ➤ <u>For Day Treatment Intensive:</u> Staff whose scope of practice Includes psychotherapy. ➤ <u>For Day Rehabilitation:</u> Staff who is a physician, licensed/waivered/registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor, registered nurse, or mental health rehabilitation specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Do Day Treatment Intensive or Day Rehabilitation programs include all the following required services components? - Daily community Meetings; 1. Required service components including requirements for community meetings 2. Day Treatment Intensive must include psychotherapy. - Therapeutic Milieu; - Process Groups; 1. documentation of the specific times, location and assigned Staff, who is licensed/waivered/registered. - Skill-building Groups; and 1. Required and qualified staff. - Adjunctive Therapies? NOTE: Psychotherapy does not include physiological interventions, Including medication intervention. NOTE: Day Rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Review the MHP's written documentation standard guidelines.
- Review the Written Weekly Schedule for:
 - a) Required service components including requirements for community meetings and Day Treatment Intensive psychotherapy.
 - b) Required and qualified staff.
 - c) documentation of the specific times, location, and assigned staff.

NOTE: Community meetings must occur at least once a day and have the following staffing:

- A. For Day Treatment intensive: Staff whose scope of practice includes psychotherapy
- B. For Day Rehabilitation: Staff who is physician, licensed/waivered/registered psychologist, clinical social worker, marriage and family therapist, or professional clinical counselor, registered nurse, psychiatric technician, licensed vocational nurse, or mental health rehabilitation specialist.

C) Attendance:

- Is there documentation of the total number of minutes/hours the beneficiary actually attended the Program?
 - 1) date of service
 - 2) date of documentation was entered in the beneficiary record
- If the beneficiary is unavoidably absent:
 - 1) is the total time (number of hours and minutes) beneficiary actually attend the program for that day documented;
 - a) Documentation of attendance in the total number of minutes/hours.
 - 2) is the beneficiary present for at least 50 percent of the scheduled hours if operation for that day; and
 - a) For Half Day: The beneficiary received face-to face services a minimum of three (3) hours each the program was open.
 - b) For Full-Day: The beneficiary received face-to-face services in a program with services available more than four(4) hours per day.
 - 3) is there a separate entry in the medical record documenting the reason for the unavoidable absence?
 - a) If the beneficiary unavoidably absent and does not

attend the scheduled hours of operation, there is a separate entry in the medical record documenting the reason and the total minutes/hours of actual attendance.

NOTE: Breaks between activities, lunch and dinner do not count toward the total continuous hours of operation for purposes of determining minimum hours of service.

IS THERE EVIDENCE THAT THE DAY TREATMENT WAS AUTHORIZED BY THE COUNTY (EVERY 6 MONTHS)? (Usually fax from County authorizer).

S.F. Department of Public Health * Office of Compliance
Substance Use Disorder Treatment Provider Compliance Audit

Date of Review: _____ Review for County Fiscal Year: 20__ - ____

Provider Name: _____ Provider DMC Certified? Yes No

Modality of Service (check all that apply):

Day Care Habilitative Narcotic Treatment Program Outpatient Drug Free Naltrexone

Residential - Perinatal?: Yes No

DPH Compliance Officer(s): _____

Contact Information: Email: _____

Phone: _____

DPH Compliance Officer(s): _____

Signature _____

Print Name _____ Print Name

Provider Representative(s): _____

Signature _____

Print Name _____ Print Name

Regulatory Authority Abbreviations: AOD Cert. Stds. = Alcohol and/or Other Drug Program Certification Standards (March 2004); DMC = Drug Medi-Cal Certification Standards for Substance Abuse Clinics (July 1, 2004); DTS = Standards for Drug Treatment Programs (September 1982); Title 9 = California Code of Regulations, Title 9 - Narcotic Treatment Programs; Title 22 = California Code of Regulations Title 22 - Drug Medi-Cal (as amended by Emergency Regulations)

Compliance Ratings Key: Y = Yes; N I= Needs Improvement; IA = Immediate Action; NA = Not Applicable

Compliance Review Section	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
1. Client Individual Patient Records						
<ul style="list-style-type: none"> - The provider establishes an individual client record for each client admitted to the program? 	DTS I.I.C.1 Title 9 §10160 Title 22 §51341.1(g)(1)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - All client individual records include all of the following client personal information: <ul style="list-style-type: none"> ➢ Client identifier (e.g. name, number); ➢ Client date of birth, gender, and race and/or ethnicity; ➢ Client address and telephone number; and ➢ Client next of kin or emergency contact; <u>plus</u> ➢ For pregnant and postpartum women, medical documentation substantiating client's pregnancy and last day of pregnancy. 	DTS I.I.C.2.a Title 9 §10165 Title 22 §51341.1(g)(1)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - All client individual records include all of the following client treatment episode info & documentation of reimbursed services? <ul style="list-style-type: none"> ➢ Intake and admission data (including, if applicable, a physical examination); ➢ Completed DPH Health Questionnaire; ➢ Initial and updated treatment plans with required review, approvals, type/legibly printed names, signatures, and dates; ➢ Evidence of compliance with provider and client contact requirements for treatment modalities <u>or</u> a written and signed determination by a licensed physician that fewer client contacts are appropriate <u>and</u> the client is progressing toward treatment plan goals; ➢ Progress notes; ➢ Continuing services justifications; ➢ Laboratory test orders and results; ➢ Referrals; ➢ Counseling notes; ➢ Discharge plan; ➢ Discharge summary (for lost contacts/involuntary discharges); ➢ Evidence of compliance with multiple billing requirements; ➢ Evidence of compliance with specific treatment modality service requirements (Title 22 §51341.1(d)); <u>and</u> ➢ Any other information relating to services claimed for reimbursement. 	DTS I.I.C.2.b thru f Title 9 §10165, 10310, 10360 Title 22 §51341.1(g)(1)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Regulatory Authority Abbreviations: AOD Cert. Stds. = Alcohol and/or Other Drug Program Certification Standards (March 2004); DMC = Drug Medi-Cal Certification Standards for Substance Abuse Clinics (July 1, 2004); DTS = Standards for Drug Treatment Programs (September 1982); Title 9 = California Code of Regulations, Title 9 - Narcotic Treatment Programs; Title 22 = California Code of Regulations Title 22 - Drug Medi-Cal (as amended by Emergency Regulations)

Compliance Ratings Key: Y = Yes; NI = Needs Improvement; IA = Immediate Action; NA = Not Applicable

1. Client Individual Patient Records <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
- All client records are written legibly in ink or typed?	DTS II.C.2.f Title 22 §51341.1(g)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- All client record entries are signed and dated?	DTS II.C.2.bf Title 22 §51341.1(g)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Client Individual Patient Record Retention						
- All of the documentation in the client's individual client record is maintained for a minimum of 7 years from the date of the last face-to-face contact between the client and provider?	DPH/HIPAA Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Intake & Admission: DSM 5 Diagnosis						
- All clients meet admission criteria as evidenced by a client DSM 5 substance use disorder diagnosis written in the client record?	Title 22 §51341.1(h)(1)(A)(v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- A licensed physician, therapist, physician assistant or nurse practitioner has evaluated each client to diagnose whether clients have a substance use disorder within 30 calendar days of the client's admission to treatment date as evidenced by a written basis for the diagnosis in the client's individual patient record that is legible, signed and dated?	Title 22 §51341.1(h)(1)(A)(v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Where a licensed physician did not determine the client DSM 5 substance use disorder diagnosis, a licensed physician has reviewed and approved each client's diagnosis as evidenced by a physician's legibly printed or typed name, signature and date in a client's treatment plan?	Title 22 §51341.1(h)(1)(A)(v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Intake & Admission: Medical Necessity						
- All clients meet medical necessity requirements as evidenced by a written and dated justification by a licensed physician in the client's individual patient record within 30 calendar days of a client's admission/readmission to treatment date?	Title 22 §51341.1(h)(1)(A)(vi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Regulatory Authority Abbreviations: AOD Cert. Stds. = Alcohol and/or Other Drug Program Certification Standards (March 2004); DMC = Drug Medi-Cal Certification Standards for Substance Abuse Clinics (July 1, 2004); DTS = Standards for Drug Treatment Programs (September 1982); Title 9 = California Code of Regulations, Title 9 - Narcotic Treatment Programs; Title 22 = California Code of Regulations Title 22 - Drug Medi-Cal (as amended by Emergency Regulations)

Compliance Ratings Key: Y = Yes; N I= Needs Improvement; IA = Immediate Action; NA = Not Applicable

4

5. Intake & Admission: Additional Requirements	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
- Conducts initial interview with client to determine whether admission eligibility criteria are met?	DTS II.A.2 Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Documents how client meets admission criteria in client record?	DTS II.A.2.c Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Documents personal, medical and substance us history at intake including, at a minimum:	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Social, economic, and family background?	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Education?	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Vocational achievements?	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Criminal history and legal status?	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Medical history?	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Drug history?	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Previous treatment?	DTS II.A.2.d Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Obtains client consent after completion of intake/admission process?	DTS II.A.2.c Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Completes DPH Health Questionnaire for all clients?	DPH Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Conducts a health assessment within 30 calendar days from admission to treatment date that includes a physical examination by a physician, nurse practitioner, or physician's assistant?	DTS II.A.3.a Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Documents health assessment in client record?	DTS II.A.3 Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Determines client need for physical or laboratory examinations (by a licensed physician)?	DTS II.A.3.b Title 22 §51341.1 (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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5. Intake and Admission: Additional Requirements <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
<p>For DMC Programs:</p> <p>Licensed Physician Review of Client History</p> <ul style="list-style-type: none"> - A physician reviews each client's personal, medical and substance use history within 30 calendar days of the client's admission to treatment date as evidenced by documentation in the client individual patient record and the legibly printed or typed name, date and signature of a physician? 	<p>Title 22 §51341.1(h)(1)(A)(iii)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Physical Examination Requirements</p> <ul style="list-style-type: none"> - A licensed physician reviews the client's most recent physical examination within 30 calendar days of client's admission to treatment date for clients who have had a physical examination within the twelve-month period prior to admission to treatment date as evidenced by documentation in the client's individual patient record? - When the provider has not been able to obtain documentation of a client's most recent physical examination, there is written documentation in the client's individual patient record of efforts made to obtain the documentation on the client's behalf? - Where a physician, registered nurse practitioner, or physician's assistant performs a physical examination of the client within 30 calendar days of the client's admission to treatment date, there is written documentation of findings within the client's individual patient record? - Where there is no physical examination documentation or an examination performed by a physician, registered nurse practitioner or physician's assistant, there is a goal incorporated within the initial and updated treatment plans of obtaining a physical examination until the exam goal has been met? - Where a client's physical examination in the past 12 months indicates a client has a significant medical illness, there is evidence of a goal in the treatment plan that the client obtain appropriate treatment for the illness? 	<p>Title 22 §51341.1(h)(1)(A)(iv)(a) through (c)</p> <p>Title 22 §51341.1(h)(2)(A)(i)(h)(i)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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5. Intake and Admission: Additional Requirements <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
For Naltrexone Treatment Services: - Provider documents client has a documented history of opiate addiction as evidenced by documentation in client individual patient record?	Title 22 §51341.1(h)(1)(B)(i)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Provider confirms client is at least 18 years of age as evidenced by documentation in client individual patient record?	Title 22 §51341.1(h)(1)(B)(i)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Provider confirms client has been opiate free for a period of time to be determined by a physician based on the physician's clinical judgement as evidenced by documentation in client individual patient record? - Provider administers a body specimen to confirm opiate free state of each client as evidenced by documentation in client individual patient record?	Title 22 §51341.1(h)(1)(B)(i)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Provider confirms client is not pregnant and is discharged from the treatment if client becomes pregnant as evidenced by documentation in client individual patient record?	Title 22 §51341.1(h)(1)(B)(i)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Narcotic Treatment Programs: - Initial treatment plan includes strategies to assist clients in understanding substance use and how to reduce harm associated with substance use? - Medical director has conducted a medical evaluation consisting of at a minimum a medical history that includes a history of client's illicit drug use; lab tests for determination of narcotic drug use, tuberculosis, infectious diseases, and syphilis; and a physical examination as specified under Title 9 §10270 as evidenced by written documentation in the client's individual patient record? - Medical director has documented the evidence used in the medical evaluation to determine physical dependence and addition to opiates?	Title 9 §10270 Title 9 §10305	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Residential: - Program administers the American Society for Addiction Medicine (ASAM) Multidimensional Assessment as evidenced by written documentation in individual patient record?	DMC Organized Delivery System Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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6. Initial Treatment Plan	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
For nonresidential programs: - Develops initial individual treatment plan for each client within 30 calendar days from the client's admission to treatment date which includes all of the following at minimum:	DTS II.C.2.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Statement of challenge(s) to be addressed in treatment? ▪ Statement of goal(s) to be reached which address the challenge(s)? ▪ Action steps which will be taken by the program and/or client to accomplish goal(s)? ▪ Target date(s) for accomplishment of action step(s), goal(s), and when possible, resolution of challenge(s)? 	DTS II.C.2.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Initial treatment plan signed and dated by staff?	DTS II.C.2.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Target date(s) for accomplishment of action step(s), goal(s), and when possible, resolution of challenge(s)?	DTS II.C.2.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Initial treatment plan signed and dated by staff?	DTS II.C.2.f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For DMC Programs: - A description of services including the types of counseling to be provided and the frequency thereof?	Title 22 § 51341.1(b)(2)(A)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Assignment of a primary therapist or counselor?	Title 22 § 51341.1(b)(2)(A)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Client's diagnosis?	Title 22 § 51341.1(b)(2)(A)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Goal to have a physical examination if client has not had a physical exam within the 12-month period prior to the admission to treatment date?	Title 22 § 51341.1(b)(2)(A)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Goal to obtain appropriate treatment for significant medical illness documented on a physical examination of the client that was performed during the 12 months prior to the admission to treatment date?	Title 22 § 51341.1(b)(2)(A)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Therapist or counselor completes, types or legibly prints name, and signs and dates the initial treatment plan within 30 calendar days of the admission to treatment date?	Title 22 § 51341.1(b)(2)(A)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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6. Initial Treatment Plan <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
<ul style="list-style-type: none"> - Client review and approval of initial treatment plan with typed or legibly printed name, signature and date within 30 calendar days of the admission to treatment date? - If client refuses, documentation of reason for refusal to sign the treatment plan and strategy to engage the client to participate in treatment? 	Title 22 §51341.1(b)(2)(A)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Physician reviews initial treatment plan for medical necessity and type or legibly print their name, and sign and date the treatment plan within 15 calendar days of the signature by the therapist or counselor? 	Title 22 §51341.1(b)(2)(A)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For short-term residential (program duration 30 days or less):</p> <ul style="list-style-type: none"> - Develops individual treatment plan for each client within 14 calendar days from the client's admission to treatment date with required elements? 	AOD Cert. Stds. 12070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Uses ASAM Multidimensional Assessment in developing treatment plan as evidenced by ASAM findings in client individual patient record? 	DMC Organized Delivery System Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For long-term residential (program duration 31 days or more):</p> <ul style="list-style-type: none"> - Develops individual treatment plan for each client within 14 calendar days from the client's admission to treatment date with required elements? 	AOD Cert. Stds. 12070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Uses ASAM Multidimensional Assessment in developed treatment plan? 	DMC Organized Delivery System Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For Narcotic Treatment Programs:</p> <ul style="list-style-type: none"> - Develops an individualized initial maintenance treatment plan within 28 calendar days after the initiation of maintenance treatment? 	Title 9 § 10270	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Includes short-term goals (those requiring 90 days or less for client to achieve); long-term goals (those exceeding 90 days for client to achieve); specific behavioral tasks clients must accomplish to compete each goal; a description of the type and frequency of counseling services to be provided; and an effective date based on the day the primary counselor signs the initial treatment plan? 	Title 9 § 10270	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> - Supervising counselor reviews and signs initial maintenance treatment plan within 14 calendar days from effective date? 	Title 9 § 10270	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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6. Initial Treatment Plan <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
- Medical director reviews initial maintenance treatment plan and needs assessment and signs within 14 calendar days from the effective date and makes amendments to the plan where medically deemed appropriate?	Title 9 § 10270	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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7. Treatment Plan Review and Updates	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
For nonresidential programs: - Staff reviews and documents client's progress in achieving treatment plan objectives within 30 days of signing the initial treatment plan and no later than 30 days thereafter?	AOD Cert. Stds. 12070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For short-term residential (program duration 30 days or less): - Staff reviews and documents client's progress in achieving treatment plan objectives within 10 calendar days after signing the initial treatment plan and not later than every 10 days thereafter?	AOD Cert. Stds. 12070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Uses ASAM Multidimensional Assessment in assessing client progress on treatment plan goals?	DMC Organized Delivery System Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For long-term residential (program duration 31 days or more): - Staff reviews and documents client's progress in achieving treatment plan objectives within 14 calendar days after signing the initial treatment plan and no later than 14 days thereafter?	AOD Cert. Stds. 12070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Staff and client review and update treatment plan when a change in problem identification or focus of treatment occurs, or no later than 90 days after signing the initial treatment plan and no later than 90 days thereafter, whichever comes first?	AOD Cert. Stds. 12070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Uses ASAM Multidimensional Assessment in assessing client progress on treatment plan goals?	DMC Organized Delivery System Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Updated treatment plans signed and dated by staff and client?	AOD Cert. Stds. 12070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For DMC Programs: - Therapist or counselor completes, types or legibly prints name, signs and dates updated treatment plan no later than 90 calendar days after signing the initial treatment plan, and no later than every 90 calendar days thereafter, or when a change in problem identification or focus of treatment occurs, whichever comes first?	Title 22 §51341.1(b)(2)(A)(iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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7. Treatment Plan Updates <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
<ul style="list-style-type: none"> - Clients review, approve, type or legibly print their name and sign and date updated treatment plans within 30 calendar days of the signature by the therapist or counselor? - If client refuses to sign updated treatment plan, provider documents reason for refusal and strategy for to engage client to participate in treatment? - Physicians review each updated treatment plan to determine whether services are medically necessary? - Physicians type or legibly print their name and sign and date updated treatment plans within 15 calendar days of the signature of the therapist or counselor when they determine services in updated treatment plan are medically necessary? 	<p>Title 22 §51341.1(h)(2)(A)(iii)</p> <p>Title 22 §51341.1(h)(2)(A)(iii)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For Narcotic Treatment Programs:</p> <ul style="list-style-type: none"> - Primary counselor evaluates and updates client's maintenance treatment plan whenever necessary or at least once every three months from the date of admission? - Supervising counselor reviews and signs updated client maintenance treatment plans within 14 calendar days from the effective date? - Medical director reviews updated client maintenance treatment plans and signs within 14 calendar days from the effective date and makes amendments to the plan where medically deemed appropriate (a licensed psychologist may review for medical necessity, type or legibly print their name and sign and date an updated treatment plan where a physician has not prescribed medication)? 	<p>Title 9 § 10270</p> <p>Title 9 § 10270</p> <p>Title 9 § 10270</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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8. Progress Notes	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
For Outpatient Drug Free and Naltrexone Treatment: - Therapists or counselors record a progress note for each individual or group counseling session for each client who participates in the session and type or legibly print their name and sign and date the progress note within 7 calendar days of the counseling session? - Progress notes include all of the following? ▪ Topic of the session? ▪ Type of counseling format (e.g. individual, group or medical psychotherapy)? ▪ Description of client's progress on the treatment plan challenges, goals, action steps, objectives and/or referrals? ▪ Information on the client's attendance, including the date, start and end times of each individual and group counseling session?	Title 22 §51341.1(h)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Title 22 §51341.1(h)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Title 22§51341.1(h)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Title 22 §51341.1(h)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Title 22 §51341.1(h)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Intensive Outpatient and Perinatal Residential: - Therapists or counselors record a minimum of one progress note per calendar week for each client participating in structured activities including counseling sessions and type or legibly print their name and sign and date the progress note within the following calendar week - Progress notes include: description of client's progress on the treatment plan challenges, goals, action steps, objectives, and/or referrals; record of the client's attendance at each counseling session including the date, start and end times and topic of the counseling session.	Title 22 §51341.1(h)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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8. Progress Notes <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
For Narcotic Treatment Programs: - Counselors conducting the counseling sessions document within 14 calendar days of the session including all of the following: <ul style="list-style-type: none"> ▪ Date of session? ▪ Type of counseling format (e.g. individual, group or medical psychotherapy)? ▪ Duration of session in 10-minute intervals? ▪ Summary of session including one or more of the following: <ul style="list-style-type: none"> ○ Patient's progress toward goals in treatment plan? ○ Response to a drug screening specimen? ○ New issues or challenges that affect the client's treatment? ○ Nature of prenatal support provided by the program or other health care providers? ○ Goal and/or purpose of the group session, the subjects discussed, and a brief summary of client's participation? 	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Date of session?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Type of counseling format (e.g. individual, group or medical psychotherapy)?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Duration of session in 10-minute intervals?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Summary of session including one or more of the following:	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
○ Patient's progress toward goals in treatment plan?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
○ Response to a drug screening specimen?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
○ New issues or challenges that affect the client's treatment?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
○ Nature of prenatal support provided by the program or other health care providers?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
○ Goal and/or purpose of the group session, the subjects discussed, and a brief summary of client's participation?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Residential Treatment: - Documents progress notes on a weekly basis?	AOD. Cert. Stds. 13000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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9. Frequency of Services, Services Referrals and Group Counseling Requirements	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
- Meets frequency of service requirements?	DTS II.B.3.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ For Outpatient Drug Free, sees clients weekly or more often depending on his/her need and treatment plan?	DTS II.B.3.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ For Outpatient Drug Free, all clients participate in at least two counseling sessions per 30-day period?	DTS II.B.3.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ For Day Care Habilitative, all clients provided a minimum of three hours per day for three days per week of individual or group sessions and/or structured therapeutic activities.	AOD Cert. Stds. 13000 e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ For Residential, all clients receive minimum of 20 hours per week of counseling and/or structured therapeutic activities?	DTS II.B.3.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ For Day Treatment, all clients receive a minimum of 10 hours per week of counseling and/or structured therapeutic activities?	DTS II.B.3.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Documents in client records exceptions to frequency of services for clients where program staff have determined that fewer client contracts are clinically appropriate and progress toward treatment goals is being maintained?	DTS II.B.3.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Assesses need for the following minimum services and provides or makes referrals directly to an ancillary service to meet service needs:	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Education opportunity?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Vocational counseling and training?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Job referral and placement?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Legal services?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Medical services and dental services?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Social/recreational services?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Individual counseling and group counseling for clients, spouses, domestic partners, parents and other significant people?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Documents service referrals in client records?	DTS II.B.3.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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9. Frequency of Services, Services Referrals and Group Counseling Requirements <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
- Provides or refers clients to the following services:	DTS II.B.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Emergency?	DTS II.B.4.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Medical consulting?	DTS II.B.4.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Medical detoxification when deemed appropriate?	DTS II.B.4.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Meets group size requirements for group counseling (two or more participants)?	AOD Cert. Stds. 13000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Meets group counseling documentation requirements?	AOD Cert. Stds. 13000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For DMC Programs:						
- For Outpatient Drug Free clients are provided a minimum of 2 counseling sessions per 30 day period except when physician determines fewer client contacts are clinically appropriate or the client is progressing toward treatment plan goals?	Title 22 §51341.1 I(h)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- For Intensive Outpatient clients are provided a minimum of 3 hours of counseling session 3 days a week except when physician determines fewer client contacts are clinically appropriate or the client is progressing toward treatment plan goals?	Title 22 §51341.1 I(h)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Meets group size requirements for counseling sessions?						
▪ No less than 2, no more than 12 clients at the same time.						
- Meets confidential session setting requirements?	Title 22 §51341. (b)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Ensures client's age 17 or younger do not participate with clients age 18 and older except at school sites?						
For Narcotic Treatment Programs:						
- Clients receive a minimum of 50 minutes of counseling per calendar month except where the medical director adjusts or waives at any time after admission by medical order the minimum number of minutes of counseling services per calendar month along with rationale for adjusting or waiving counseling services?	Title 9 § 10345	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Compliance Ratings Key: Y = Yes; N I= Needs Improvement; IA = Immediate Action; NA = Not Applicable

9. Frequency of Services, Services Referrals and Group Counseling Requirements <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
- Clients administered monthly urinalysis test/weekly for clients who are pregnant	Title 9 § 10310 Title 9 § 10360	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Complies with multiple registration at time of admission requirements including physician documentation of dosage?	Title 9 § 10210	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Complies with medication dosage level requirements including clients who are pregnant?	Title 9 § 10355 Title 9 § 10360	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Complies with tuberculosis testing requirements?	Title 9 § 10567	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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10. Continuing Services	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
<ul style="list-style-type: none"> - Therapist or counselor no sooner than 5 months and no later than 6 months after client admission to treatment dates or the date of completion of the most recent justification for continuing services, reviews the client's progress and eligibility to continue to receive treatment services and recommends whether the client should or should not continue to receive treatment services? 	Title 22 §51341.1(b)(5)(A)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For DMC Providers:</p> <ul style="list-style-type: none"> - Physician determines whether continued services are medically necessary and documents determination in client record including consideration of all of the following: client's personal, medical, and substance use history; documentation of the client's most recent physical examination; client's progress notes and treatment plan goals; and client's prognosis? - Client discharged when physician determined continuing treatment services not medically necessary? 	Title 22 §51341.1(b)(5)(A)(ii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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11. Discharge Plan and Discharge Summary	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
- Staff completes discharge summaries for each client that include:	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Description of treatment episodes or recovery services?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Current alcohol and/or other drug usage?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Vocational and educational achievements?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Legal status?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Reason for discharge and whether the discharge was involuntary or a successful completion?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Client's continuing recovery or treatment exit plan?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Transfers and referrals?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Client's comments?	AOD Cert. Stds. 12085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For DMC Programs:						
- Therapists or counselors complete a discharge plan for each client except for clients with whom the provider loses contact?	Title 22 §51341.1(h)(6)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Discharge plan prepared within 30 calendar days prior to the date of the last face-to-face treatment with the client that includes all of the following at a minimum:	Title 22 §51341.1(h)(6)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Description of each of the client's relapse triggers and a plan to assist the client to avoid relapse when confronted with triggers?	Title 22 §51341.1(h)(6)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ A support plan?	Title 22 §51341.1(h)(6)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Therapists or counselors and clients type or print legibly their names, sign and date the discharge plans?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
- Clients provided a copy of discharge plan by therapist or counselors at last face-to-face treatment with client?	Title 22 §51341.1(h)(6)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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11. Discharge Plan and Discharge Summary <i>continued</i>	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
<p>- Providers complete a discharge summary for clients with whom contact has been lost within 30 calendar days of the date of the provider's last face-to-face treatment contact with the client that includes all of the following: duration of client's treatment; reason for discharge; narrative summary of treatment episode; and client's prognosis.</p>	Title 22 §51341.1(h)(6)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For Narcotic Treatment Programs:</p> <p>- Program completes a discharge summary for each client who is terminated from treatment either voluntarily or involuntarily that includes at a minimum: client's name and discharge date; reason for discharge; and summary of client's progress during treatment.</p>	Title 9 §10415	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>For Residential Programs:</p> <p>- Links clients to medically necessary recovery services, using results of the ASAM Criteria Multidimensional Assessment, Dimension 6, Recovery Environment, that may include the following:</p> <ul style="list-style-type: none"> ▪ Recovery Monitoring: Recovery coaching, monitoring via telephone and internet; ▪ Substance Abuse Assistance: Outreach, peer-to-peer services, relapse prevention, and substance abuse education; ▪ Education and Job Skills: Linkages to life skills, employment services, job training, and education services; ▪ Family Support: Linkages to childcare, parent education, child development support services, family/marriage education; ▪ Support Groups: Linkages to self-help and support, spiritual and faith-based support; ▪ Ancillary Services: Linkages to housing assistance, transportation, case management, individual services coordination. 	DMC Organized Delivery system Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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12. Client Fair Hearing Rights	Regulatory Authority	Y	NI	IA	NA	Compliance Findings/Notes
<p>- Providers comply with client notification of fair hearing requirements that involve the denial, involuntary discharge, or reduction in DMC substance use disorder services as it relates to their eligibility for benefits by providing written notification at least 10 calendar days prior to the effective date of the intended action to terminate or reduce services that includes:</p> <ul style="list-style-type: none"> ▪ Statement of action to be taken; ▪ Reason for intended action; Citation of the specific regulations supporting intended action; ▪ Explanation of client's right to fair hearing for purpose of appealing the intended action; ▪ Explanation that client may request a fair hearing by submitting a written request to the Department of Social Services; and ▪ Explanation that provider will continue treatment services pending a fair hearing decision? <p>- Copy of written notification in client individual patient record?</p>	<p>Title 22 §51341.1(b)(7)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	

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- 2
- 3 Number of Charts Reviewed: _____
- 4 **Findings**
- 5 Number of Yes: _____
- 6 Number of Needs Improvement: _____
- 7 Number of Immediate Action: _____
- 8 Program meets contractual requirements and goals? _____
- 9 Plan of Correction? Yes _____ No _____
- 0

PROVIDER EVALUATION SUMMARY:

_____ Compliance Officer Printed Name	_____ Signature	_____ Date
_____ Provider Representative Printed Name	_____ Signature	_____ Date

