

BHA Grant Monitoring Review Form

Program Name and Clinic ID #:

Reviewer Name:

Date(s) of Review:

Instructions: Using the key below, please complete all applicable sections of this checklist by placing the letter that best describes the program's compliance with each requirement:

Y = "Yes," the program meets all the conditions of the requirement.

N = "No," the program does not meet any of the conditions of the requirement.

P = The program is in "Partial" compliance but does not meet all the conditions of the requirement.

N/A = This requirement is "Not Applicable" to the program.

If the program is in partial or noncompliance, use the Corrective Action Plan (CAP) column to identify whether a corrective action plan will be developed to address the requirement. **If a corrective action plan will not be developed, use the Comments section to describe how the requirement will be met.**

Utilization:

Interview Program Director.

Utilization rate is calculated for the previous three month period, from _____ to _____. Utilization equals census divided by slots. Utilization parameters: over 120% = overutilized; under 80% = underutilized. **Because of multiple funding sources and the inability to differentiate funding sources in SMART, overutilization will no longer be considered noncompliant.**

Level of Care	Slots	Census	Utilization	Compliance	CAP
Level 1 Adult	(Pre-fill)	(Pre-fill)	(Pre-fill)		<input type="checkbox"/> yes <input type="checkbox"/> no
Level I Adolescent					<input type="checkbox"/> yes <input type="checkbox"/> no
Level II.1 Adult					<input type="checkbox"/> yes <input type="checkbox"/> no
Level II.1 Adolescent					<input type="checkbox"/> yes <input type="checkbox"/> no
Level II.5					<input type="checkbox"/> yes <input type="checkbox"/> no
Level III.1					<input type="checkbox"/> yes <input type="checkbox"/> no
Level III.3 Adult					<input type="checkbox"/> yes <input type="checkbox"/> no
Level III.3 Adolescent					<input type="checkbox"/> yes <input type="checkbox"/> no
Level III.5					<input type="checkbox"/> yes <input type="checkbox"/> no
Level III.7 Adult					<input type="checkbox"/> yes <input type="checkbox"/> no
Level III.7 Adolescent					<input type="checkbox"/> yes <input type="checkbox"/> no
OMT					<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Outcome Measures:*Interview Program Director.*

Outcome measure is calculated for the previous three month period, from _____ to _____.

Measure	Program Data	Compliance	CAP
47% of adult and adolescent patients have a treatment episode of not less than 90 days.			<input type="checkbox"/> yes <input type="checkbox"/> no
66% of adult and adolescent patients completing/transferred/referred from intensive outpatient programs enter another level of treatment within thirty days of discharge.			<input type="checkbox"/> yes <input type="checkbox"/> no
90% of the patients completing/transferred/referred from detoxification programs enter another level of treatment within 30 days of discharge.			<input type="checkbox"/> yes <input type="checkbox"/> no
The number of patients using substances at completion/transfer/referral from non-detox treatment will be reduced by 72% among adolescents and 74% among adults from the number of patients who were using substances at admission to treatment.			<input type="checkbox"/> yes <input type="checkbox"/> no
The number of employed adult patients at completion of treatment will increase by 47% from the number of patients who were employed at admission to treatment.			<input type="checkbox"/> yes <input type="checkbox"/> no
The number of arrested during the 30 days before discharge from non-detox treatment will decrease by 85% for adolescents and adults from the number arrested during the 30 days before admission.			<input type="checkbox"/> yes <input type="checkbox"/> no
The number of discharged patients leaving treatment against clinical advice will be reduced to 29%.			<input type="checkbox"/> yes <input type="checkbox"/> no
The number of patients reporting tobacco use at discharge from non-detox treatment will be reduced by 27% among adolescents and 28% among adults from the number reporting tobacco use at admission.			<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: MFR Performance Measures*Review MFR data.*

	Compliance	CAP
a. 42% of patients dis-enrolled from a Level III.7 will enter another level of care within 30 days.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
b. 45% of patients dis-enrolled from a Level III.5 will enter another level of care within 30 days.		
c. 37% of patients dis-enrolled from a Level III.3 will enter another level of care within 30 days.		

Comments:

Evidence Based Practices:*Interview Program Director.*

Practice	Status
Relapse Prevention (Cognitive Behavioral)	<input type="checkbox"/> yes <input type="checkbox"/> no
Motivational Enhancement Therapy / Motivational Interviewing	<input type="checkbox"/> yes <input type="checkbox"/> no
Multisystemic Therapy (MST)	<input type="checkbox"/> yes <input type="checkbox"/> no
Community Reinforcement Approach (CRA) plus vouchers	<input type="checkbox"/> yes <input type="checkbox"/> no
Voucher-Based Reinforcement Therapy	<input type="checkbox"/> yes <input type="checkbox"/> no
The Matrix Model	<input type="checkbox"/> yes <input type="checkbox"/> no
Moral Reconation Therapy	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Conditions of Federal Block Grant Award: Drug-Free Workplace Requirements*Review policies and procedures, documentation of implementation, sample of personnel records.*

The program provides a drug-free workplace in accordance with 45 CFR Part 76 by:

	Compliance	CAP
a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
b) Establishing an ongoing drug-free awareness program to inform employees about	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial	<input type="checkbox"/> yes <input type="checkbox"/> no
1) The dangers of drug abuse in the workplace		

2) The program's policy of maintaining a drug-free workplace 3) Any available drug counseling, rehabilitation and employee assistance programs 4) The penalties that may be imposed upon employees for drug abuse violations in the workplace.	<input type="checkbox"/> n/a	
c) Providing a copy of the published statement to employees.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
d) Notifying the employee in the statement required by paragraph (a) above, that as a condition of employment under the grant, the employee will: 1) Abide by the terms of the statement; and 2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
e) Notifying the Addiction Coordinator and taking one of the following actions, within 30 calendar days of receiving Notice under paragraph (d)(2), with respect to any employee who is so convicted: 1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
f) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), and (e).	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Conditions of Federal Block Grant Award: Drug Free Workplace Requirements

A program employee must notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction. The program must notify the Addiction Coordinator. It is the Coordinator's responsibility to notify the federal agency named below in writing within ten calendar days after receiving Notice from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless

the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number (s) of each affected grant. For purposes of agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

	Compliance	CAP
The program notifies DHHS at the address identified above of any employee violation of a criminal drug statute occurring in the workplace within ten calendar days of receiving notice.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Conditions of Federal Block Grant Award: § 96.132 Additional Requirements

Review sample of personnel records, policies and procedures.

	Compliance	CAP
The program makes continuing education available to employees who provide services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program has in effect a system to protect patient records from inappropriate disclosure, and the system: a) Is in compliance with all applicable State and Federal laws and regulations, including 42 CFR part 2 b) Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Conditions of Federal/BHA Block Grant Award:

§ 96.126 Capacity of Treatment for Intravenous Drug Abusers

Review intake log, waiting list contact log, documentation of provision of interim services to persons on waiting list.

	Compliance	CAP
Within 7 days the grantee shall notify the BHA when the grant funded slots within the Opioid Treatment Programs (OMT's) in their jurisdiction reach 90% capacity.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

<p>The program admits each individual who requests and is in need of treatment for intravenous drug abuse not later than 14 days after making the request or 120 days if the program has no capacity to admit the individual on the date of the request; and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance abuse treatment program.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>When applicable, the program offers interim services that include, at a minimum, the following:</p> <ul style="list-style-type: none"> a) Counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur b) Referral for HIV or TB treatment services, if necessary c) Counseling on the effects of alcohol and other drug use on the fetus for pregnant women and referrals for prenatal care for pregnant women. 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>The program has established a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment, including patients receiving interim services while awaiting admission.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>The program has a mechanism that enables it to:</p> <ul style="list-style-type: none"> a) Maintain contact with individuals awaiting admission b) Admit or transfer waiting list patients at the earliest possible time to an appropriate treatment program within a reasonable geographic area. 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>The program takes patients awaiting treatment for intravenous substance abuse off the waiting list only when one of the following conditions exists: Such persons cannot be located for admission into treatment or Such persons refuse treatment.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>The program carries out activities to encourage individuals in need of treatment services for intravenous drug abuse to undergo such treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method:</p> <ul style="list-style-type: none"> a) The standard intervention model as described in The NIDA Standard Intervention Model for Injection Drug Users: Intervention Manual, National AIDS Demonstration Research (NADR) Program, National Institute on Drug Abuse, (Feb. 1992) b) The health education model as described in Rhodes, F., Humfleet, G.L. et al., AIDS Intervention Program for Injection Drug Users: Intervention Manual, (Feb. 1992) c) The indigenous leader model as described in Wiebel, W., Levin, L.B., The Indigenous Leader Model: Intervention Manual, (Feb. 1992) 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

<p>The program ensures that outreach efforts (have procedures for):</p> <ul style="list-style-type: none"> a) Selecting, training, and supervising outreach workers b) Contacting, communicating, and following up with high-risk substance abusers, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements c) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV d) Recommending steps that can be taken to ensure that HIV transmission does not occur 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
---	---	--

Comments:

Conditions of Federal Block Grant Award: § 96.127 Requirements Regarding Tuberculosis
Review policies and procedures, random sample of patient records

	Compliance	CAP
<p>To prevent the transmission of TB, the program addresses the following:</p> <ul style="list-style-type: none"> a) Screening patients and identification of those individuals who are at high risk of becoming infected b) Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2 c) Case management activities to ensure that individuals receive the services outlined below. 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each individual receiving treatment for substance abuse:</p> <ul style="list-style-type: none"> a) Counseling the individual with respect to TB b) Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual c) Providing for or referring the individuals infected by mycobacteria TB appropriate medical evaluation and treatment. d) 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>The program reports all individuals with active TB to the local Health Department as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Conditions of Federal Block Grant Award: § 96.128 Requirements Regarding HIV

Review policies and procedures, random sample of patient records

	Compliance	CAP
The program directly, or through arrangements with other public or nonprofit entities, makes appropriate pretest counseling for HIV and AIDS available and provides assertive linkages to services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program directly, or through arrangements with other public or nonprofit private entities, makes available appropriate HIV/AIDS testing, including tests to diagnose the extent of the deficiency in the immune system and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program directly, or through arrangements with other public or nonprofit private entities, makes available appropriate post-test counseling.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program directly, or through arrangements with other public or nonprofit private entities, makes available therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program has established linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program ensures that HIV early intervention services are undertaken voluntarily, provided with patients' informed consent, and are not required as a condition of receiving substance abuse treatment or any other services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Conditions of Federal Block Grant Award:

§ 96.128 Treatment Services for Pregnant Women

Review policies and procedures, patient records of pregnant women in treatment

Number of pregnant women enrolled in program in the past three months (pre-fill) _____

	Compliance	CAP
The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Pregnant women are admitted to the program within 24 business hours of request for treatment services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
--	---	--

Comments:

Conditions of Federal Block Grant Award:

§ 96.124 Certain Allocations: (Required Services for Programs Receiving Block Grant Funds Set Aside for Pregnant Women and Women with Dependent Children)*

Review random sample of patient records, policies and procedures.

	Compliance	CAP
1) The program treats the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
2) The program provides or arranges for primary medical care for women who are receiving substance abuse services, including prenatal care.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
3) The program provides or arranges for child care while the women are receiving services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
4) The program provides or arranges for primary pediatric care for the women's children, including immunizations.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
5) The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
6) The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
7) The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (2.) through (6.) above.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Federal Conditions of Grant Award: Strongly Encouraged Services for All Programs that provide Substance Abuse Services to Women

Review program policy and patient records.

	Compliance	CAP
<p>The program provides pregnant women, women with dependent children, and their children, either directly or through linkages with community-based organizations, a comprehensive range of services to include:</p> <ol style="list-style-type: none"> 1) case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments; 2) employment and training programs; 3) education and special education programs; 4) drug-free housing for women and their children; 5) prenatal care and other health care services; 6) therapeutic day care for children; 7) Head Start; 8) other early childhood programs; and 9) trauma-informed services. 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

COMAR: Continuous Quality Review

Review documentation of Quality Improvement Team activities, i.e. meeting minutes, reports.

	Compliance	CAP
The program's quality review team identifies problems based on data.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The problems that are identified are relevant to the quality of services being delivered.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
Problem correction is monitored for effectiveness of changes incorporated.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
Program utilizes patient satisfaction surveys as one component of service evaluation.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

COMAR: Program Certification*Review certificates, for all levels of care.*

	Compliance	CAP
The program possesses current certification for all levels of care that are being provided.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

COMAR: Family Involvement*Review random sample of patient records.*

	Compliance	CAP
The program obtains an assessment of the treatment needs of each patient's family.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program, when clinically appropriate, provides or refers family members for family counseling.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

COMAR: Individualized Treatment*Review random sample of patient records.*

	Compliance	CAP
Patient treatment plans are individualized.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
Treatment plan updates are completed on time	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Fee Assessment*Review random sample of patient records, billing log and fee collection policy and procedures.*

	Compliance	CAP
The program has fee collection practices that comply with COMAR 10.02.01 of DHMH and DHMH Policy #3416. a) The program assesses each patient's ability to pay fees for program services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
Program has fee collection policy and procedures that comply with COMAR 10.02.01 of DHMH and DHMH Policy #3416.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program shall: a) assess every patient upon admission for eligibility for Medical Assistance (MA); b) help eligible patients apply for these entitlements; c) check MA enrollment status via the EVS system, if providing an MA reimbursable service; d) for eligible recipients, bill MA for services covered by those entitlements; e) retain proof of the processes outlined above; and f) no longer use BHA funds for services covered by third party payers.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:**BHA Specific Conditions of Grant Award: Buprenorphine Initiative***Review Medication Diversion Plan, sample of patient records.*

Number of buprenorphine patients enrolled in program in the past three months (pre-fill) _____

	Compliance	CAP
The grantee shall review and update the buprenorphine diversion adherence plan at least annually.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program provides case management services to all patients in this initiative for the purpose of pursuing insurance coverage, linking with community physicians, and referring to ancillary services. Ancillary services include, but are not limited to community mental health, housing, education, and employment.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Gambling and Nicotine Assessments

Review random sample of patient records.

	Compliance	CAP
The program assesses patients for gambling dependence disorders.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program assesses patients for nicotine dependence disorders.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
When applicable, treatment plans address: a) gambling disorder b) nicotine disorder	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Opioid Problem Documented in Substance Matrix Admission

Review random sample of patient records.

	Compliance	CAP
The program develops an Overdose Prevention Plan for all patients with an opioid problem documented in the substance matrix upon admission and includes it as part of the treatment plan. (Levels I & II.1 only)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The program shall either provide or maintain documented referral arrangements for the provision of pharmacotherapy services to all patients with an opioid problem documented in the substance matrix upon admission.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Length of Stay Evaluation

Review random sample of patient records and program policies and procedures.

	Compliance	CAP
The program has developed a continued stay criteria based on ASAM admission criteria for all active level III.7 patients, and implemented a protocol for evaluating compliance.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Clinical Supervision

Review random sample of employee personnel records and clinical supervisor's record review.

	Compliance	CAP
The program documents clinical supervision of all clinical staff and peer support staff employed by or volunteering at the program	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Counselor to Patient Ratio

Review organizational chart, total number of current patients enrolled in program and list of current counselor caseload.

	Compliance	CAP
Program and all sub-recipients shall have a patient/counselor ratio of 40 slots for every full-time counselor (40:1) weekly for Adult Level 1 services and 25 slots for every full-time counselor (25:1) weekly for Adolescent Level 1 services.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Continuing Care*Review random sample of patient records.*

	Compliance	CAP
A consent form is completed that permits the clinician to communicate with collateral contacts in the event that the patient cannot be reached.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
Continuing care Recovery Check-up forms are completed and entered into SMART/Medical Records.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
If the counselor is not able to complete a Continuing Care Recovery Check-up with the client, the counselor should complete a full encounter note within 24 hrs. and enter it in SMART/Medical Records.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
Continuing Care is offered to all eligible patients (Level I, successfully discharged.) If the patient is not enrolled in Continuing Care, there is documentation in the record that it was offered.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Care Coordination*Review program policy and random sample of discharge records.*

	Compliance	CAP
Grantee and all sub-recipients providing Level III.7, III.5 or III.3 programs shall: <ol style="list-style-type: none"> provide a discharge summary to each patient's care coordinator; attempt to obtain consent from the patient prior to discharge enabling the program to contact the outpatient aftercare provider; and provide a discharge summary to the outpatient aftercare provider within 24 hours of the patient's discharge from the program. 	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Admissions Priority*Review program policy*

	Compliance	CAP
Grantee and all sub-recipients providing Level I or II.1 programs shall prioritize for admission patients who are referred from Level III.7, III.5, or III.3 programs.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Care Coordination*Review random sample of patient records.*

	Compliance	CAP
Grantee, through the care coordinator, shall enroll all eligible patients in Level III.3, III.5, and III.7 programs into RecoveryNet services (only if grantee is enrolled in RecoveryNet).	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
Grantee shall coordinate the care of high-risk and high-cost Patients within the jurisdiction.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Limited English Proficiency (LEP)*Speak with Program Director, review policies and procedures for assessing language needs, employee training log, MOUs/contracts with translators and translated documents*

	Compliance	CAP
The Grantee and all sub-recipients shall develop language assistance procedures for assessing the language needs of the population served, translating both oral and written communications and documentation, <u>training staff in the language assistance program requirements.</u>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

BHA General Conditions of Grant Award: Subgrantees

Speak with Program Director and review submitted electronic monitoring forms

	Compliance	CAP
The Grantee conveys General Conditions of Award and Specific Conditions of Award to all Sub-grantee recipients of State and Federal grant funds.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
The Grantee identifies areas of non-compliance, requires a corrective action plan and monitors corrective action progress of all non-compliant sub-grantees.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no
In addition to the Conditions of Award, the Grantee conveys to every sub-grantee all other directives issued by the BHA that affect services being provided.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partial <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no

Comments:

Program Corrective Action Plan Activities:

Describe steps taken to address any current corrective action plans.

Comments:

Reviewer Signature: _____

Date: _____