

Department of Drug and Alcohol Programs
2022 Single County Authority - Provider Monitoring Instructions

- **Single County Authorities (SCAs), at a minimum, must annually monitor contracted providers as assigned by the Department of Drug and Alcohol Programs (DDAP) in SDS.**

SCAs should review each section of the tool prior to monitoring. Appendices are located at the end of the tool. Please ensure needed documentation is requested, prepared, and available (i.e. non-residential invoices & rates, client files, training charts) for each of the following services:

 - **Treatment, including Withdrawal Management:** Appendix A. - Administrative Requirements; Appendix C. - Treatment Requirements and Training; Non- Residential Treatment Invoice Review.
 - **Case Management (Screening, Assessment, Coordination of Services including GPRA):** Appendix A. - Administrative Requirements; Appendix B. - Case Management Requirements; Client file review: minimum of four files; and Training.
 - **Recovery Housing:** Appendix A. - Administrative Requirements; and Appendix E. - Recovery Housing.
 - **Emergency Housing:** Appendix A. - Administrative Requirements; and Appendix F. - Emergency Housing.
 - **Intervention:** Appendix A. - Administrative Requirements.
 - **Prevention:** Appendix A. - Administrative Requirements; and Appendix D. - Prevention Requirements.
 - **Recovery Support Services:** Appendix A. - Administrative Requirements; and Appendix G. - Recovery Support Services.
 - **Screening, Brief Intervention, Referral to Treatment (SBIRT):** Appendix A. – Administrative Requirements.
- **SCAs must monitor all contracted in-county Providers.**
 - When an SCA is assigned to monitor a Provider, the SCA must monitor all contracted services provided on behalf of all SCAs contracting with the Provider.
 - If the SCA previously monitored an out-of-county Provider, please contact your assigned Project Officer to determine if monitoring of the out-of-county Provider is still necessary.
- **Provider monitoring assignments can be found in SDS by running the ‘Monitoring Reports by SCA’ report.**
 - Print and use the ‘Contracts by Provider’ report to complete the ‘contracted services monitored chart’ for each Provider.
- **SCAs must complete the Case Management (Screening and Assessments) Client File Review document in its entirety when monitoring Case Management Providers.**
 - Complete a separate ‘Client File Review’ document for each file reviewed during monitoring at the Provider. **Note: SCAs need to duplicate the case management client file review section of the tool, as needed.**
 - A minimum of four assessment files must be reviewed at each Case Management Provider. These assessment files should be current (within the state fiscal year of the review).
 - To establish any patterns of noncompliance, DDAP recommends the SCAs review, at a minimum, two assessment files for each staff person completing Level of Care assessments.
- **SCAs may not alter this tool. SCAs may monitor additional areas not identified in this tool, at their discretion.**
- **DDAP strongly discourages SCAs from monitoring Providers on requirements already monitored/reviewed by other entities.**
- **When the SCA notes any area of noncompliance during the onsite review, record the issue and how it was/will be addressed on the Provider Monitoring Summary Sheet.**
 - Provider Monitoring Summary Sheets are due to the SCA’s assigned Project Officer by **June 10, 2022.**
 - Summary Sheets can be submitted via email.

Provider Attestation Table

The SCA may use the following table, either pre-submitted to the SCA by Provider, or in conjunction with the onsite provider monitoring visit to assist in the monitoring review.

Please ensure all policies and procedures reflect the most recent requirements outlined in DDAP’s Case Management and Clinical Services Manual, Prevention Manual, and Operations Manual. The most recent versions of these Manuals can be found on DDAP’s website.

If the SCA uses the below table to assist in the onsite review, ensure it is attached to the completed monitoring tool maintained at the SCA.

Provider Policies / Procedures Submitted	
Non-Smoking Policy	<input type="checkbox"/>
Sexual Harassment Policy: written policy stating no tolerance for sexual harassment and discipline procedures for employees who violate the policy	<input type="checkbox"/>
Confidentiality Policy	<input type="checkbox"/>
Contracted providers written procedures to address how education, testing, vaccination, and referral for hepatitis services will be delivered.	<input type="checkbox"/>
Contracted providers procedures for HIV education as well as services and/or referrals to testing, treatment and prevention services.	<input type="checkbox"/>
Identification of Priority Populations	
Adherence to the SCA’s procedures for notifying the SCA within 7 days upon reaching 90% capacity for admission of persons who inject drugs (PWID)	<input type="checkbox"/>
Referral of pregnant women, women with children, and women attempting to regain custody of their children for non-treatment/ancillary services in accordance with the SCA’s resource list for such services	<input type="checkbox"/>
Mechanism provider uses to make staff aware of the priority populations	<input type="checkbox"/>

Single County Authority – 2022 Provider Monitoring Tool

Single County Authority (SCA) Information

Monitoring SCA: _____ SCA Administrator: _____

SCA Monitoring Staff Person(s) & Title(s): _____

Provider Monitoring Visit Information

Date On-Site Monitoring Visit completed: _____

Provider Name: _____ Treatment Number/Facility ID (if applicable): _____

Provider Street Address: _____ Geographical County: _____

Provider City, State: _____ , _____

Provider Phone Number: (_____) _____ - _____

Provider Zip: _____ Provider Attendees: _____

Contracted Services Monitored: SCAs must monitor all contracted services provided on behalf of all SCAs contracting with the Provider.

Check Applicable Services		Appendices to Complete
<input type="checkbox"/>	Case Management – 9100 Case Management – Screening	A & B
<input type="checkbox"/>	Case Management – 9100 Case Management – Assessment	A & B
<input type="checkbox"/>	Case Management – 9100 Coordination of Services including GPRA	A & B
<input type="checkbox"/>	Level 0.5 Early Intervention	A
<input type="checkbox"/>	Level 1 Outpatient	A & C
<input type="checkbox"/>	Level 2.1 Intensive Outpatient	A & C
<input type="checkbox"/>	Level 2.5 Partial Hospitalization	A & C
<input type="checkbox"/>	Level 3.1 Clinically Managed Low Intensity Residential (Halfway House)	A & C
<input type="checkbox"/>	Level 3.5 Clinically Managed High-Intensity Residential Services (Adult) / Clinically Managed Medium Intensity Residential Services (Adolescent)	A & C
<input type="checkbox"/>	Level 3.7WM Medically Monitored Intensive Inpatient Withdrawal Management	A & C
<input type="checkbox"/>	Level 3.7 Medically Monitored Intensive Inpatient Services	A & C
<input type="checkbox"/>	Level 4WM Medically Managed Intensive Inpatient Withdrawal Management	A & C
<input type="checkbox"/>	Level 4 Medically Managed Intensive Inpatient Services	A & C
<input type="checkbox"/>	Prevention (6100– 6700)	A & D
<input type="checkbox"/>	Recovery Housing – 920R	A & E
<input type="checkbox"/>	Emergency Housing – 920E	A & F
<input type="checkbox"/>	Recovery Support Services – 930R	A & G
<input type="checkbox"/>	Intervention Services – 7200	A
<input type="checkbox"/>	SBIRT Intervention Services (Blair, Allegheny, Mercer) – 7200	A

Appendix A. Administrative Requirements

SCAs must complete the Appendix A for all Providers.	Compliance		
	Yes	No	N/A
<p>Exception: If a Provider is a satellite of a larger program where the administrative office is located in another County and monitoring takes place by another SCA, the SCA will check and complete the following information: <input type="checkbox"/></p> <p>The administrative/main office is located outside of the geographic area of this SCA in (town) (county). I have verified that (SCA) is monitoring the administrative requirements for this Provider.</p>			
<p>Has the Provider properly withheld, paid and remitted, in a timely manner, the employer and employee’s share of the items below from employees’ salaries? [Fiscal Manual 6.02]</p>			
<p>▫ Payroll Taxes</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▫ Worker’s Compensation</p>			
<p>▫ Insurance Premiums</p>			
<p>Is the Provider in compliance with the Pro-Children’s Act of 1994? [Operations Manual, 7.04]</p>			
<p>Does a non-smoking policy exist? If the Provider indicated on the Provider Attestation Form the policy was unchanged from what was reviewed and approved during the previous monitoring, mark N/A for this question.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Are there no-smoking signs posted?</p>			
<p>Does the Provider establish, maintain, and inform employees of a written policy stating that sexual harassment will not be tolerated and employees who violate the policy will be disciplined? [Operations Manual, 7.04] If the Provider indicated on the Provider Attestation Form the policy was unchanged from what was reviewed and approved during the previous monitoring, mark N/A for this question.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the Provider in compliance with Medical Marijuana prohibition? [Operations Manual, 7.04]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Is the Provider in compliance with the workforce recruitment and retention prohibition [Operations Manual, 7.04]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Did the Provider submit an audit by the due date to the SCA, if applicable? [Fiscal Manual, 7.05]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If the audit had findings, were they resolved through a Corrective Action Plan (CAP) to the satisfaction of the SCA? The CAP must be submitted with the audit report [Fiscal Manual, 7.06]</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Does the CAP contain all of the following required components? [Fiscal Manual, 7.06]</p>			<input type="checkbox"/>
<p>▫ Name(s) of the contact person responsible for the CAP:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▫ A description of the finding?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>▫ Specific steps to be taken to correct the situation or specific reasons why corrective action is not necessary?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

▫ A timetable for performance of the corrective action steps?	<input type="checkbox"/>	<input type="checkbox"/>	
▫ A description of monitoring to be performed to ensure that the steps are taken?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Provider maintain books, records, documents, and, utilize generally accepted accounting principles, procedures, and practices sufficient to reflect properly all costs incurred and anticipated for performance of the five-year grant agreement between DDAP and the SCA. [Fiscal Manual, 6.01]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Provider keep their records for four years from the date of final payment under the grant agreement or four years after termination of the agreement, whichever occurs later? [Fiscal Manual, 6.01]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Provider adhere to the SCA's policies and procedures related to determining third party liability? [Fiscal Manual, 5.03]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):			
Commonwealth Travel & Subsistence Requirements Only complete this section if any services are Cost Reimbursed, by any SCA. <input type="checkbox"/> N/A No SCA has a cost reimbursed contract with this Provider The Commonwealth transportation and subsistence reimbursement rates, at the time the expense is incurred, are set forth in the most current Commonwealth Management Directive (MD) related to travel policy (230.10). The rates established and posted by the General Services Administration are accessible at: http://www.gsa.gov Note: Providers are permitted to exceed maximum limits but must be able to identify the source of non-DDAP funds used.	Compliance		
	Yes	No	
Are employees reimbursed for mileage at the current rate when driving their personal vehicle for official business? https://www.gsa.gov/travel/plan-book/per-diem-rates	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Provider exceeded the lodging rates specified in Management Directive (MD) 230.10?	<input type="checkbox"/>	<input type="checkbox"/>	
If the Provider has exceeded the lodging rates specified in MD 230.10, did the Provider obtain three bids for lodging rates and utilize the hotel with the lowest bid?	<input type="checkbox"/>	<input type="checkbox"/>	
When traveling overnight, were employees reimbursed for meals at a cost not exceeding the standard GSA per 24-hour period? This will be according to the information on the website related to MD 230.10. This amount includes tips and is for each 24-hour period spent in continuous overnight travel status. The 24-hour period begins at any time of day or night that the employee leaves headquarters or residence on official business. Allowances are not flat allowances and only amounts actually expended may be claimed.	<input type="checkbox"/>	<input type="checkbox"/>	
Did the Provider use DDAP funds to reimburse subsistence for employees who were in non-overnight travel status? This is prohibited by MD 230.10.	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed Assets Only complete this section if any services are Cost Reimbursed, by any SCA. <input type="checkbox"/> N/A Provider has no fixed assets	Compliance		
	Yes	No	
Has the Provider made any new purchases of fixed assets not currently listed on the inventory list? [Fiscal Manual, 2.06]	<input type="checkbox"/>	<input type="checkbox"/>	

If yes, verify location of items and require the Provider to add to inventory list.		
Has the Provider included the following information in all requests for fixed asset purchases? [Fiscal Manual, 2.06]	<input type="checkbox"/>	<input type="checkbox"/>
Item to be purchased.	<input type="checkbox"/>	<input type="checkbox"/>
Estimated cost per item.	<input type="checkbox"/>	<input type="checkbox"/>
Need and intended use.	<input type="checkbox"/>	<input type="checkbox"/>
Funding Source of funds to be used (specify each applicable DDAP State/Federal.	<input type="checkbox"/>	<input type="checkbox"/>
SFY to which funds are to be charged, subject to the conditions as set forth by the Department.	<input type="checkbox"/>	<input type="checkbox"/>
Cost allocation among various funding sources, when applicable.	<input type="checkbox"/>	<input type="checkbox"/>
Does the Provider have a written cost allocation plan on file for personnel, operating expenses and fixed assets when drug and alcohol funds are combined with non-drug and alcohol funds where a variety of services are provided? [Fiscal Manual, 2.07]	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):		

Appendix B. Case Management

Screening	Compliance		
	Yes	No	N/A
<p>Check the box to identify which screening option the Provider uses during normal business hours? [Case Management & Clinical Services (CMCS) Manual, 5.01]</p> <p><input type="checkbox"/> OPTION 1: Individuals conducting screening should be skilled medical or human service professionals (e.g. emergency room triage nurse, crisis intervention caseworker, SCA case manager, or counselor) proficient in identifying the need for a referral for emergent care services through a combination of education, training, and experience.</p> <p><input type="checkbox"/> OPTION 2: Support staff may conduct screening in conjunction with skilled medical or human service professionals. And if needed, transfer the client to a skilled professional who is able to determine the need for a referral for emergent care services.</p> <p><input type="checkbox"/> OPTION 3: Support staff may conduct screening if the provider is able to demonstrate, through documentation to be provided during the monitoring visit or upon the SCA's request, that the individual determining the need for a referral for emergent care services has a combination of education, training, and experience in the following areas:</p> <ol style="list-style-type: none"> 1. Psychiatric (identification of suicide and homicide risk factors); 2. Prenatal (identification of alcohol and other drug use effects on the fetus); and 3. Withdrawal Management (pharmacology, basic addiction, identification of drug interactions). <p>Note: If the Provider uses option 3, there must be documentation to demonstrate that the individual(s) has a combination of education/training and/or experience in the identification of emergent care needs [CMCS Manual 5.01]</p> <p>List types of documentation available for each of the following areas: Documentation may include training certificates, transcripts, and/or job experience, i.e. resume. Training may be in the form of in-house, in-service, workshops, and DDAP-sponsored programs.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Level of Care Assessment</p> <p><input type="checkbox"/> N/A Check this box if the provider used the TAP in PA WITS for the Level of Care Assessment (LOCA).</p>	Compliance		
	Yes	No	
<p>Does the Provider use an assessment tool containing all questions to gather information as required by DDAP? [CMCS Manual 5.02]</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Education: literacy, degree to which substance use has interfered with education</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Employment: degree to which substance use interferes with employment; current employment, length and placement of employment, employment history</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Military: eligibility for VA benefits, combat experience/potential trauma issues, injuries related to military service</p>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Physical health: chronic and current acute medical conditions; past and present medications, are medications taken as prescribed, pregnancy, TB assessment questions;</p> <ul style="list-style-type: none"> ▫ Have you traveled extensively (more than 4 weeks) outside the U.S. in the last five years to high TB-incidence areas (Asia, Africa, South America, Central America)? ▫ Are you an immigrant from a high TB-risk foreign country (includes countries in Asia, Africa, South America, and Central America)? ▫ Have you resided in any of these facilities in the past year: jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers? *If an individual was a resident of any of these facilities and tested within the past three months, they do not need to be reassessed. ▫ Have you had any close contact with someone diagnosed with TB? ▫ Have you been homeless within the past year? ▫ Have you ever injected drugs? ▫ Do you or anyone in your household currently have the following symptoms, such as a sustained cough for two or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats? ▫ Do you currently have or anticipate having any condition that would decrease your immune system? (Examples: HIV infection, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent dose of Prednisone 15mg/day for one month or longer) or any other immunosuppressive medications) <p>*Please note there are now 8 TB questions that should be asked to determine if a client is at high risk.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Drug and alcohol: type and frequency, date of first and last use, amount and route of administration, length, patterns and progression of use, impact on behavior and relationships with others; treatment history</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Abstinence and recovery periods: recovery support systems, periods of abstinence; periods of active recovery</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Behavioral health: cognitive functioning; mental health symptoms, current and past treatment; hospitalizations, suicidal/homicidal ideations or attempts; psychotropic medications</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Family/social/sexual: child custody/visitation, childcare arrangements, risky behaviors; relationship status; family supports</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Spiritual: spiritual identity</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Living arrangements: current living arrangements, supportive recovery environment</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Abuse: history of abuse, issues that might impact placement</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Legal: probation/parole status, conviction record to include disposition, current and pending charges</p>	<input type="checkbox"/>	<input type="checkbox"/>

Gambling: lack of control in frequency of betting, lack of control over amount bet, lying about how much is bet	<input type="checkbox"/>	<input type="checkbox"/>
Potential barriers to treatment: other areas that may impact treatment (i.e. transportation, cultural/language, childcare needs)	<input type="checkbox"/>	<input type="checkbox"/>
Assessment summary: clinical impressions, strengths, needs, special considerations	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):		
Confidentiality <input type="checkbox"/> N/A The confidentiality policy is unchanged from the previous review and was not requested for review at this time.	Compliance	
	Yes	No
Does the Provider have written procedures related to confidentiality that addresses the following? [CMCS Manual, 5.12]		
▫ Release of client-identifying information	<input type="checkbox"/>	<input type="checkbox"/>
▫ Storage and security of client records	<input type="checkbox"/>	<input type="checkbox"/>
▫ Computer security of client records	<input type="checkbox"/>	<input type="checkbox"/>
▫ Staff access to records	<input type="checkbox"/>	<input type="checkbox"/>
▫ Completion of required confidentiality training for applicable staff Applicable staff would be anyone providing or supervising the activities of treatment and case management.	<input type="checkbox"/>	<input type="checkbox"/>
▫ Disciplinary protocols for staff violating confidentiality regulations This should be specific to the agency and must clearly state the actions to be taken.	<input type="checkbox"/>	<input type="checkbox"/>
▫ Revocation of consent, to include how this is documented on the consent form	<input type="checkbox"/>	<input type="checkbox"/>
▫ Notification that re-disclosure is prohibited without proper consent	<input type="checkbox"/>	<input type="checkbox"/>
Have all staff who perform or supervise treatment and treatment-related services (i.e. Case Managers, Certified Recovery Specialists, etc.) acknowledge in writing that they have read the procedures [CMCS Manual, 5.12]	<input type="checkbox"/>	<input type="checkbox"/>
Have all <i>other</i> staff (who do not directly perform or supervise services) on the Organization Chart signed a statement certifying that they will keep all information acquired through their employment duties confidential? The statement must specify that disciplinary action will be taken if confidentiality is breached. [CMCS Manual, 5.12]	<input type="checkbox"/>	<input type="checkbox"/>
Do all of the Provider's consent forms include the information required by Federal Confidentiality Law 42 C.F.R. Part 2? [CMCS Manual, 5.12]		
▫ Name of the client	<input type="checkbox"/>	<input type="checkbox"/>
▫ Name of the program disclosing the information	<input type="checkbox"/>	<input type="checkbox"/>
▫ Name of person, agency or organization to whom disclosure is made	<input type="checkbox"/>	<input type="checkbox"/>
▫ Specific information to be disclosed	<input type="checkbox"/>	<input type="checkbox"/>
▫ Purpose of disclosure	<input type="checkbox"/>	<input type="checkbox"/>
▫ Statement of the client's right to revoke consent (must allow verbal and written revocation)	<input type="checkbox"/>	<input type="checkbox"/>
▫ Expiration date of the consent	<input type="checkbox"/>	<input type="checkbox"/>
▫ Dated signature of client	<input type="checkbox"/>	<input type="checkbox"/>
▫ Dated signature of witness	<input type="checkbox"/>	<input type="checkbox"/>

□ Copy offered to client	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant Women & Persons Who Inject Drugs (PWID)	Compliance	
	Yes	No
Does the Provider adhere to the SCA's written procedures regarding the provision of interim services? [CMCS Manual, 3.01] Adherence to the SCA's procedures should also be verified during the client file review.	<input type="checkbox"/>	<input type="checkbox"/>
Communicable Disease Screening and Referral Services	Compliance	
	Yes	No
Tuberculosis (TB): Does the Provider adhere to the SCAs written procedures on how individuals identified as high risk will be referred to the County or nearby Public Health TB Clinic? [CMCS Manual 5.04] Any individual that responds with a "yes" to any of the questions is considered high risk for TB	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis: Does the provider must have written procedures in place to address how education, testing, vaccination, and referral for hepatitis services will be delivered. The procedures must also address how individuals identified as high risk will be referred to the County or nearby Public Health Clinic for testing and linkage to care. [CMCS Manual 5.04]	<input type="checkbox"/>	<input type="checkbox"/>
Human Immunodeficiency Virus: Does the provider have procedures in place for HIV education as well as services and/or referrals to testing, treatment and prevention services. Procedures must include following current CDC testing and screening guidelines. [CMCS Manual 5.04]	<input type="checkbox"/>	<input type="checkbox"/>
Training for Case Management Staff	Compliance	
	Yes	No
Based on the training chart, have all staff providing or supervising Case Management completed all required trainings within 365 days of hire? [CMCS Manual 5.09]	<input type="checkbox"/>	<input type="checkbox"/>
PA WITS Compliance [CMCS Manual, 5.06] Note: The SCA should run the SCA Compliance Report in PA WITS to assist in monitoring these requirements.	Compliance	
	Yes	No
Are all the required case management elements completed in PA WITS as verified through the SCA Compliance Report and client file chart review? (Profile, Intake, Screening, ASAM, Program Enrollment (for individuals receiving ongoing case management, other than screening & assessment, and also for State Opioid Response (SOR)-funded case management), Documentation of interim services using miscellaneous notes if applicable, Case Management Notes including admission and discharge notes completed in the encounter notes sections of PA WITS)	<input type="checkbox"/>	<input type="checkbox"/>
Is a GPRA completed for individuals with an OUD receiving SOR funded treatment or treatment-related services. SCA should run the GPRA compliance report in PA WITS. The report, located within "Treatment SCA" folder, can be accessed by clicking on the SSRS Reports link in WITS. It shows the same list of clients as that of the original SCA Compliance Report. The GRPA interview date fields are shown in the last six columns of the report. The clients enrolled in a SOR program can be filtered through the "Program Name".	<input type="checkbox"/>	<input type="checkbox"/>
Are all the required elements completed in PA WITS for individuals receiving treatment services? Profile, Intake, Admission, Program Enrollment, Outcome Measures, Discharge.	<input type="checkbox"/>	<input type="checkbox"/>

Was all required data entered into PA WITS within 7 days of the date the service was delivered?	<input type="checkbox"/>	<input type="checkbox"/>
List any issues addressed (and include on summary sheet):		

Screening & Assessment Client File Review

The following requirements must be reviewed for all client files. These requirements must be monitored regardless of which LOCA tool was used.

UCN#:	Case Manager/Staff:			
Profile	Yes	No	N/A	Comments
Was the profile fully completed in PA WITS, including the client group enrollment which should indicate the correct SCA paying for services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intake & Screening Tool in PA WITS	Yes	No	N/A	Comments
Was the intake fully completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was this client screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the screening completed in its entirety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were there any emergent care needs identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If so, do the notes at the bottom of the screening tool indicate how the need was addressed at the time it was identified? <i>(Documentation may also be found in the encounter notes.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If client needed withdrawal management, is there documentation to indicate that the client was offered admission immediately? <i>(Documentation may be in the notes section of the screening or in the encounter notes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For non-priority populations: If client was in need of withdrawal management, is there documentation to indicate that the client was offered admission within 24 hours? <i>(Documentation may be in the notes section of the screening or in the encounter notes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For priority populations: If client was in need of withdrawal management, is there documentation to indicate that the client was offered admission immediate admission to withdrawal management? <i>(Documentation may be in the notes section of the screening or in the encounter notes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If admission to withdrawal management was not offered in the timeframe above, was the reason documented either on the screening or in the encounter notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client was admitted into withdrawal management, was a LOC assessment completed prior to admitting the client to another LOC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the provider does Screening only, did the provider 'Consent & Refer' the appropriate information to the level of care assessment agency using PA WITS? <i>(Mark N/A if the provider does Screening and Level of Care Assessments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				

The following sections pertain to providers that completed the Treatment Assignment Protocol (TAP) Assessment in PA WITS.

Check this box if the provider **did not use the TAP** to complete the level of care assessment but completed another level of care assessment (LOCA) tool that contains all the components.

Treatment Assignment Protocol (TAP) Assessment	Yes	No	N/A	Comments
Was a TAP level of care assessment completed in its entirety prior to referring the client to the appropriate level of care? (Sections that are not applicable must be noted as such in the notes box at the bottom of each section.) [CMCS Manual 5.02]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Updated TAP	Yes	No	N/A	Comments
If the assessment was updated, was it done so within 6 months from the date of the initial assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a new ASAM completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous Notes [CMCS Manual 5.04]	Yes	No	N/A	Comments
Was a miscellaneous note completed to screen the individual to determine whether he/she is at risk for Tuberculosis (TB)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client is identified as being at risk for TB, was he/she referred to the County or nearby Public Health TB Clinic? There should be documentation in the file regarding the individual's acceptance or rejection of the referral for TB services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the client screened to determine whether or not he/she is at risk for Hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client is identified as being at risk for Hepatitis, was he/she referred to the County or nearby Public Health Clinic for testing and linkage to care? There should be documentation in the file regarding the individual's acceptance or rejection of the referral for Hepatitis services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the client screened to determine whether he/she is at risk for Human Immunodeficiency Virus (HIV)? If the provider does opt-out screening/testing, there should be note in the file to indicate acceptance or rejection of the referral for HIV services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the individual was identified as high risk for HIV, was a referral made to the county or nearby public health clinic for testing and treatment? There should be documentation in the file regarding the individual's acceptance or rejection of the referral for HIV services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a miscellaneous note completed to screen the individual to determine whether he/she is at risk for a gambling disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				

Please review the following items if the provider did not use the Treatment Assignment Protocol (TAP) Assessment in PA WITS.

Note: The following items are still required to be completed in PA WITS: Profile, Intake, Screening, ASAM, Program Enrollment (only for clients receiving ongoing case management, other than screening & assessment), Documentation of interim services using miscellaneous notes if applicable, Case Management Notes including admission and discharge notes completed in the encounter notes sections of PA WITS.

Assessment	Yes	No	N/A	Comments
Was a level of care assessment completed in its entirety prior to referring the client to the appropriate level of care? [CMCS Manual 5.02]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the assessor, not the client, complete the assessment tool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the assessment tool completed in one session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Updated Assessments	Yes	No	N/A	Comments
If the assessment was updated, was it done so within 6 months from the date of the initial assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a new ASAM completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screening for Tuberculosis, Hepatitis C & Human Immunodeficiency Virus [CMCS Manual 5.04]	Yes	No	N/A	Comments
Was the client screened to determine whether or not he/she is at risk for TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client is identified as being at risk for TB, was he/she referred to the county or nearby public health TB Clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a case note in the file regarding the individual's acceptance or rejection of the referral for TB services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the client screened to determine whether or not he/she is at risk for Hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client is identified as being at risk for Hepatitis, was he/she referred to the County or nearby Public Health Clinic for testing and linkage to care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a case note in the file regarding the individual's acceptance or rejection of the referral for Hepatitis services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was the client screened to determine whether he/she is at risk for Human Immunodeficiency Virus (HIV)? If the provider does opt-out screening/testing, there should be note in the file to indicate acceptance or rejection of the referral for HIV services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the individual was identified as high risk for HIV, was a referral made to the county or nearby public health clinic for testing and treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a case note in the file regarding the individual's acceptance or rejection of the referral for HIV services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gambling Screening	Yes	No	N/A	Comments
Was the individual screened to determine whether he/she is at risk for a gambling disorder? [CMCS Manual 5.02]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The following requirements must be reviewed for all client files. These requirements must be monitored regardless of which LOCA tool was used.				
ASAM	Yes	No	N/A	Comments
<i>Note: ASAM Summary Sheets must be completed in PA WITS.</i>				
Do the notes in the "Criteria Included/Comments" sections under each dimension support the level of care indicated for the dimension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Based on the information gathered in the assessment, does the ASAM support/identify individualized treatment needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Based on the information gathered in the assessment, does the ASAM Summary Sheet and Risk Rating reflect the individual was recommended for the appropriate level of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the individual was not referred to the recommended level of care, is there a documented reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Supervision	Yes	No	N/A	Comments
If the case manager has not yet completed all required trainings, has the supervisor signed off on written documentation, to include, at a minimum, the TAP Assessment and ASAM Summary sheets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Consent Forms	Yes	No	N/A	Comments
Is the information disclosed specific to the purpose identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the expiration date specific to the purpose? <i>The expiration date can be standard as long as there is an area to specify an exact expiration date prior to that period of time. For example, '6 months, unless otherwise specified.' It cannot simply be '6 months.' DDAP suggests expiration dates do not exceed one year.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are consents completed for each party with whom information has been exchanged? <i>Compare consents to encounter notes and correspondence to ensure that there is a consent for each person/agency to whom information was disclosed.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the clinician(s) properly apply State and Federal confidentiality laws and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Encounter (Case) Notes in PA WITS [CMCS Manual 5.06]	Yes	No	N/A	Comments
Is there an admission note in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do encounter notes adequately describe the nature and extent of each contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do encounter notes include an analysis of the data in order to identify client's needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do encounter notes include action to be taken to meet the client's needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the individual was not referred to the recommended level of care, do the encounter notes demonstrate the individual's success, or lack thereof, in the referred to level of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is there a discharge note in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Grievance and Appeal [CMCS 5.10]	Yes	No	N/A	Comments
Is an acknowledgment of receipt of the signed grievance and appeal form, or the signed G&A form, retained in the client's chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Limitation Notifications	Yes	No	N/A	Comments
If the SCA limits assessment or admission to treatment, is there a signed SCA limitation form retained in the client's chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a client is receiving emergency housing services, is a signed limitation(s) form retained in the client's chart? [CMCS Manual 4.02] Clients are limited to 30 days and are required to participate in treatment, self-help groups or other recovery supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a client is receiving emergency housing services, is there a signed notification in the file that any individual who is determined to need SUD treatment, self-help groups, or other recovery supports must follow all recommendations in order for the SCA to continue to pay for emergency housing services. [CMCS Manual 4.02]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Liability Determination	Yes	No	N/A	Comments
Was the client liability determination completed? Exempt from the current DDAP liability process are: Bucks, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, and Pike These SCAs are not required to use DDAP's current liability process/forms. However, they are required to use standardized process/forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the liability determination retained in the client's case management chart? [CMCS Manual 5.06]	<input type="checkbox"/>	<input type="checkbox"/>		If no, where:
Was liability determined prior to referral to or admission into applicable treatment services? [Fiscal Manual 5.03] Except for emergency referral or placements, liability determination must be done within 15 days in this case.	<input type="checkbox"/>	<input type="checkbox"/>		
Was the standard liability form used in its unaltered state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Documentation of Interim Services (PWID) [CMCS Manual 3.02]	Yes	No	N/A	Comments
Is the client an individual who injects drugs (PWID)?	<input type="checkbox"/>	<input type="checkbox"/>		
If so, was he/she offered admission to treatment immediately following the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If he/she was not offered admission to treatment immediately following the assessment, is there documentation that support services such as case management or recovery support services were provided or arranged for within 48 hours after the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If he/she was not offered admission to treatment immediately following the assessment, is there documentation that interim services were provided or arranged for within 48 hours of the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client was not admitted into treatment immediately following the assessment, was he/she then admitted within 120 days of the LOC assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If not, is there documentation of this deviation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of Interim Services (Pregnant Women) [CMCS Manual 3.01]	Yes	No	N/A	Comments
Is the client a pregnant woman?	<input type="checkbox"/>	<input type="checkbox"/>		
If so, was she offered admission to treatment immediately following the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If she was not offered admission to treatment immediately following the assessment, is there documentation that support services such as case management or recovery support services were provided or arranged for within 48 hours after the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If she was not offered admission to treatment immediately following the assessment, is there documentation that interim services were provided or arranged for within 48 hours of the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Consent and Refer:	Yes	No	N/A	Comments
Was the client recommended for treatment services? <i>(Mark N/A if the client was not recommended for treatment services)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the provider 'Consent & Refer' the appropriate information to the treatment agency using PA WITS? <i>(Mark N/A if the client stayed at the same provider for treatment services)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Discharge:	Yes	No	N/A	Comments
If the client was discharged, was the date entered in the "date closed" field at the bottom of the intake screen in WITS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an encounter note to explain why the client was discharged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
SOR GPRA	Yes	No	N/A	Comments
Was the GPRA completed according to the correct timeframes for individuals with an OUD receiving SOR funding for treatment or treatment-related services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List any issues addressed (and include on summary sheet):				
Access to Assessment and Treatment Timeframes				
Initial Contact Date <i>(on Intake)</i> : LOCA or TAP Assessment Interview Date <i>(on TAP)</i> :				
Was the client assessed within 7 days of the Initial Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If not, what was the stated reason:

Scheduled admission date:

Is this date within 14 days of the date of the assessment?

Note: Priority Populations (pregnant women who inject drugs; pregnant substance users; persons who inject drug; overdose survivors; and veterans) must be offered admission into treatment immediately following the LOC assessment. Exception: clients do not need a LOC assessment prior to admission to admission into withdrawal management if the need for this service is identified at the time of screening as an emergent care need.

If not, do the encounter notes demonstrate why?

Non-Residential Treatment Invoice Review

N/A, This is a Residential - Only Treatment Provider

Note: This section applies only to invoices received by the monitoring SCA from non-residential treatment Providers (outpatient, intensive outpatient, and partial hospitalization).

Instructions:

Select at least **four** SCA non-residential treatment DDAP-funded clients (if possible), billed in the current fiscal year. Take copies of the Provider invoices for selected clients when monitoring at the Provider. Review treatment charts at the Provider to ensure records of service and case notes from the treatment chart match the services and dates invoiced. Document the information below:

Required hours for clients receiving methadone maintenance [PA Code, Title 28 – Chapter 715.19]

First and Second Year of Service	Third and Fourth Year of Service	After Four Years
2.5 Hours/Month One hour must be individual therapy	One hour of group or individual therapy/month	One hour of group or individual therapy/every two months

UCN#	Date(s)	Type of service	Amount of time	Does the LOC on the invoice match the LOC info noted in the chart?	Does the rate invoiced match the rate stated in the contract?	Does the chart document that the invoiced service was provided?	Does the client service log and case notes (may be in encounters in PA WITS) demonstrate the client is receiving the required number of counseling hours per week?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UCN#	Date(s)	Type of service	Amount of time	Does the LOC on the invoice match the LOC info noted in the chart?	Does the rate invoiced match the rate stated in the contract?	Does the chart document that the invoiced service was provided?	Does the client service log and case notes (may be in encounters in PA WITS) demonstrate the client is receiving the required number of counseling hours per week?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UCN#	Date(s)	Type of service	Amount of time	Does the LOC on the invoice match the LOC info	Does the rate invoiced match the rate stated in the contract?	Does the chart document that the invoiced	Does the client service log and case notes (may be in encounters in PA WITS) demonstrate

				noted in the chart?		service was provided?	the client is receiving the required number of counseling hours per week?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UCN#	Date(s)	Type of service	Amount of time	Does the LOC on the invoice match the LOC info noted in the chart?	Does the rate invoiced match the rate stated in the contract?	Does the chart document that the invoiced service was provided?	Does the client service log and case notes (may be in encounters in PA WITS) demonstrate the client is receiving the required number of counseling hours per week?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment Invoice Review							Compliance	
<input type="checkbox"/> N/A, this is a residential - only treatment Provider							Yes	No
Were all invoices appropriate to the client and service provided?							<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (if no, explain and include on summary):								

Appendix C. Treatment		
Pregnant Women and Persons Who Inject Drugs (PWID)	Compliance	
	Yes	No
Are the Provider's priority populations listed in the following order? [CMCS Manual, 3.00] 1) Pregnant women who inject drugs 2) Pregnant women who use substances 3) Persons who inject drugs 4) Overdose survivors 5) Veterans	<input type="checkbox"/>	<input type="checkbox"/>
Does the Provider adhere to the SCA's procedures for notifying the SCA within 7 days upon reaching 90% capacity of admission for PWID? [CMCS Manual, 3.02]	<input type="checkbox"/>	<input type="checkbox"/>
Does the Provider refer pregnant women, women with children, and women attempting to regain custody of their children for non-treatment/ancillary services in accordance with the SCA's resource list for such services? [CMCS Manual, 3.01 & 3.03]	<input type="checkbox"/>	<input type="checkbox"/>
How does the Provider make staff aware of the priority populations?		
Section Comments (optional):		
Charitable Choice Provider Requirements N/A <input type="checkbox"/>	Compliance	
	Yes	No
If the Provider identifies itself as a religious organization, does it adhere to the following: [G.A., Appendix D, XVI]	<input type="checkbox"/>	<input type="checkbox"/>
▫ Post notice to clients regarding their right to be referred to alternative treatment? [G.A., Appendix D, XV, A]	<input type="checkbox"/>	<input type="checkbox"/>
▫ Make referrals to alternative treatment services when requested by their clientele? [G.A., Appendix D, XV, B]	<input type="checkbox"/>	<input type="checkbox"/>
▫ Arrange alternate and comparable services within a reasonable period of time when the client objects to receiving services? [G.A., Appendix D, Section XV, C]	<input type="checkbox"/>	<input type="checkbox"/>
▫ Notify the SCA when a referral is made to an alternate and comparable service to which the client has no religious objection? [G.A., Appendix D, Section XV, E]	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):		
Training for Treatment Staff	Compliance	
	Yes	No
Have all staff providing or supervising treatment completed all required trainings within 365 days of hire? [CMCS Manual, 5.09]	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):		
Medication Assisted Treatment (MAT) [CMCS Manual 4.04]	Compliance	
	Yes	No
Is the Provider ensuring that clients are educated about MAT when it is determined clinically appropriate? Please provide a brief explanation on when/how this is being done.	<input type="checkbox"/>	<input type="checkbox"/>
Is the provider admitting and providing services to individuals who use MAT for SUD? Contracted providers that restrict admission based upon medication use will be ineligible to receive state or federal funds to treat any individual or provide any type of prevention, intervention, treatment, or treatment-related service.	<input type="checkbox"/>	<input type="checkbox"/>

Has the Provider ensured clients who received MAT services, excluding Methadone, completed a Level of Care assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Provider ensured clients who received MAT services, excluding Methadone, are in the process of being enrolled into licensed substance abuse treatment; are concurrently enrolled in a licensed substance abuse treatment; or have successfully completed substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):		
ASAM Alignment	Compliance	
	Yes	No
Has the provider reviewed the self-assessment checklist for each level of care offered at the facility? <i>If not, please direct them to the DDAP website, look under 'For Professionals, ASAM Transition.'</i> Also remind the provider all requirements for each LOC is in the ASAM text.	<input type="checkbox"/>	<input type="checkbox"/>
Has the provider reviewed the service characteristics document for each level of care at the facility? <i>If not, please direct them to the DDAP website, look under 'For Professionals, ASAM Transition.'</i> Also remind the provider all requirements for each LOC is in the ASAM text.	<input type="checkbox"/>	<input type="checkbox"/>
Has the provider begun the transition to ASAM for each level of care at the facility?	<input type="checkbox"/>	<input type="checkbox"/>
Has the provider changed any of their policies or procedures to align with ASAM?	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):		

Appendix D. Prevention Note: The SCA is required to conduct ongoing monitoring of prevention Providers through WITS. The SCA can prepare answers to some of the questions below based on data entered into WITS. Verify data during the on-site monitoring.	Compliance		
	Yes	No	N/A
Is the Provider implementing contracted prevention services to ensure completion of the SCA’s Prevention Action Plan? [Prevention Manual, 1.04]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Provider used the developers pre and post tests/surveys for all evidence-based and evidence-informed programs? If not, was DDAP approval obtained for the use of an alternate instrument? [Prevention Manual, 1.05]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Provider administered pre/post tests, surveys or other short-term outcome measures approved by DDAP in the SCA’s Prevention Action Plan for all Evidence-Based and Evidence-Informed Programs, and maintained a summary or other record of the pre/post tests and survey results on file per the record retention requirements? [Prevention Manual, 1.05]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Provider accurately entering prevention service data into WITS within the required timeframes? [Prevention Manual, 3.01] If not, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section Comments (optional):			

Appendix E. Recovery Housing [CMCS Manual 4.03]	Compliance	
	Yes	No
<p>On December 11, 2021, the <i>Pennsylvania Code and Bulletin</i> published the Department of Drug and Alcohol Programs' (DDAP's) regulations at 28 Pa. Code Chapter 717, Standards for Drug and Alcohol Recovery House Licensure.</p> <p>Recovery houses that require a license must obtain licensure within 180 days after publication of the regulations, which is June 9, 2022.</p> <p>Recovery house operators with questions about the licensure process may contact the Division of Drug and Alcohol Program Licensure at (717) 783-8675.</p> <p>Verify the provider has policies in place. If the provider has specific questions about the policies & procedures, direct them to Division of Drug and Alcohol Program Licensure.</p>		
Is the provider aware of the new recovery house regulations? If not, please direct them to the DDAP website.	<input type="checkbox"/>	<input type="checkbox"/>
Do the recovery houses to have procedures regarding appropriate use and security of medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do the recovery houses to have a policy that ensures that residents are informed of house rules, residency requirements and lease agreements?	<input type="checkbox"/>	<input type="checkbox"/>
Do the recovery houses to have policies and procedures addressing the safety and protection of residents?	<input type="checkbox"/>	<input type="checkbox"/>
Do the recovery houses to have policies that promote recovery by requiring resident participation in treatment, self-help groups or other recovery supports?	<input type="checkbox"/>	<input type="checkbox"/>
Do the recovery houses to have policies requiring abstinence from alcohol and illicit drugs?	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F. Emergency Housing [CMCS Manual 4.02]	Compliance	
	Yes	No
Does the Provider ensure clients agree to participate in SUD treatment, self-help groups, or other recovery support services?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Provider ensure, prior to billing the SCA, that no other housing assistance from other agencies is available?	<input type="checkbox"/>	<input type="checkbox"/>
Are clients completing a Level of Care Assessment with the SCA or one of its contractors prior to the SCA funding emergency housing?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Provider ensure the SCA is only billed for a maximum of 30 days per client for the current fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>
Do clients sign off on the Provider Limitations and Requirements for Emergency Housing? Did the Provider supply a current copy of this form during the site visit? Note: The client's case management file may contain the required documentation on emergency housing funding limitations, including the sign-off form. If this information is not retained at the emergency housing location, indicate in the comment box where the information is located.	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G. Recovery Support Services [CMCS Manual 6.00]

What recovery support services are offered by this provider? Include a brief description of each service.

How do the recovery support services complement the focus of treatment, outreach, engagement and other strategies and interventions? **Note: Recovery support services are not a substitute for case management or clinical services.**

What type of staff are delivering the services (i.e. certified recovery specialists, case managers, etc.)?

What type of documentation exists to demonstrate that services invoiced to the SCA have actually been delivered?

SCA Prevention Training Documentation

All staff providing prevention services, and their supervisors, must complete these trainings, as noted below.

- ***Exempt** if working in the field of ATOD prevention for an SCA or SCA contracted provider prior to 7/1/2014. Can complete Substance Abuse Prevention Skills Training (SAPST) in place of Prevention 101.
- Training Certificates dated prior to March 11, 2009 are **not** required to be DDAP certificates.
- Trainings are to be completed within 365 days of hire/obtaining PREVENTION duties.
- Training certificates must be ready for on-site review by DDAP staff.

SCA Name:	Addictions 101	Prevention 101*	Ethics in Prevention	Making the Connection <i>(will accept certificates if staff attended previous Program/MDS and Fidelity & Adaptation trainings)</i>	SAP Core Team Training <i>required for SAP liaisons ONLY. Will be on a PDE Approved Trainer certificate)</i>	SAP 1 Day Leadership Training <i>(Req. for SAP oversight staff, unless s/he has a SAP Core Team cert)</i>	SAP Liaison – Confidentiality Training <i>6-hour DDAP-approved, or Pennsylvania Certification Board-approved</i>	FASD Training (Only FASD Liaison)	Prevention Training <i>(Yearly 12 hours of training) (DDAP certificates not required for the 12 additional hours.)</i>
Name:									
Date of Hire:									
Date hired in current pos.									
Function:									
Name:									
Date of Hire:									
Date hired in current pos.									
Function:									
Name:									
Date of Hire:									
Date hired in current pos.									
Function:									
Name:									
Date of Hire:									
Date hired in current pos.									
Function:									
Name:									
Date of Hire:									
Date hired in current pos.									
Function:									

SCA Case Management & Treatment Training Chart

- All SCA Case Management staff, Supervisors, Student Assistance Program Assessors, and all persons providing, and supervising Treatment services must complete the trainings identified in the chart below **(CMCS Manual 5.09)**.
- Staff who had Confidentiality training prior to 11/2003 are not required to complete the Practical Application training.
- Effective 07/01/2010 forward, Confidentiality must be taken prior to completion of the related Practical Application training.
- SAP Liaisons only must complete the 6-hour Confidentiality training.
- For staff hired after 11/03, the only exemption to required trainings are Addictions 101, Case Management Overview, and Screening & Assessment. Exemptions must be in writing from the SCA Administrator.
- If a training should have taken place, but the individual was unable to complete the training, please indicate in the comments section the reason.
- Staff providing only treatment services and supervising treatment do not need to have Case Management Overview
- Training Certificates dated prior to March 11, 2009 are **not** required to be DDAP certificates.
- Trainings are to be completed within 365 days of hire/obtaining CM duties.
- ***Required for all staff conducting assessments including SAP Assessors and/or continued stay reviews. Not required for staff only doing coordination of services.**

SCA/Provider Name:	Addictions 101	Confidentiality DDAP or Pennsylvania Certification Board (PCB)	Practical Application of Confidentiality Laws and Regulations (3 hrs.)	Case Management Overview	Screening & Assessment*	Two-day ASAM Criteria Skill Building Train for Change certificate	Motivational Interviewing, Advancing Practice (Required for all CM/CM Supervisor staff hired on or after 7/1/2020)	Comments
Name:								
Date of Hire:								
Date hired in current pos.								
Function:								
Name:								
Date of Hire:								
Date hired in current pos.								
Function:								
Name:								
Date of Hire:								
Date hired in current pos.								
Function:								

	Addictions 101	Confidentiality DDAP or Pennsylvania Certification Board (PCB)	Practical Application of Confidentiality Laws and Regulations (3 hrs.)	Case Management Overview	Screening & Assessment*	Two-day ASAM Criteria Skill Building Train for Change certificate	Motivational Interviewing, Advancing Practice (Required for all CM/CM Supervisor staff hired on or after 7/1/2020)	Comments
Name:								
Date of Hire:								
Date hired in current pos.								
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