

**NorthCare Site Review Protocol
SUD Provider FY21**

Standard I: Customer Services/Enrollee Rights

Responsible Contact(s): Kayti Lancour klancour@northcarenetwork.org 906-936-6865

Ref #	Dimension/Indicator			
I.1	Customer Services	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
I.1.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
I.1.2	Provider has current policy(ies) that address all MDHHS Customer Service Standards. (NOTE: At least annually (month/year to month/year) policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit copy of current Customer Service staff person's job description Submit copy of all policies related to Customer Service Standards <ul style="list-style-type: none"> • Accessibility and Accommodation • Consumer Grievance and Appeal • Cultural Sensitivity • Customer Education and Marketing • Enrollee-Recipient Rights • Limited English Proficiency
I.1.3	Provide evidence of consumer involvement in program development and/or evaluation	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Provide copy of board membership policy/bilaws Meeting minutes of local Consumer Advisory groups where consumer involvement and input are evident. Provider consolidated satisfaction survey data.
I.1.4	The provider conveys an atmosphere that is welcoming, recovery based, and trauma informed.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit Policy/Procedure Client survey
I.1.5	Written material must be available in alternative formats and in an appropriate manner that takes into consideration the special	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit evidence of agency plan to obtain alternative formats of written material when/if requested.

	needs of those who, for example, are visually impaired or have limited reading proficiency.			
I.1.6	General Information for All Enrollees: Required information is in the NorthCare Customer Handbook. Providers are required to distribute at start of service and annually thereafter.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	NorthCare will review that most up to date SUD Certification of Eligibility form is being used to ensure that Customer Handbook is being given at time of intake and annually thereafter. Orientation Checklists.
I.1.7	Consumers are educated on choice of providers and provider information that they have a right to request such as a list of providers.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Intake checklist Submit Policy/Procedure
I.1.8	Annual reports, organizational chart, board member list, meeting schedule and minutes and that they can request a paper copy and where to find them on the website. (If subject to FOIA)	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Customer Service staff should know where to locate these resources when asked, if applicable. NorthCare will review website for updated information. If noted in board member handbook and reviewed at election time
I.1.9	Orientation packet given out at first assessment appointment.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit copy of consumer orientation/intake packet
I.1.10	Charitable Choice Notice	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit copy of Notice (if applicable – pertains to faith-based providers only)
I.2	<i>Grievance</i>			
I.2.1	Process for Handling Grievances and Disposition Notices Customer Services or the Recipient Rights Office performs the following functions: Provides a written disposition within 90 calendar days of the Provider receipt of the grievance to the customer, guardian, or parent of a minor child. The content of the notice of disposition includes: The results of the grievance process;	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Provide Grievance procedure/policy. Provide Evidence of staff training on Grievances. Case management job description

	<p>The date the grievance process was conducted;</p> <p>The beneficiary's right to request a fair hearing if the notice is more than 90 calendar days from the date of the request for a grievance; and</p> <p>How to access the fair hearing process. (1) Please provide sample resolution letters.</p> <p>2. Notice of Disposition (Grievance)</p> <p>The notice of disposition includes an explanation of the results of the resolution and the date it was completed. (2)</p> <p>Provider ensures all required elements are included in appeal letters.</p>			
1.2.2	Process for tracking and resolving Grievances.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Provide list of Grievances received within the last year and process for how they are tracked.
I.3	<i>Enrollee Rights and Protections</i>			
I.3.1	<p>a) The provider ensures that enrollees have the right to receive information materials & instructional materials relating to them in a manner and format that may be easily understood. Informative materials intended to be distributed through written or other media to beneficiaries or the broader community that describe the availability of covered services and supports and how to access are written at the 4th grade reading level when possible.</p> <p>b) The provider makes its written information available in the prevalent, non-English languages in its service area.</p> <p>c) Provider makes oral interpretation services available free of charge to individuals for all non-English languages.</p>	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	<p>Highlight where this information is covered in pertinent policies.</p> <p>List any documents you may have in Non-English languages.</p> <p>Submit any additional enrollee rights materials provided to enrollees addressing this information.</p> <p>Ability to use the language line through NorthCare Network</p>

	<p>d) Provider notifies its enrollees that <u>written information</u> is available in prevalent languages.</p> <p>e) Written material must be available in alternative formats in an appropriate manner that takes into consideration the special needs of those who, for example, are visually impaired or have limited reading proficiency.</p>			
I.3.2	<p>General Information for All Enrollees. Information is made available to enrollees within a reasonable time after enrollment including:</p>	<p>Desk <input checked="" type="checkbox"/></p> <p>Site <input type="checkbox"/></p>	<p>Met <input type="checkbox"/></p> <p>Part Met <input type="checkbox"/></p> <p>Not Met <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>	<p>Submit any additional enrollee rights materials provided to enrollees with this information.</p> <ul style="list-style-type: none"> • Enrollee's Right to be treated w/ Dignity and Respect • Right to receive treatment options. • Provided -Enrollee Communication • Service not covered or Moral/Religious Basis • Right to participate in decisions regarding care • Free of Restraint/Seclusion • Right to Request and obtain information • Grievance/Fair Hearing and Appeal Rights <p>(Orientation Checklist)</p> <p>Any restrictions on the enrollee's freedom of choice among network providers.</p>
I.3.3	<p>Recipient Rights Poster – Must be readily visible and include phone number and rights advisor (match current advisor)</p>	<p>Desk <input checked="" type="checkbox"/></p> <p>Site <input type="checkbox"/></p>	<p>Met <input type="checkbox"/></p> <p>Part Met <input type="checkbox"/></p> <p>Not Met <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>	<p>Submit picture of poster</p>
I.3.4	<p>Written Notice of Significant Change. The Provider gives each enrollee written notice of any significant change, as defined by the State, in any of the general information (3 a – l), including change in its provider network (e.g., addition of new providers and planned termination of existing providers).</p>	<p>Desk <input checked="" type="checkbox"/></p> <p>Site <input type="checkbox"/></p>	<p>Met <input type="checkbox"/></p> <p>Part Met <input type="checkbox"/></p> <p>Not Met <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>	<p>Submit policies with information highlighted pertinent to this standard or samples of staff training that has occurred to ensure they are aware of this standard, and it is being met.</p> <p>Could also submit sample written Notice of Significant Change letters that are or would be used when needed.</p>

Results – Standard I Customer Services/Enrollee Rights						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score		=	
Total Score ÷ Total Applicable					=	

Standard IV: Data Integrity

Responsible Contact(s): Joan Wallner jwallner@northcarenetwork.org 906-936-6867

Ref #	Dimension/Indicator			
IV.1	<i>Data Integrity</i>	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
IV.1.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
IV.1.2	Provider has current policy(ies) that address data quality standards/requirements. NOTE: At least annually (month/year to month/year), policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated, and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policies and procedures that support meeting MDHHS Contract Attachment, Encounter and Teds Reporting Requirements, Primary Insurance Verification Supporting Medicaid as the Payer of Last Resort, etc. As identified in the NorthCare Network Data Quality Management Policy.
IV.1.3	Provider assures a Deductible policy is setup as an insurance and kept current for individuals with a Medicaid spend down.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy or procedure followed to meet this standard.
IV.1.4	Providers demonstrate the management of Medicaid eligibility to ensure individuals have no lapse in coverage.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy or procedure followed to meet this standard. Demonstrate evidence of use (follow up and tracking documents) Procedure for monthly monitoring of eligibility during the authorization period
IV.1.5	SUD provider monitors changes to Block Grant eligibility	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy or procedure followed to meet this standard. Demonstrate evidence of financial tracking / calculation sheets.
IV.1.6	Provider demonstrates that all Direct third-party billing is identified and pursued. All claims are expedited for payment on a regular	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Submit policy or procedure for Financial Liability (ATP) and Third-Party Billing Insurance Maintenance.

	basis to ensure that Medicaid is the payer of last resort.		NA <input type="checkbox"/>	
IV.1.7	BH-TEDS record errors are addressed and fixed monthly prior to file submission.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy or procedure used to address and fix errors. Submit any relevant supporting documentation and follow-up tracking documents.

Results – Standard IV. Data Integrity						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		
Total Score ÷ Total Applicable			=			

Standard V: Information Security Systems

Responsible Contact(s): Andrew Kulie akulie@northcarenetwork.org 906-205-2989

Ref #	Dimension/Indicator			
V	Information Systems	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
V.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
V.2	Provider has current policy(ies) that address all Information Security standards/requirements. NOTE: At least annually (month/year to month/year), policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
V.3	Provider has documented process for managing and auditing user accounts for all applications that contain PHI (e.g., ELMER, CAFAS.)	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit Policy or Procedure followed to meet standard
V.4	Provider complies with HIPAA security risk assessment requirements.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit most recent HIPAA Security Risk Analysis and work plan to address high risk areas. If contractors are given access to NorthCare systems with PHI, provide names of the systems, purpose, forms, policies and procedures used to manage contractor access to these systems.
V.5	Provider has policy/procedure for securing mobile computing device	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Provide Policy & Procedures including details of how your devices are secure from having HIPAA violation.

Results – Standard V. Information Security Systems						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score		=	
Total Score ÷ Total Applicable					=	

Standard VI: Financial Management

Responsible Contact(s) – Megan Rooney mrooney@northcarenetwork.org 906-936-6845

Ref #	Dimension/Indicator			
VI.1	Audits	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
VI.1.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
VI.1.2	Provider has current policy(ies) that address all financial management standards/requirements. NOTE: At least annually (month/year to month/year), policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
VI.1.3	Providers Financial Audit has been performed, as required by MDHHS contract. If there are audit findings, please provide POC.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit a copy of the Financial Audit. If a financial audit has not been conducted for the review year, submit relevant tax return for the organization. Audit findings: provide management response & updates to action plans.
VI.1.4	Providers Financial Reporting to Board of Directors	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit a copy of financial packet presented to Board of Directors. Within current fiscal year Procedure on how disbursed in organization

Results – Standard VI Financial Management						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		
Total Score ÷ Total Applicable					=	

Standard VII: General Management

Responsible Contact(s): Judi Brugman jbrugman@northcarenetwork.org 906-936-6844

Ref #	Dimension/Indicator	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
VII.1	Administrative Efficiencies			
VII.1.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
VII.1.2	Timely submission of desk audit material	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	All desk audit material must be uploaded to SharePoint by end of business day, <u>5:00 pm, Friday September 3, 2021</u>
VII.2	Leadership and Oversight			
VII.2.1	The organization's Medical Director is involved in the review of clinical practices policies/procedures.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit current Medical Directors Job Description. Evidence of oversight activities (meeting minutes, review of policy/procedure, etc.)
VII.2.3	Provider coordinates and collaborates with other required local human services agencies.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit updated collaborative agreement spreadsheet. A sample of Meeting Minutes will be selected for review on-site.
VII.3	Network Policy Development, Maintenance and Communication			
VII.3.1	Provider has a process in place to ensure <u>common</u> policies/procedures are developed/updated within reasonable time of applicable NorthCare/State/Federal changes.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit documented process and evidence.
VII.3.2	Provider maintains the ability to produce a master list of all such policies and procedures.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Examples: policy spreadsheet, table of contents for policies
VII.3.3	The following information is included on the master list or on all written p/p: effective date as, review dates, including the date of the most recent revision and identification of approval authority.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Examples: policy spreadsheet, table of contents for policies

VII.3.4	Provider has process to track policy changes.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Examples: policy spreadsheet, table of contents for policies
VII.3.5	At least annually (month/year to month/year) policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure for policy review. Submit spreadsheet, etc. Dates on policies submitted for desk audit will be reviewed.
VII.3.6	Provider ensures staff know and have access to written policy/procedure appropriate to their jobs.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit Orientation process for employees on how they know what policy/procedures are appropriate to their job Submit procedure on how you update staff
VII.3.7	Record Retention: The Provider shall assure that all terms of the agreement will be appropriately adhere to and that records and detailed documentation for the project or program identified in this agreement will be maintained for a period of not less than 10 years from the date of termination, the date of submission of the final expenditure report or until litigation and audit findings have been resolved and shall be readily available at any reasonable time for examination of audit by personnel authorized by the PIHP, MDCH, or law. Records for non- expendable property shall be retained for three (3) years.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit retention policy
VII.3.8	MAT-inclusive Practices: Provider shall demonstrate adherence to best practice programming including MAT.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policies
VII.3.9	Confidentiality: The Provider agrees to maintain the confidentiality of information regarding consumers in compliance with 42	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Submit policies

	CFR, Part 2 “Confidentiality of Alcohol and Drug Abuse Patient Records”, HIPAA Privacy Laws, NorthCare Network Contract and applicable Policies and Procedures.		NA <input type="checkbox"/>	
VII.3.10	Communicable Disease Procedure to assure: Clients identified to have high-risk behaviors receive information on available resources and referral to testing and treatment	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure At time of new admission

Results – Standard VII General Management						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		
Total Score ÷ Total Applicable					=	

Standard VIII: Quality Management

Responsible Contact(s): Diane Bennett dbennett@northcarenetwork.org 906-936-6843

Ref #	Dimension/Indicator	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
VIII.1	Quality Assessment and Performance Improvement Program (QAPIP)			
VIII.1.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
VIII.1.2	Provider has current policy(ies) that address all Quality Management standards/requirements. NOTE: At least annually (month/year to month/year) policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated, and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
VIII.1.3	Provider's Quality Improvement Program is current and reviewed/approved annually by Board of Directors.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit copy of current QAPIP and Board minutes when reviewed/approved.
VIII.1.4	Providers demonstrate quality management and improvement efforts.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit copy of quality management/improvement policies, procedures, processes and two examples of quality improvement initiatives/outcome reports.
VIII.1.5	Provider has a quality management committee that: is granted authority for QM, provides ongoing reporting to the oversight authority, meets at least quarterly, maintains approved records of all meetings, if applicable, includes at least one participating provider or receives input from participating providers, provides guidance to staff on QM priorities and projects,	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit Quality Management Committee membership and policy.

	approves QIPs, monitors progress in meeting QI goals.			
VIII.1.6	Provider conducts an annual effectiveness review of the QAPIP and/or Quality Improvement initiatives.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit copy of annual effectiveness review.
VIII.1.7	Provider has documented procedures to select, collect, analyze and ensure data integrity prior to integrating data that is used to manage key work processes.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy and examples such as meeting minutes, etc.
VIII.1.8	Provider evaluates consumers' experience with services and responds to suggestions for improvement and/or negative feedback. (30)	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure. Submit examples of two suggestions for improvement, how/who reviewed, outcome of review, and follow-up with person making the suggestion, if known, or general communication (i.e., posting for lobby, newsletter, etc.) with desk audit materials.
VIII.2	Consumer Record Documentation Review			
VIII.2.1	Provider conducts review of consumer record documentation at least annually	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit a copy of the following: 1. Documentation Review Protocols/Policy 2. Tool used for each review 3. Summary of findings from last review 4. Review schedule for current year 5. Sample size and selection criteria
VIII.2.2	Provider takes appropriate action regarding review findings.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit evidence of follow-up/corrective action; improvement initiatives because of documentation review findings, etc.
VIII.2.3	Findings from documentation reviews are incorporated into annual performance evaluations for staff.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit evidence of documentation review findings incorporated into annual performance evaluations.
VIII.3	Performance Indicators			
VIII.3.1	Monitoring of performance measures is completed monthly to ensure measures are fully met. (18)	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit evidence that it is being monitored monthly. Process on how it is monitored at your organization. Submit policy/procedure and evidence of monthly monitoring.
VIII.3.2	PI #2 – SUD Admission within 14 days of request for non-emergent services has been	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/>	NOTE: To determine compliance, NorthCare reviewed two most recent quarters for PI 2b from the PCE PI Reporting module. NorthCare has set

	fully met each quarter of the review period. (18)		NA <input type="checkbox"/>	a goal of achieving 90% for indicator PI2b until a new baseline is set by MDHHS.
--	--	--	-----------------------------	--

Results – Standard VIII Quality Management						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		
Total Score ÷ Total Applicable					=	

Standard IX: Compliance/Program Integrity

Responsible Contact(s): Diane Bennett dbennett@northcarenetwork.org 906-936-6843

Ref #	Dimension/Indicator	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
IX.1	Compliance Program			
IX.1.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
IX.1.2	Provider has current policy(ies) that address Program Integrity standards/requirements, including HIPAA Privacy and Security. NOTE: At least annually (month/year to month/year), policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
IX.1.3	Provider has operational compliance program.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit current compliance program document(s).
IX.1.4	Provider CEO has appointed a Compliance Officer/liaison.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit evidence or indicate same as last year. Submit Compliance Officer job description.
IX.1.5	Provider educates staff of compliance program and how/who to report suspected violations.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit applicable policy, procedure, postings, etc.
IX.1.6	Compliance investigations are initiated and completed per policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Submit applicable policy/procedure. Submit list of all investigations conducted since October 1 including date of report, date investigation began, date investigation was completed, if

			NA <input type="checkbox"/>	it took longer than required # of days to complete why, and if the complaint was substantiated or not.
IX.1.7	Provider responds promptly to detected problems and takes corrective action as needed.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure
IX.1.8	Provider submits NorthCare Compliance Report Form for each alleged complaint relating to NorthCare's contract/consumers.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Please submit with desk audit materials, if not already provided.
IX.1.9	Provider conducts periodic internal monitoring and auditing.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure. Submit two examples of internal monitoring/auditing.
IX.1.10	Provider ensures staff receive annual compliance training, i.e. DRA, False Claims Act, Whistleblowers Act, Fraud/Waste/Abuse, Code of Conduct, HIPAA Privacy, and HIPAA Security.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit training agenda/outline/module. Submit training schedule. Submit Compliance Training Plan. Submit evidence of annual compliance training completion.
IX.1.11	Provider ensures Board of Directors receive annual compliance training, i.e. DRA, False Claims Act, Whistleblowers Act, Fraud/Waste/Abuse, Code of Conduct and the content and operation of the compliance program.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit training agenda/outline/module. Submit training schedule. Submit Compliance Training Plan. Submit evidence of annual compliance training completion.
IX.1.12	Provider has included DRA requirements in employee handbook and/or policy/procedure.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit copy of employee handbook. If no employee handbook, submit policy/procedure and evidence of training/review by employees.
IX.1.13	Provider is not listed on the http://exclusions.oig.hhs.gov as an excluded provider entity.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	NorthCare will conduct search.
IX.1.14	Provider is not listed on the www.sam.gov as an excluded provider entity.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	NorthCare will conduct search.

IX.1.15	Provider has submitted current Disclosure of Ownership, Controlling Interest and Criminal Conviction Form or Attestation.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Last submission dated: _____
---------	---	---	--	------------------------------

Results – Standard IX Compliance/Program Integrity						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		
Total Score ÷ Total Applicable			=			

Standard X: Provider Network Management

Primary Contact(s) – Karena Grasso kgrasso@northcarenetwork.org 906-205-2838

Ref #	Dimension/Indicator	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
X.1	Network Development and Provider Selection			
X.1.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
X.1.2	Provider has current policy(ies) that address all Network Management standards/ requirements. NOTE: At least annually (month/year to month/year) policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
X.1.4	Provider implements a participating provider relations program to include: orientation of new providers, updates of network activities, provider dispute resolution mechanisms, mechanisms for the availability and distribution of current provider manual (or other docs describing the relationship b/t the organization and participating providers), mechanisms to receive suggestions and guidance from participating providers.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure, communication program, meeting minutes, etc.
X.1.5	Current accreditation body	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit evidence of current accreditation including report.

X.1.6	Excluded party checks relating to health care issues are completed at http://exclusions.oig.hhs.gov monthly for:			Submit policy/procedures Submit evidence of monthly checks on organizations/entities under contract; Submit evidence of monthly checks completed on staff employed by organization/entity under contract; Monthly checks for provider's staff will be reviewed via NorthCare HR review.
X.1.6a	<ul style="list-style-type: none"> Organization staff 	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
X.1.6b	<ul style="list-style-type: none"> monthly for persons with a direct or indirect ownership or control interest of 5% or more, board members, managing employees, administrator, director or business manager. 	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
X.1.7	Excluded Parties List relating to procurement issues are completed at: https://www.sam.gov for:			Submit policy/procedures Submit evidence of checks on organizations/entities under contract; Submit evidence of checks completed on staff employed by organization/entity under contract; Checks for provider's staff will be reviewed via NorthCare HR review.
X.1.7a	<ul style="list-style-type: none"> Organization staff 	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
X.1.7b	<ul style="list-style-type: none"> for persons with a direct or indirect ownership or control interest of 5% or more, board members, managing employees, administrator, director or business manager. 	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
X.2	Provider Directory			
X.2.1	Consumers are educated on choice of providers and provider information that they have a right to request such as a list of providers.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy and/or procedure

X.2.2	The paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30 calendar days after SUD provider received updated provider information.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	NorthCare will look for updated provider directory on websites. Submit policy that indicates how provider directory is maintained and disseminated.
-------	--	---	--	---

Results – Standard X Provider Network Management						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		
Total Score ÷ Total Applicable					=	

Standard XII. Human Resources, Credentialing, and Training

Responsible Contacts: Karena Grasso kgrasso@northcarenetwork.org 906-205-2838

Ref #	Dimension/Indicator	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
XII	HR/Credentialing/Training			
XII.1	Corrective Action Plans: Provider has taken corrective action in all identified areas of concern/non-compliance on the previous NorthCare review.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
XII.2	Provider has current policy(ies) that address all HR, Credentialing, and Training. NOTE: At least annually (month/year to month/year policies and procedures/processes are reviewed and if there are approved changes, they are disseminated, communicated and made effective within that time frame. Policy(ies)/procedures are also updated/implemented at time of new or changes to relevant state or federal law, PIHP/provider contract or PIHP policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit HR policies for employment application standards & Background Check Policy; performance evaluations; Training policy(ies)
XII.3	Review of HR files include all standards listed on HR worksheet. Reviewed for all files selected.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit a list of all personnel to include name, job classification/job title, credentials if applicable and hire date.
XII.4	Credentialing files reviewed are in compliance with credentialing policy and procedures.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Credentialing file selection will be chosen from the personal list submitted XII.3
XII.5	Provider is responsible for maintaining confidential credentialing records and training the credentialing staff on the security and privacy measures enacted to protect the records.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Documentation for training of credentialing staff and committee on confidentiality of credentialing material. Submit evidence of training on maintaining confidential credentialing files. Onsite demonstration of the security and confidentiality of credentialing files.
XII.6	Provider follows a documented process to ensure non-credential staff meet criteria set in the Michigan Medicaid Provider Manual.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/>	

			NA <input type="checkbox"/>	
XII.7	Provider staff reviewed are current with required trainings per policy.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Evidence of the required SUD trainings is found in the personnel file.
XII.8	Provider staff reviewed have received supervision appropriate to SUD Credentialing/Certification requirements.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit agency supervision policy Evidence of staff supervision. Examples: Clinical staff supervision meeting minutes, Women's Specialty Services staff supervision consultation notes, Peer Recovery plan reviews.

Results – Standard XII HR/Credentialing/Training						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score		=	
Total Score ÷ Total Applicable					=	

Standard XIII Clinical Practices:

Responsible Contact: Tami LeBlanc tleblanc@northcarenetwork.org 906-936-6847

Ref #	Dimension/Indicator	Method of Review	Outcome	Suggested Evidence to be Submitted for Desk Audit (Not all inclusive.)
	Clinical Practice Guidelines			
XIII.1	Priority population are served in accordance with the current contract.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure used to identify high risk population and priority admission protocol. (this is provided in the handbooks and at intake)
XIII.1.2	Provider has policy/procedure for discharging clients with program non-compliance	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure Orientation packet including the guidelines for discharges related to program non-compliance.
XIII.1.3	Clinical Chart Review	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Will be scored separately for each organization by licensed site and scores will be provided

Results – Standard XIII Clinical Practices					
Met	=		X	1.0	=
Partially Met	=		X	.50	=
Not Met	=		X	.00	=
Not Applicable	=				
Total Applicable	=		Total Score	=	
Total Score ÷ Total Applicable				=	

Standard XIV: Health and Safety

Responsible Contact: Tami LeBlanc tleblanc@northcarenetwork.org 906-936-6847

XIV.1	Health and Safety Standards			
XIV.1.1	Providers are responsible for timely reporting of incidents where harm or potential harm for a consumer (who meets MDHHS definition for population to be reviewed) has occurred.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
XIV.1.2	Incident reports-individual and trend reports -- reviewed include critical events and sentinel events.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure for clinical review of incidents for trends related to an individual consumer and risk events.
XIV.1.3	Incident reporting policy requires Root Cause Analyses (RCA) commence within two business days of the determination of a sentinel event.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy addressing sentinel events. NorthCare will review at least 2 RCAs in IR Module
XIV.1.4	RCAs involve persons with appropriate credentials to review scope of care, e.g., SEs that involve consumer death or other serious medical conditions, must involve a physician or nurse.	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure. On-site: NorthCare will review incident log maintained at site for comparison to submitted Incident reports to NorthCare.
XIV.1.5	TB Screens: Conducted per NC Network SUD Provider manual and MDHHS Prevention Policy #2 – residential SUD facilities	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit policy/procedure
XIV.1.6	Medication Review Process: Procedures/process at Residential facility	Desk <input checked="" type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Submit medication policy/procedure On site: Verify medications are maintained in secure location. Review medication activity log.

Results – Standard XIV Health and Safety						
Met	=		X	1.0	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		
Total Score ÷ Total Applicable					=	

Scoring Summary – FY21

	Standard	Total Elements	Total Applicable Elements	Number of Elements				Total Compliance Score	Repeat Citations
				M	PM	NM	NA		
I	Customer Services/Enrollee Rights	16							
IV	Data Integrity	7							
V	Information Security Systems	5							
VI	Financial Management	4							
VII	General Management	14							
VIII	Quality Management	13							
IX	Compliance/Program Integrity	15							
X	Provider Network Management	10							
XII	HR/Credentialing/Training	8							
XIII	Clinical Practices	3							
XIV	Health and Safety	6							
	Overall	101							

M=Met, **PM**=Partially Met, **NM**=Not Met, **NA**=Not Applicable

Total Elements: The total number of elements in each standard.

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of NA.

Total Compliance Score: The overall percentages are calculated by adding the number of elements that receive a score of Met to the weighted (multiplied by 0.50) number of elements that receive a score of Partially Met, then dividing this total by the total number of applicable elements.

NorthCare Network Contact person by Standard

	Standard	NorthCare Contact	Contact email address	Contact phone number
I	Customer Services/Enrollee Rights	Kayti Lancour	klancour@northcarenetwork.org	906-936-6865
IV	Data Integrity	Joan Wallner	jwallner@northcarenetwork.org	906-936-6867
V	Information Security Systems	Andy Kulie	akulie@northcarenetwork.org	906-205-2989
VI	Financial Management	Megan Rooney	mrooney@northcarenetwork.org	906-936-6845
VII	General Management	Judi Brugman	jbrugman@northcarenetwork.org	906-936-6844
VIII	Quality Management	Diane Bennett	dbennett@northcarenetwork.org	906-936-6843
IX	Compliance/Program Integrity	Diane Bennett	dbennett@northcarenetwork.org	906-936-6843
X	Provider Network Management	Karena Grasso	kgrasso@northcarenetwork.org	906-205-2838
XII	HR/Credentialing/Training	Karena Grasso	kgrasso@northcarenetwork.org	906-205-2838
XIII	Clinical Practices	Tami LeBlanc	tleblanc@northcarenetwork.org	906-936-6847
XIV	Health and Safety	Tami LeBlanc	tleblanc@northcarenetwork.org	906-936-6847

SUD Contact person by Standard

	Standard	SUD Contact	Contact email address	Contact phone number
I	Customer Services/Enrollee Rights			
IV	Data Integrity			
V	Information Security Systems			
VI	Financial Management			
VII	General Management			
VIII	Quality Management			
IX	Compliance/Program Integrity			
X	Provider Network Management			
XII	Human Resources, Credentialing/Training			
XIII	Clinical Practices			
XIV	Health and Safety			

NorthCare Chart Review Protocol FY21

12.00	Clinical Protocols	Initials_____ MCROID_____SITE Location_____ Date of Admission_____ Discharge Date_____ Date of Last Service_____		
12.01	Bio-Psych-Social Assessment is completed, signed, and dated by appropriately credentialed clinician. (For FY22: Initial Assessments completed after 10/1/21 must use the ASAM Continuum Assessment tool and must be completed/and or reviewed and “signed off” by appropriately licensed clinician).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	must include: admitting ASAM Dimensions presenting problems family history, legal history, education, employment, mental health screening
12.02	Documentation that Recovery Planning begins at admission and continues throughout episode of care.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.03	Treatment Planning: Goals: in the client’s own words, goals based on needs the client identified in the assessment, and evidence the client was in attendance when the plan was developed. Objectives: support the goal. (Includes steps necessary for the client to achieve the goal). (Treatment Advisory #6)	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Tied to patients identified needs? Individualized to patient? Measurable? Achievable? Realistic? Identified timeframes include start, estimated end, and actual end date

12.04	Treatment Plan signatures: Treatment plan signed and dated by client and clinician.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	If not, reason why must be documented.
12.05	Treatment Plan review: Reviews must be documented in the case file (per provider manual).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Is Review signed and dated by clinician? Signed/dated by client? Reviewed and signed/dated by supervisor or others involved in treatment plan/care? If not signed/dated, reason why is documented.
12.06	The services that are requested are identified in the treatment plan.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.07	Documentation: All services accompanied by appropriate progress note	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.08	Progress Notes: Reflect individualized treatment and are tied to goal (specify goal/objective being addressed).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.09	Progress notes: Must document begin and end time	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.10	Mental Health Screening form(s) are completed and and in chart.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	

12.11	Standardized, validated trauma screening tool is completed with client at time of admission and is in chart. Documentation that trauma needs are appropriately addressed (in treatment planning or progress notes if clinically indicated).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
-------	---	--	--	--

13.00	Discharges (Outpatient and Residential)			
13.01	Discharge Planning: Documentation that discharge planning began at admission and continues(d) through episode of care.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
13.02	ASAM at Discharge: Client's treatment status and condition at discharge (compare to discharge plan for appropriate aftercare placement and referral) (NA if left AMA and clinician is unable to complete).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	If not able to complete, reason why must be documented.
13.03	Discharge Summary: Formal summary completed and in client file within 1 week of discharge. Licensing rule	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Formal summary should describe what happened; e.g. if consumer dropped out of service, this should be reflected in the reason for discharge. Summary should also include after care appointments.
13.04	Discharge Date: matches last date of service. BH Teds	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
13.05	Aftercare- Residential : Documentation that provider assisted consumer in choosing	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Client discharge must include after-care appointment with a SUD provider and if not, reason why must be documented.

	appropriate provider for aftercare or next appropriate level of care appointment		NA <input type="checkbox"/>	
13.06	Adverse Benefit Determination notice is in chart for early termination of services. Outreach attempts are documented in chart prior to case closure (for outpatient clients who have been unresponsive or non-participatory in treatment).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	

14.00	W&F Clinical Protocols			
14.01	Women's Specialty Assessment completed prior to HD service	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	W&F Assessment date_____
14.02	Women's Referral Checklist is complete	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.03	Women's Referral Documented: For each identified need?	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.04	Referral Checklist for each child is complete.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	

14.05	Child(ren) Referral: Documented for each child's identified needs?	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.06	If FAS screening indicated, has the referral been completed? (Tx policy and contract).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.07	W&F Case Management Progress Notes should identify the W&F goal being addressed and tie back to needs identified in W&F intake.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.08	W&F Case Management claims are supported by appropriate, corresponding documentation (progress note) which matches the authorized service.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.09	Discharge plan includes after-care appointment(s) for women and children services (for needs identified in W&F intake).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	If no after-care appointments are made, then reason why must be documented.

15.00	Administrative	Initials_____ MCOID_____ SITE Location_____		
15.01	Evidence of Coordination of care with primary care provider, or documentation as to reason why this was not done. (contract)	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	(May be in provider created form signed by client and if client is agreeable, consent should be obtained for PCP).

15.02	Certification of Eligibility (NorthCare form): Outpatient – must be in client file.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.03	Consumer Choice: Consumer sign-off on receiving choice of treatment program in consumer file	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.04	Communicable Disease form completed and in chart. (Contract-Attachment AE)	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.05	MDHHS 5515 Consent is completed and signed by client and in chart.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.06	TB Tests: Residential only- documentation that TB test was completed	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	

Source References for NorthCare Site Review Protocol 2021	
Source Document	
42 CFR 438.10, Information Requirements	
42 CFR 438.100, Enrollee Rights	
42 CFR 438.102, Provider-Enrollee Communications	
42 CFR 438.208, Coordination and Continuity of Care	
42 CFR 438.210, Coverage and Authorization of Services	
42 CFR 438.240, Quality Assessment and Performance Improvement	
42 CFR 438.406, Handling of Grievances and Appeals	
42 CFR 438.408, Resolution and Notification: Grievances and Appeals	
42 CFR 438.6, Special Contract Provisions Related to Payment	
42 CFR Part 430, 431 et al. - CMS Final Rules for Home and Community Based Services (HCBS)	
Administrative Rules - R 330.2810, Eligibility and Initial Screening	
Balance Budget Act of 1997 - 438.214 Provider Selection	
CMS Final Rules for Home and Community Based Services (HCBS)	
Federal Sentencing Guidelines Chapter 8, Part B.2 Effective Compliance and Ethics Program	
General rules-- Practice Guidelines and Services 42 CFR 438.236(c) 42 CFR 438.236(d) AFP 2	
HIPAA Security Regulations	
HITECH Act Regulations	
MDHHS Contract	
MDHHS Policies and Practice Guidelines, Provider Credentialing	
MDHHS HAB Waiver Standards	
MDHHS Review Protocols, 1915 C-Waiver Site Review FY17	
MDHHS Review Protocols, B Waiver	
MDHHS Technical Advisory (TSG) – Guidelines for Establishing and Managing General Fund Waiting Lists	
Medicaid Integrity Program (CMS)	
Medicaid Provider Manual	
MI Health Link Contract – ICO/PIHP	

Michigan Mental Health Code, Act 258 of 1974
Michigan Public Health Code, Act 368 of 1978, Part 161 General Provisions
NorthCare Credentialing Policies
NorthCare Delegation Agreement
NorthCare ELMER Standard Operating Procedures/Policies
NorthCare Incident Report Codes_ Revisions_ 4-29-16_ F
NorthCare Operations Manual – SUD Providers
NorthCare Policy – QI Incident, Event & Death Reporting & Monitoring Policy
NorthCare Practice Guidelines
NorthCare Provider Manual
NorthCare Regulatory Compliance Program Plan and Policies
NorthCare SOP-Board of Financial Responsibility
NorthCare SOP-Staff Training Specific to Consumer IPOS
NorthCare Training Policy
URAC Standards – Health Plan v.7.3
NorthCare Network Management Policies and Procedures
42 CFR 438.236, Practice Guidelines and Services
NorthCare Utilization Management Plan
NorthCare Service Authorization Policy
NorthCare SOP-ELMER Merge Duplicate Records Procedure