

California Access to Recovery Effort (CARE) Program

Site Visit Review

This instrument will be used by the Department of Alcohol and Drug Programs (ADP) and/or its authorized representatives to determine the level of compliance with requirements for provider participation in the California Access to Recovery Effort (CARE) Program. The checklists correspond with appropriate sections in the CARE provider application and the *CARE Program Policies and Procedures*. It will help the reviewers identify areas where a provider may need technical assistance or training, and may be used as cause for the provider becoming ineligible to participate in the program. We encourage providers to use this instrument for quality assurance purposes.

Program name ID number

Program address

Program director/contact Telephone number and email address

Type of provider:

- | | |
|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Assessment (organization) | <input type="checkbox"/> Assessment (licensed clinician) |
| <input type="checkbox"/> Assessment (recovery support only) | <input type="checkbox"/> Outpatient Treatment |
| <input type="checkbox"/> Adolescent Residential Treatment | <input type="checkbox"/> Recovery Support |

Date of Visit: _____

Reviewer: _____

**Site Visit Summary Checklist
Assessment Providers**

Area of Review		A	D	NR	NA
1 (A)	If the assessment provider is an individual licensed clinician, he/she is operating independently from any other CARE provider.				
2 (A)	The provider uses one of the following assessment tools for the appropriate age: <input type="checkbox"/> Addiction Severity Index (ASI) <input type="checkbox"/> Adolescent Addiction Severity Index (ASI) Questionnaire <input type="checkbox"/> Adolescent Diagnostic Interview (ADI) <input type="checkbox"/> Personal Experience Inventory (PEI) <input type="checkbox"/> Personal Experience Inventory (PEI) – Adult <input type="checkbox"/> Teen Addiction Severity Index (T-ASI) <input type="checkbox"/> CARE RSS Screening and Assessment Tool (for RSS only)				
3 (P)	The provider conducts assessments within five days of referral (as within their control).				
4 (P)	The provider is knowledgeable of CARE providers and their services (maintains most recent copy of provider directories/attends CARE resource sharing events).				
5 (P)	The provider offers each client a choice of at least two qualified providers for both treatment and recovery support and utilizes the <i>Provider Choice Verification</i> form				
6 (P)	The provider makes referrals for needed services not covered under CARE.				
7 (P)	The provider secures and protects the privacy and confidentiality of client information in accordance with Title 42, Code of Federal Regulations and HIPAA as appropriate.				
8 (P)	The provider completes and submits GPRAs in a timely manner.				
9 (P)	The provider attempts to involve/engage clients' families in assessment process (as appropriate).				
10 (P)	The provider presents each client a <i>CARE Client Handbook</i> and explains the information it contains.				
11 (P)	The provider maintains a file for each client whom they assess.				

	Area of Review	A	D	NR	NA
12 (P)	Client files contain the following: <ul style="list-style-type: none"> • Client identifying info(client name, id number, address, telephone number, date of birth, gender, and emergency contact); • CARE <i>Client Information Release</i> form and other appropriate releases; • <i>Customer Satisfaction Consent</i> form, if appropriate; • Copy of completed assessment; • Provider and client certification that at least two qualified provider options were presented documented by CARE <i>Provider Choice Verification</i> form • Copy of referral letter to chosen provider; • Copy of referral completion letter from provider; • Copies of completed GPRA surveys (or documentation of date they were submitted via the VMS); • Signed receipt from client for incentives given to client for GPRA interview; • Documentation of services provided, including the service date, type, and summary of service or session utilizing CARE <i>Client Services Summary Form</i> 	_____	_____	_____	_____
13 (P)	The provider uses the electronic voucher management system appropriately (is knowledgeable of system requirements)	_____	_____	_____	_____

KEY:

- (A) means the requirement is in the provider application;
- (P) means the requirement is in the CARE Policies and Procedures;
- “A” means acceptable;
- “D” means deficient;
- “NR” means not reviewed;
- “NA” means not applicable

**Site Visit Summary Checklist
Treatment Providers**

Area of Review		A	D	NR	NA
1 (A)	The program has a valid certification of compliance with AOD program standards Date of last certification visit:				
2 (A)	If the program is a residential treatment program, it has a valid license from DSS Date of last licensing visit: _____				
3 (A)	The program has been providing AOD treatment services to youth for at least three years; OR, the program director or clinical supervisor has at least 3 years of experience providing AOD treatment services to youth.				
4 (P)	Youth referred by the program for CARE assessments are not coerced to return				
5 (P)	Upon client admission, the provider conducts financial screenings to determine if other funding sources are available.				
6 (P)	If the provider is Drug Medi Cal (DMC) certified, it bills DMC instead of CARE for allowable services for clients who are DMC eligible.				
7 (P)	Appropriate and allowable services are provided to clients				
8 (P)	The provider secures and protects the privacy and confidentiality of client information in accordance with 42 CFR and HIPAA as appropriate.				
9 (P)	The provider maintains a file for each client admitted to the program.				
10 (P)	Client files contain the following: <ul style="list-style-type: none"> • Client identifying info(client name, id number, address, telephone number, date of birth, gender, and emergency contact); • Date of admission; • Copy of <i>Referral Completion</i> form; • Appropriate consents to release information; • Referral packet from assessment provider, including assessment or assessment summary; • Individual treatment plan; • Notice of grievance procedures given to client that includes CARE contact info; • Name and telephone number of client's assessment provider, • Documentation of services provided, including the service date, type, and summary of service or session; CARE Services Summary Form • Copy of Services Discharge Summary, as appropriate (client discharged or 14 days of no contact). 	_____	_____	_____	_____
11 (P)	The provider uses the electronic voucher management system appropriately (is knowledgeable of system requirements)				

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California Access to Recovery Effort (CARE) Program
Site Visit Summary Checklist
Recovery Support Providers

Area of Review		A	D	NR	NA
1 (A)	The provider has written program policies or other written framework for employee, volunteer, and client interactions that addresses roles, boundaries, supervision, training and client rights.				
2 (A)	The provider has a risk management strategy including adequate insurance to cover risks.				
3 (A)	The provider uses staff and/or volunteers with the qualifications, training, and knowledge to provide the services they offer.				
4 (P)	Youth referred by the program for CARE assessments are not coerced to return				
5 (P)	The provider secures and protects the privacy and confidentiality of client information in accordance with Title 42, Code of Federal Regulations and HIPAA as appropriate.				
6 (P)	Appropriate and allowable services are provided to clients				
7 (P)	The provider maintains a file for each client admitted to the program.				
8 (P)	Each client file contains the following: <ul style="list-style-type: none"> • Client identifying info(client name, id number, address, telephone number, date of birth, gender, and emergency contact); • Date of admission; • Copy of <i>Referral Completion</i> form • Appropriate consents to release information; • Referral packet from assessment provider, including copy of assessment or assessment summary; • Individual service plan; • Notice of grievance procedures given to client that includes CARE contact info; • Name and telephone number of client’s assessment provider; • Documentation of services provided, including the service date, type, and summary of service or session; CARE Services Summary • Copy of <i>Services Discharge Summary</i> form, as appropriate (client discharged or 14 days of no contact). 	_____	_____	_____	_____
9 (P)	The provider uses the electronic voucher management system appropriately (is knowledgeable of system requirements)				

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