

Chemical Dependency State Approval Application Review Form

Facility:					
	Item	Not Applicable	Acceptable	Not Acceptable	Changes or Information Required or Explanation of Not Applicable Determination
1.	Applicant Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
2.	Type of Service to be State Approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
3.	Proposed Service Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
LICENSED PERSONNEL					
4.	Listed names of licensed personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
5.	License numbers included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
6.	FTE designation included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
ORGANIZATIONAL CHART					
7.	Organization chart shows clear line of authority for decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
8.	Organization chart shows name and title of positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
BOARD OF DIRECTORS					
Name, Position, address, email and telephone included for the following:					
9.	Chair identified and completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
10.	Vice Chair identified and completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
11.	Treasurer identified and completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
12.	Secretary identified and completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
13.	Members identified and completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
APPLICANT SITE ADDRESS					
14.	Site address and phone numbers included for each location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
HEALTH CARE FACILITY LICENSE					
15.	Copy of Health Care Facility License included for each inpatient/residential program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROGRAM POLICIES					
16.	ARM 37.27.115 – MCA 53-24-209	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•

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20.	37.27.120 ARM – Policies provide: a. policy and procedure manual including how updates are processed b. treatment plan requirements c. periodic review of tx plan d. how all services to client are provided, documented, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
21.	37.27.120 ARM Policies describe accounting procedure/structure to ensure appropriate accounting, accountability, etc. can be maintained for the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
22.	37.27.121 ARM Policies provide staffing patterns to ensure: a. appropriate credentials required for counseling staff b. hiring process c. supervision level d. verification of credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
23.	37.27.121 ARM Policies provide a clinical supervision manual or statement that sets forth qualification of supervisor, schedule for supervision, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
24.	37.27.121 ARM Clear policies on the use of patient placement criteria, based on a nationally accepted criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
25.	37.27.121 ARM Policies address				•

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29.	37.27.121 ARM Policies provide for individualized treatment based upon a treatment plan and plan review/update every 45 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
30.	37.27.121 ARM Policies address: a. quality assurance reviews and procedures, b. utilization and effectiveness reviews, c. staffing meeting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	•
31.	53-24-208 MCA Policies address reporting information on all clients to the Department's SAMS system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
32.	<u>Staff TB Testing Policy</u> a. Addresses timeline required for initial employee testing b. Addresses procedures to follow if employee tests positive for TB	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	•
33.	<u>Client Hepatitis B and C Testing Policy</u> a. Addresses both Hep B and C b. Addresses timeline for initial testing c. Addresses how testing will occur d. Addresses procedures to follow if any client tests positive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	•
34.	<u>Client TB Testing Policy</u> a. Addresses timeline for initial testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•

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	b. Address how testing will occur c. Addresses procedures to follow if any client tests positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	<u>Pregnant Women Policy states:</u> a. Pregnant women will be assessed within 48 hours from request of services b. Pregnant women will be admitted and provided treatment within 5 working days of diagnosis or when supported by ASAM a referral to a higher level of care will be made c. Procedures to follow too provide support services for pregnant women e.g. prenatal care d. Methods for tracking services for all pregnant women and timeliness of service delivery and treatment outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
36.	<u>Individual with HIV/AIDS and IV Drug Use Policy states</u> a. Individuals with HIV/AIDS will be assessed within 48 hours from request of services b. Individuals will be admitted and provided treatment as part of the priority population c. Procedures to follow too provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•

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	support services for individual with HIV/AIDS e.g. referral to counseling services d. Methods for tracking services for all individuals with HIV/AIDS and timeliness of service delivery and treatment outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	<u>Client Waiting List Policy:</u> a. How facility processes their waiting list b. Actions to be taken to provide interim services c. How crisis issues are addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
38.	<u>Welcoming Policy:</u> a. Admissions are non-discriminatory b. Procedures to follow for individuals who present and are intoxicated c. There is no wrong door – steps should indicate screen and connection to services d. Implementation of a welcoming atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
39.	<u>Co-occurring Screening Policy:</u> a. What screening and assessment tools are used b. Every client is screened for co-occurring needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•

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	c. A referral system with the Mental Health System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. How they will ensure individual gets the needed services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COUNTY _____					
PROJECTED TREATMENT SERVICES					
40.	Projected services are reasonable with staffing indicated in Organizational chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
41.	Projected services include all services indicated on state approval request in line 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
42.	Projected services indicated are supported with Local Need & Duplication information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROJECTED SERVICES BY POPULATION TYPE					
43.	Population Table is completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
44.	Population Table numbers match reimbursement/payment source table and Referral Source table numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
45.	Projected population types indicated are supported with Local Need & Duplication information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
PROJECTED SERVICES BY REIMBURSEMENT/PAYMENT SOURCE					
46.	Reim/Payment table is completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
47.	Reimbursement/Payment Source Table numbers match Population table and Referral Source table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•

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	numbers				
48.	Projected reimbursement/payment types indicated are supported with Local Need and Duplication information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
REFERRAL SOURCES					
49.	Referral Sources information is completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
50.	Referral source table number match population & reimbursement source table numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
51.	Referral source info supported with local need and duplication information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
LOCAL NEED					
52.	Three or more sources of data used in narrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
53.	Data and narrative provide a clear picture of local need for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
NON-DUPLICATION OF SERVICES					
51.	Narrative demonstrates services fill an unmet local need and does not duplicate existing State Approved Services within the county	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•