

Access to Recovery 4: Site Visit Audit Tool

Agency Name: _____

Date of Intake: _____

Client ID#: _____

Date of Discharge / Follow Up: _____

Care Coordination				
Documentation	Yes	No	N/A	Comments
Intake Interview				
1. Documentation that a positive screening (of 3 or more) is documented on the GAIN-SS and filed in the client record at time of admission into ATR services				
2. Documentation of client residence in state of Iowa				
3. Documentation that GPRA Intake was completed and documented in the Voucher Management System (VMS)				
4. Documentation of signed and dated ATR Voluntary Consent				
5. Documentation of signed releases of information				
6. Dated service notes documenting client's participation and matching dates of each reported encounter				
7. Documentation of financial status				
8. Documentation of Collateral Contacts Form (in client record or VMS)				
9. Documentation of the encounter in the ATR VMS				

Documentation	Yes	No	N/A	Comments
Follow-Up Interview				
1. Documentation of GPRA follow-up completed between five and eight months post admission date				
2. Documentation of completion of Client Satisfaction Survey				
3. Documentation of encounter in the ATR VMS				
4. Documented distribution of \$30 incentive/gift card to ATR client				
Discharge Interview				
1. Documentation of GPRA face to face Discharge Interview				
2. Documentation of Administrative Discharge, if discharge not completed				
3. Documentation of the encounter in the ATR VMS				
Care Coordination				
1. Documentation of on-going face -to-face or telephone meetings with client to coordinate and support client access to, participation in, and continuation in ATR covered services				
2. Documentation of receipts documenting payment for goods/services				
3. Documentation of encounter(s) in the VMS				
4. Documentation that receipt matches date and amount previously authorized and agreed to by client and provider				
5. Documentation of client signature and date on client receipt form				
6. Documentation of actions taken for inappropriate use of ATR funds (notification to clients that funds restricted, repayment to IDPH, documentation in VMS)				

Access to Recovery 4
 Provider Manual: October 2014

Documentation	Yes	No	N/A	Comments
7. Documentation of distribution of items to client				
8. Cost of item(s) matches reported billable units (rounded)				
Supplemental Needs				
1. Documentation that services documented in the voucher management system do not exceed the category limits				
2. Documentation of itemized and readable receipts of payment for the activity, with matching encounter in the VMS				
3. Documentation of repayment to IDPH for services/goods provided that do not match service descriptions with matching encounters in VMS				
4. Company name printed on receipt by vendor of goods/services				
5. All receipts represent only approved goods or services according to service descriptions				
6. Documentation that client is involved in substance abuse treatment through any payor or receiving at least one of the following recovery support services: <ul style="list-style-type: none"> - Spiritual Counseling - Integrated Therapy - Life Skills Coaching or Recovery Peer Coaching - 12 step support groups - Spiritual Recovery related activities - Family/Adult Drug Court 				
7. Documentation that client has been in ATR services for at least 30 days before receiving Supplemental Needs – unless an Exception Request has been submitted and approved or client meets eligibility as outlined in the ATR Provider Manual regarding release from a correctional facility.				

Access to Recovery 4
 Provider Manual: October 2014

Documentation	Yes	No	N/A	Comments
Sober Living Activities				
1. Documentation that services documented in the voucher management system do not exceed the category limits				
2. Documentation of itemized and readable receipts of payment for the activity, with matching encounter in the VMS				
3. Documentation of repayment to IDPH for services/goods provided that do not match service descriptions with matching encounters in VMS				
4. Company name printed on receipt by vendor of goods/services				
5. All receipts represent only approved goods or services according to service descriptions				
6. Documentation that client has been in ATR services for at least 30 days before receiving Sober Living Activities funding – unless an Exception Request has been submitted and approved.				

Recovery Support Services				
Documentation	Yes	No	N/A	Comments
Brief Treatment				
1. Provider is part of a previously selected pilot site for this service				
2. Documentation of service provided in the client file/VMS				
3. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
4. Documentation that service(s) provided matches the encounter entered in the VMS				
Celebrating Families				
1. Provider is part of a previously selected pilot site for this service				
2. Documentation of service provided in the client file/VMS				
3. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
4. Documentation that service(s) provided matches the encounter entered in the VMS				
Childcare				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
3. Documentation that service(s) provided matches the encounter entered in the VMS				

Documentation	Yes	No	N/A	Comments
Co-Pays				
1. Documentation of out-of-pocket fees assigned to clients receiving substance abuse treatment				
2. Documentation of service provided in the client file/VMS				
3. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
4. Documentation that service(s) provided matches the encounter entered in the VMS				
5. Verification that agency is an SAPT block grant funded provider				
Drug Testing				
1. Documentation of clients involvement in Family Treatment/Drug Court				
2. Documentation of service provided in the client file/VMS				
3. Documentation that service(s) provided matches the encounter entered in the VMS				
4. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
5. Documentation of drug testing results in client file and VMS				
Integrated Therapy				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				

Documentation	Yes	No	N/A	Comments
3. Documentation that service(s) provided matches the encounter entered in the VMS				
Life Skills Coaching				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
3. Documentation that services provided matches the encounter entered in the VMS				
Pharmacological Interventions				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
3. Documentation that services provided matches the encounter entered in the VMS				
4. Documentation of medication prescription and pharmacy receipt				
Recovery Calls				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
3. Documentation that services provided matches the encounter entered in the VMS				

Documentation	Yes	No	N/A	Comments
4. Documentation of completed ATR Recovery Call Check-Up Questionnaire				
Recovery Peer Coaching				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
3. Documentation that services provided matches the encounter entered in the VMS				
Spiritual Counseling				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
3. Documentation that services provided matches the encounter entered in the VMS				
Transportation				
1. Documentation of service provided in the client file/VMS				
2. Documentation that service provided meets criteria outlined in the ATR Provider Manual				
3. Documentation that services provided matches the encounter entered in the VMS				

Substance Abuse Treatment Services and Mental Health for Active Military and National Guard Personnel Only				
Documentation	Yes	No	N/A	Comments
Treatment – Assessment				
1. Documentation of session content meets ATR definitions and qualifications				
2. Documentation that services provided matches the encounter entered in the VMS				
Treatment-Continuing Care (Level I)				
1. Documentation of session content meets ATR definitions and qualifications				
2. Documentation that services provided matches the encounter entered in the VMS				
3. Documentation of services for clients does not include Life Skills Coaching and / or Recovery Peer Coaching				
4. Documentation of an organized service delivered by addiction professionals which provides for individualized counseling for clients who have completed substance abuse treatment				
Treatment – Extended Outpatient (Level 1)				
1. Documentation of session content meets ATR definitions and qualifications				
2. Documentation that services provided matches the encounter entered in the VMS				

Documentation	Yes	No	N/A	Comments
3. Documentation of an organized service delivered by addiction professionals which provides for professionally directed evaluation, treatment and recovery services				
Treatment – Halfway House (Level 111.1)				
1. Documentation of session content meets ATR definitions and qualifications				
2. Documentation that services provided matches the encounter entered in the VMS				
3. Documentation of an organized service delivered by addiction professions which provides addiction treatment services at least 5 hours per week in a 24 hour setting				
4. Documentation of standardized placement screening consistent with level of care				
5. Documentation of bed days for each day in which an encounter was entered in the VMS				
Treatment-Intensive Outpatient Treatment (Level 11.1)				
1. Documentation of session content meets ATR definitions and qualifications				
2. Documentation that services provided matches the encounter entered in the VMS				
3. Documentation of an organized service which delivers treatment services during the day, before or after work or school, in the evening or weekends				
4. Program meets the required number of weekly hours: 9 hours per week for adults, 6 hours per week for adolescents				

Documentation	Yes	No	N/A	Comments
5. Documentation of placement criteria				
Treatment- Residential (III.3 and III.5)				
1. Documentation of session content meets ATR definitions and qualifications				
2. Documentation that services provided matches the encounter entered in the VMS				
3. Documentation of an organized service which provides a 24-hour live-in, seven-day-a-week substance abuse treatment program providing a structured recovery environment				
4. Documentation of bed days for each day in which an encounter was entered in the VMS				
Mental Health Therapy				
1. Documentation of face to face therapy with active military/National Guard to address issues				
2. Documentation that services are documented and billed through VMS				
3. Maximum unit \$40 per 30 minutes group, hospital, agency or licensed substance abuse program				
4. Practitioner is licensed at the independent level or employed by a CMHC,				