

## 2010/2011 Site Visit Chart Review-NorthCare Substance Abuse Services

Provider Name \_\_\_\_\_ Date \_\_\_\_\_

<b>REQUIRED DOC</b>	<b>CLIENT SS#</b>	<b>CLIENT SS#</b>	<b>CLIENT SS#</b>
<b>Emergency Contact</b>			
<b>Residence - County</b>			
<b>Income proof-BG</b>			
<b>Choice-Provider/PCP</b>			
<b>C of C - Medicaid</b>			
<b>MH Screening</b>			
<b>CD Screening</b>			
<b>TB Test - Residential</b>			
<b>Certification - OP</b>			
<b>Assessment</b>			
<b>Monthly Funding Doc</b>			
Tx plan <b>goals match assessment</b>			
Tx plan <b>signed/updated</b>			
<b>Discharge planning</b>			
<b>ASAM - discharge</b>			
<b>Progress notes match units billed</b>			
All forms <b>signed/dated</b>			
<b>Client sat distr/doc</b>			
<b>XXXXXXXXXXXXXXXXXXXX</b>			
<b>RR poster on display</b>			
<b>Discharges current?</b>			
<b>Reports timely?JanM</b>			

2/1/11