

2009/2010 Site Review Summary NorthCare Network Substance Abuse Providers

Bay Mills Indian Community Substance Abuse Services

No funded clients this fiscal year

Site review consisted of reviewing contractual requirements with Program Director.

Catholic Charities of UP – Iron Mountain:

All recommendations from last year's report were resolved.

Treatment plans are clinically sound.

Assessments tie well into the treatment plans

Progress notes reflect progress directly from goals and objectives on the treatment plans.

The necessary forms to meet contractual requirements are in the clinical files.

Good documentation on clinical reviews, which are signed by both the clinician and the client.

All questions should be completed on the telephone screening.

Recipient Rights poster was updated.

Catholic Charities of UP – Marquette:

Not all recommendations from 2008/2009 were resolved, for that reason this agency was placed on a Corrective Action Plan.

Progress notes varied throughout client charts. Some notes were very well done and thorough.

Other notes were quite limited and in many instances, missing from client charts.

Discharge planning must be expanded on the assessment and in the progress notes.

Client's name must be used on the progress notes, not referred to as "client."

Forms were not consistently signed and dated by both the clinician and the client

Client charts must be updated when a client is readmitted.

Communicable Disease Screening was not found in all charts.

Not all charts included an assessment.

Catholic Charities of UP – Marquette - Revisit due to Corrective Action Plan:

All issues resulting from Corrective Action Plan were resolved.

Catholic Charities of UP – Escanaba:

All recommendations from last year's report were resolved.

Very good job of updating the assessments/intake forms

Client files are clinically sound.

Very good job of updating the assessments/intake forms

Communicable Disease – comprehensive form used

Assessment ties into the treatment plan and on to continuing care

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NorthCare Network Substance Abuse Providers**

Community Substance Abuse Services:

Due to the 2009/2010 site review findings, this Agency was placed on a Corrective Action Plan and will be re-evaluated on 12/16/2010.

Not all treatment plans were appropriately individualized.

Not all forms were signed and dated

There was confusion regarding documentation of individual and group sessions.

Progress notes were missing in some of the clinical files.

Some progress notes were repeated from file to file.

Not all charts contained the required documents.

Community Substance Abuse Services – Revisit – Corrective Action Plan:

All issues were resolved – Agency now considered to meet all contractual requirements.

DOT Caring Center – Report – Saginaw County Substance Abuse Services

Provider did not have any repeat citations from last year's review

48% compliance with training minimum standards.

Missing proof in staff files of trainings attended

Provider is to assure that all staff receives all required trainings per contract and show appropriate documentation

Public Health Delta-Menominee Alcohol and Other Drug Services – Escanaba:

No recommendations from last year

Excellent Coordination of Care

Good – group notes, eligibility verification

Strong clinical and administrative charts

Streamlined process for client's to enter services

Public Health Delta-Menominee Alcohol and Other Drug Services – Escanaba/W&F:

No recommendations from last year

Good case management notes

Good chart documentation for contractual requirements

Public Health Delta-Menominee Alcohol and Other Drug Services – Menominee:

Due to the 2009/2010 site review findings, this Agency was placed on a Corrective Action Plan and was re-evaluated on 8/26/2010. At that time, all of the following issues had been resolved.

Not all clinical files contained an assessment in a timely manner

Discharge planning must be noted in the assessment and continue in the progress notes

Some progress notes did not meet our standards – treatment goals must tie into the progress notes

Evidence based practices must be utilized

Appropriate preliminary discharge planning was not found

Monthly eligibility documentation continues to be thorough

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Report and authorizations are submitted timely.
One half of charts are fully completed and detailed.
Very good Coordination of Care

Great Lakes Recovery Center – Alger:

This was the first Site Review conducted with this Agency. Due to our findings we placed this Agency on a Corrective Action Plan. A revisit was conducted on October 28, 2010. This resulted in continued monitoring of clinician progress notes until further notice.

Progress notes did not meet our standards.

The majority of ASAM at discharge forms were not completed.

Not all files contained a Communicable Disease Form.

Preliminary discharge planning was present in all files.

Good documentation of income.

Mental health screening was found in all charts reviewed

Great Lakes Recovery Center – Iron Mountain:

Last fiscal year item was resolved.

Very good individual progress notes

Very good discharge planning

Excellent flow of charts

Excellent documentation throughout clinical charts

Great Lakes Recovery Center – Ironwood:

Last year items resolved

Due to review, this Agency was placed on a Corrective Action Plan

Progress notes need further development – need to be individualized

Discharge planning must begin at admission

Substance abuse treatment must be clearly documented in progress notes.

All required forms must be in the client chart

Great Lakes Recovery Center – Ironwood – Revisit – Corrective Action Plan

Issues noted above continue

In addition:

Coordination of Care not present in all charts

Situation discussed with Program Supervisor. He will monitor the above issues to be certain all items are addressed satisfactorily – we will revisit

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Great Lakes Recovery Center – Ishpeming:

First year Site Review for this Agency
Charts were very well organized and easy to navigate.
Discharge planning was well documented.
Discharges must be kept up-to-date in the CareNet system.

Great Lakes Recovery Center – Luce:

First year Site Review for this Agency
All forms appropriately signed and dated
All required forms were in clinical files and appropriately signed and dated.
Discharge planning was present in clinical record but needs further development.

Great Lakes Recovery Center – Mackinac:

First year Site Review for this Agency
Comprehensive forms
Progress notes were not all appropriately documented

Great Lakes Recovery Center – Marquette Outpatient:

Item resolved from last year.
Treatment plans are comprehensive and tie very well into the assessments
Clinical charts are clinically and administratively sound

Great Lakes Recovery Center – Marquette - Women and Families Program

Due to findings – Agency placed on a Corrective Action Plan.
Women and Families needs identified in the assessment must have documented case management follow-up.
Women and Families needs documented in the assessment must also be included in the preliminary discharge planning
Not all charts included the required Children's checklist

Great Lakes Recovery Center – Residential:

No recommendations from last year
Very good chart flow, Coordination of Care
Forms are very comprehensive
Charts are clinically and administratively sound
Very good discharge planning

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Great Lakes Recovery Center – Schoolcraft:

First site review for this Agency
Discharge planning needs further development
Progress notes need further development
Charts were clinically and administratively sound
Comprehensive forms
Good Coordination of Care

Great Lakes Recovery Center – Youth Facility:

No recommendations from last year
Charts are clinically and administratively sound
Comprehensive forms
Staff training well documented

Keweenaw Bay Indian Community Substance Abuse Services:

One item from last year's recommendations was not resolved.
This was discussed and will be resolved
Very good comprehensive forms
Good Coordination of Care
Good Choice of Physician and Provider form
Good discharge planning

Lutheran Social Services

Recommendations from last year resolved.
Good use of ASAM
Documentation of progress on objectives was discussed
Quarterly reviews will be kept in client files
Communicable Disease form must be completed and kept in all client files

Marquette General Health Systems Outpatient:

Last year's items have been resolved
Progress notes must be present for every service billed.
Documentation of progress notes was discussed

Marquette General Health System Outpatient W & F:

No clients used this service this FY

Marquette General Health System Residential and Detox:

Recommendations resolved from last year's site visit
EMR system is coming together and working well
Comprehensive forms
Coordination of Care documentation must be present in all charts

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New Hope Men's Residential and Detox Facility:

No recommendations from last year
Clinically strong documentation
Comprehensive forms
Detox – clients must date as well as sign treatment plans

New Hope Outpatient and Women and Families Program:

No recommendations from last year's report
Very good charts - clinically and administratively
Comprehensive forms
Progress notes are individualized

New Hope Women's and Women and Families Residential Facility:

All items resolved from last year's report
Good Coordination of Care
Good Discharge planning
Comprehensive forms
All required forms must be present in each client chart
All progress notes must be in the client chart

New Hope Women's Social Detox Program:

No recommendations from last year
Very good clinical documentation
Very good coordination with local hospital
Treatment plans must be dated as well as signed by the client

Phoenix House:

Orientation checklist – very comprehensive
Forms very good for required documentation
All recommendations from last year resolved
Sound clinically and administratively
Outpatient – some progress notes were repeated

Sacred Heart Rehabilitation Centers – Memphis, Clearview, Warren and New Haven – Report MCOSA of Macomb County

Audit results showed an overall improvement of 3%
All required forms were not found in audit files
Charts must include a clinical interpretation rather than historical repetition
Progress notes must contain the file number