
SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

Evaluation:


Y = Yes, in Compliance

AR = Advisory Recommendation; it is strongly suggested that the provider implement recommended actions.

CAP = Corrective Action Plan Required; provider must submit a Corrective Action Plan no later than 30 days after this report is received to address this deficiency.

NA = Not applicable

Follow-up on prior Corrective Action Plans						Notes:
	Y	AR	CAP	NA		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If applicable, Corrective Action Plans were completed and in a timely manner
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS	Annual Updates are being completed as requested
SECTION I. Provider Organization and Administration (ALL SERVICE MODALITIES)						
	Y	AR	CAP	NA		Notes:
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 2010 Initial Application Section G.7.a and G.8.(DHCS 6002); BHSD SUTS Agreement, Exhibit A-1	Board of Directors has at least 5 members. (Verification: Provides Current list of Board Members names/title/addresses)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 2010 Initial Application Section G.7.c. (DHCS 6002) DHCS AOD Program Certification Standards 18005 BHSD SUTS Agreement, Exhibit A-1	BOD meets at least quarterly. (Verification: Review Board minutes for the last four quarters) Dates of meetings:



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLAS Standards #3	The BOD is reflective of and responsive to the population of the service area. The specific populations served by the provider agency may include diverse populations of Santa Clara County. SUTS to ask for self-assessment/survey monkey	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Job Description/Major duties and authority of CEO/ED	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards Initial Application Supporting Documentation (DHCS 6002); BHSD SUTS Agreement, Exhibit A-1	Provider agency has Articles of Incorporation and Bylaws.	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards Initial Application Supporting Documentation (DHCS 6002); BHSD SUTS Agreement, Exhibit A-1	Provider agency has a written program philosophy and/or mission statement.	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLAS Standard (# 1, 2,4 and 13)	Provider agency has a written program policy that promotes diversity and culturally and linguistically appropriate services that will be available to all clients who need them in a manner that promotes, facilitates, and provides opportunity for their use. Services will be delivered in ways which recognize, are sensitive to and respectful of individual and cultural differences	Policy#: _____ Date: _____




SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards Initial Application Supporting Documentation (DHCS 6002); BHSD SUTS Agreement, Exhibit A-1	Provider agency has written description of the services offered, and the program’s approach to recovery or treatment. (Verification example: Brochure)	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards Initial Application Supporting Documentation (DHCS 6002); BHSD SUTS Agreement, Exhibit A-1	Provider agency has written, time-limited and measurable process and outcome objectives that can be verified in terms of time and results and that serve as indicators of program effectiveness. (Verification: SUTS ROM Report of Compliance)	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHSA AOD Program Certification Standards 19000; BHSD SUTS Agreement, Exhibit A-1	Program has a good neighbor policy to support good community relations. (Verification: implementation of County policy)	Policy #: Date:
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 CFR Part 54	If provider is faith-based, it has a written policy stating that its faith-based services are in compliance with Charitable Choice regulations, and that clients are informed of the availability and option of selecting another provider.	Policy #: Date:
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement; BHSD SUTS Provider Agreement Article III. 3.2.4	Provider has a written policy stating it will not use federal funds for sectarian worship, instruction, or proselytization. No federal funds may be used to provide direct, immediate, or substantial support to any religious activity.	Policy#: Date:



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement Article II.2.2b.	Provider's Cultural Competence Plan is updated and reviewed annually (Verification: Documentation)	Document Date:
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Provider's Compliance Plan is current	Document Date:
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1 (CLAS #5, 6, 7, and 8)	Provider's Language Access Plan is current	Document Date:
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Provider's organizational chart of entire agency is current	Document Date:
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement , II.2.3.7	Provider annually updates emergency contacts when Executive Director is unavailable for communications (Verification: Current list) COPY REQUESTED	Document Date:
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1 (CLAS #5, 6, 7, and 8)	Provider annually submits Narrative describing how provider considers and addresses the following barriers to services: <ol style="list-style-type: none"> 1. Lack of educational materials or other resources for the provision of services 2. Geographic isolation and transportation needs of persons seeking services or remoteness of services 3. Institutional, cultural and/or ethnicity barriers 4. Language differences 5. Lack of service advocates 6. Failure to survey or otherwise identify the barriers to services accessibility 7. Needs of persons with a disability 	



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

						(Verification: Narrative document) COPY REQUESTED	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Provider submits annually Narrative describing how provider ensures, considers, and addresses the following disabilities: <ol style="list-style-type: none"> 1. Physically impaired 2. Sight impaired 3. Hearing impaired 4. Cognitive impaired 5. Other (Verification: Narrative Document) COPY REQUESTED	


SECTION II. Facility Health and Safety; Postings PART A. (Outpatient Modalities, Residential, Detox, Perinatal, and Narcotic Replacement Therapy)						Notes:
Name/Address of Facility:						
	Y	AR	CAP	NA		Standard
						<u>The program facility is free from:</u>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Broken glass, filth, litter, or debris (pictures if deficient)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Flies, insects, or other vermin (pictures if deficient)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Toxic chemicals or noxious fumes and odors (pictures if deficient)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Exposed electrical wiring (pictures if deficient)


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Peeling paint or broken plaster (pictures if deficient)	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Other noticeable health or safety hazards (pictures if deficient)	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Carpet and floors are free from filth, holes, cracks, tears, broken tiles, or other safety hazards (pictures if deficient)	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	The program provides for the safe disposal of contaminated water and chemicals used for cleaning purposes (Verification: policy)	Policy #: Date:
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	The program has a written policy prohibiting the possession of guns, knives (other than kitchen utensils) or other weapons at the program site. (Verification: policy)	Policy #: Date:
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	All clients shall be protected against hazards within the program through provision of protective devices, including, but not limited to, nonslip material on rugs, smoke alarms, and fire extinguishers. (pictures if deficient)	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction and lighted for the visibility and safety of participants.	


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


						(pictures if deficient)	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Program equipment and supplies shall be stored in an appropriate space and shall not be stored in a space designated for other activities. (pictures if deficient)	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20020	Hours of Operation are posted. Emergency numbers and other referral numbers are posted while provider is closed.	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10511	State Certification/License is posted	
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12050	Emergency numbers and non-emergency numbers for local fire department, police department, and ambulance services are posted, and the number to a crisis center.	
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20010	Fire Clearance is valid and posted	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 16000	Participants' Rights (form DHCS 5080, 07/13) is posted. Form must include County phone number.	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLAS Standard (#14)	Participants' Rights form is translated into threshold languages (English, Spanish, Vietnamese, Mandarin, Tagalog, and Farsi) and is posted.	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005, BHSD SUTS Provider Agreement II 2.3.2	Equal Opportunity Act notification is posted.	
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	42 CFR & HIPAA Privacy notification is posted.	


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


SECTION III. Policy and Procedure Documentation PART A. (Outpatient Modalities, Residential, Detox, Perinatal, and Narcotic Replacement Therapy)						Notes:	
	Y	AR	CAP	NA		Standard	
						Written policies and procedures:	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010	Medication Storage Policy/Handling of Prescription Drugs (Not Applicable for Outpatient)	Policy #: Date:
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010; BHSD SUTS Provider Agreement, Exhibit A-1; Title VII of the Civil Rights Act of 1964 as amended; Americans with Disabilities Act of 1990	Provider's nondiscrimination in providing services policy is inclusive of all state and federally protected categories, including but not limited to: race/ethnicity, color, religion, sex, gender identity, sexual orientation, disability, and national origin.	Policy #: Date:
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLAS Standards (#3)	Language Access policy and protocol for staff.	Policy #: Date:
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010	Confidentiality of client record	Policy #: Date:
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010	Client record organization/maintenance/disposal	Policy #: Date:
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 16000	Clients' access to records	Policy #: Date:
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010; CLAS Standards (#14)	Client grievance/appeal procedures are translated into threshold languages (English, Spanish, Vietnamese, Mandarin, Tagalog, and Farsi).	Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 21000; CLAS Standards (#5, 6, 7, and 8)	Program Rules are translated into threshold languages (English, Spanish, Vietnamese, Mandarin, Tagalog, and Farsi).	Policy #: Date:
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010	Admission, Readmission, and Non-admission criteria	Policy #: Date:
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 7070	Referral arrangements to resources for services not provided by the program	Policy #: Date:
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 7050	Urinalysis policy describes procedures protecting against falsifying and/or urine sample contamination adhered to	Policy #: Date:
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 7090, 7100	Recovery or Treatment Planning protocols	Policy #: Date:
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 7110	Continuing Care and Discharge Planning protocols	Policy #: Date:
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC Sections 11999-11999.3; BHSD SUTS Provider Agreement II.2.6	Provider has a written policy that no aspect of its substance use treatment program services shall include any messaging in the responsible use, if the use is unlawful, of drugs or alcohol.	Policy #: Date:
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trafficking Victims Protection Act of 2000; BHSD SUTS Agreement, Exhibit A-1	Provider has a written policy and protocol for complying with all federal, state and local law enforcement agencies when investigating possible trafficking of persons to ensure punishment of traffickers, and to protect their victims.	Policy #: Date:
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Provider has a written 42 CFR & HIPAA policy	Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


SECTION III. Policy and Procedure Documentation PART B. (Recovery Residence (RR) /Transitional Housing Unit (THU))						Notes:
	Y	AR	CAP	NA		Standard
						<u>Written policies and procedures:</u>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Medication Storage Policy/Handling of Prescription Drugs Policy #: Date:
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Nondiscrimination in providing services. Policy #: Date:
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title VII of the Civil Rights Act of 1964 as amended; Americans with Disabilities Act of 1990	Provider's Nondiscrimination in providing services policy is inclusive of all state and federally protected categories, including but not limited to: race/ethnicity, color, religion, sex, gender identity, sexual orientation, disability, and national origin. Policy #: Date:
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Confidentiality of client records Policy #: Date:
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Client record organization/maintenance/disposal Policy #: Date:
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Clients' access to records Policy #: Date:
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Client grievance/appeal procedures Policy #: Date:
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Program Rules Policy #: Date:
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Admission and Discharge, Readmission, and Non-admission criteria Policy #: Date:
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Urinalysis policy Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Procedures protecting against falsifying and/or urine sample contamination adhered to	Policy #: Date:
----	--------------------------	--------------------------	--------------------------	--------------------------	----------------------------------	---	--------------------

SECTION III. Policy and Procedure Documentation PART C. (Prevention)						Notes:	
	Y	AR	CAP	NA		Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trafficking Victims Protection Act of 2000; BHSD SUTS Agreement, Exhibit A-1	Provider has a written policy and protocol for complying with all federal, state and local law enforcement agencies when investigating possible trafficking of persons to ensure punishment of traffickers, and to protect their victims.	Policy #: Date:


SECTION IV. Personnel Policies and Records PART A. (Outpatient Modalities, Residential, Detox, Perinatal, and Narcotic Replacement Therapy)						Notes:	
	Y	AR	CAP	NA		Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCR Title 9, Division 4, Chapter 8, Section 13035; BHSD SUTS Provider Agreement, Exhibit A-3	Staff has appropriate certification or registration with an approved California certifying agency that is visibly documented in the employee's personnel file. (Verification: copy of certification or registration)	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCR Title 9, Division 4, Chapter 8, Section 13035; BHSD SUTS Provider Agreement, Exhibit A-3	Provider has documentation showing that the agency tracks registered employees to ensure they complete appropriate certification within 5 years from the date of initial registration. (Verification: copy of tracking)	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counselor Certification, Section 13010	30% of provider staff meets State of California Certification Standards.	


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


					Title 9, Division 4, Chapter 8, Section 13035; BHSU SUTS Provider Agreement Exhibit A-3	(Verification: staff list per program)				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Provider has a Clinical Supervisor that has a current license or certification (Verification: copy of license or cert)				
						Files maintained for all <u>employees</u> and include the following:	File 1 Initials :	File 2 Initials:	File 3 Initials:	File 4 Initials:
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Application for employment and Resume				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Employment Confirmation Statement				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Date hired				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Salary schedule and salary adjustment information				
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLAS Standards (#3)	Provider offers differential pay for bilingual staff.				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Job description and/or duty statement				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Employee performance Evaluation (annual)				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement	Proof of continuing education required by the licensing or certifying agency and program				
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Last TB test date/result (annual)				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Health Screening or Questionnaire				
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10572(b)	CPR/First Aid training where applicable (at least one person for each site)				


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13020	Signed Code of Conduct (<i>all Staff</i>)				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 1.C.	Signed annual renewal of employee confidentiality statement (<i>All staff</i>)				
						Annual Trainings				
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, III. GG, 3..	Staff attends required Title 22 regulations and DMC requirements training annually (<i>Treatment Staff Only</i>)				
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, 1.A.	Staff complete information privacy and security training annually (<i>All staff</i>) COPY REQUESTED				
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Confidentiality, 42 CFR & HIPAA training annually (<i>All Staff</i>)				
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Compliance training annually (<i>All Staff</i>)				
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1 (CLAS # 9)	Staff attends required CLAS training annually (<i>All staff</i>)				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement	LPHA staff shall receive a minimum of five (5) hours of continuing education related to addiction medicine each year. COPY REQUESTED				
						Every Two Years Trainings				
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Communicable Diseases training every two years (<i>All staff</i>)				
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Law & Ethics training every two years (<i>Treatment staff only</i>)				


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Prevention of Sexual Harassment training every two years (<u>All staff</u>)				
						At Least Once Trainings				
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-3	Staff attend required SUTS ASAM training at least once (on-line modules) (<u>All staff</u>)				
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-3	Staff attend required SUTS Documentation training at least once (<u>Treatment staff only</u>)				
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-3	Staff attend required SUTS Orientation to System of Care at least once (<u>Treatment Staff and related staff only</u>)				
						The policies/procedure manual and or handbook includes at least the following for <u>employees and volunteers</u> where applicable:				
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Recruitment and selection	Policy #:			Date:
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010; CLAS Standards (#3)	Provider's hiring practices are reflective of the linguistic and cultural needs of the clients served, and the provider's actively recruits a diverse workforce.	Policy #:			Date:
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Discipline procedures	Policy #:			Date:
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Termination procedures	Policy #:			Date:
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Promotion procedures	Policy #:			Date:
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Equal Employment Opportunity policy	Policy #:			Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Nondiscrimination policy	Policy #: Date:
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Training and Orientation policy	Policy #: Date:
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Sexual Harassment policy	Policy #: Date:
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Salary schedules and merit adjustments	Policy #: Date:
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13020	Code of conduct, including: use of alcohol and other drugs on and off the premises; personal relationships with participants; prohibition of sexual contact with participants; sexual harassment; unlawful discrimination; conflict of interest; and confidentiality.	Policy #: Date:
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13040	Training and Development plan is updated annually, and includes seminars or workshops to discuss new developments in the field. Professional journals and other publications are available to staff. Training plan includes cultural competency training for all staff. All training events are documented.	Document Date:
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Job descriptions for all staff positions clearly define minimum qualifications, including level of education/work experience required.	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, 2.9.2	Program maintains a log to track the eligibility status of employees, interns and volunteers prior to hiring and on a monthly basis thereafter. Eligibility status is checked with Social Security Administration's Death Master File, the National Plan and Provider	


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


						Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), and the System for Award Management (SAM). Verification: Attestation of this ineligible screening process is due monthly; SUTS Tracking Report.				
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-3 Adolescent, I.K.	Program requires fingerprints for each of its employees, volunteers, consultants, agents, and any other persons who have supervisory or disciplinary power over a child to determine whether or not they have a criminal history which would compromise the safety of children. Fingerprint information received from the DOJ is retained or disposed of pursuant to DOJ directive. (<i>Youth program only</i>) (Personnel file)				
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 1.D.	Background check (screening) is conducted for each employee and documentation is retained for a minimum of 3 years.				
						Volunteers Section, if applicable				
						Files shall be maintained for <u>volunteers</u> and include the following:	File 1 Initials:	File 2 Initials:	File 3 Initials:	File 4 Initials:
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Provider has a written personnel policies/procedure manual and or handbook, which is kept current and made available to all staff/volunteers.				
						The policies/procedure manual and or handbook includes at least the following for <u>employees and volunteers</u> where applicable:				


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Recruitment and selection	Policy #: Date:
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010; CLAS Standards (#3)	Provider's hiring practices are reflective of the linguistic and cultural needs of the clients served, and the provider's actively recruits a diverse workforce.	Policy #: Date:
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Discipline procedures	Policy #: Date:
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Termination procedures	Policy #: Date:
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Promotion procedures	Policy #: Date:
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Equal Employment Opportunity policy	Policy #: Date:
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Nondiscrimination policy	Policy #: Date:
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Training and Orientation policy	Policy #: Date:
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Duties and Assignments policy (<i>volunteers only</i>)	Policy #: Date:
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Supervision policy (<i>volunteers only</i>)	Policy #: Date:
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Sexual Harassment policy	Policy #: Date:
57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010	Salary schedules and merit adjustments	Policy #: Date:
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13020	Code of conduct, including: use of alcohol and other drugs on and off the premises; personal	Policy #: Date:



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

						relationships with participants; prohibition of sexual contact with participants; sexual harassment; unlawful discrimination; conflict of interest; and confidentiality.	
59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13040	Training and Development plan is updated annually, and includes seminars or workshops to discuss new developments in the field. Professional journals and other publications are available to staff. Training plan includes cultural competency training for all staff. All training events are documented.	Document Date:
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Job descriptions for all staff positions clearly define minimum qualifications, including level of education/work experience required.	
61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, 2.9.2	Program maintains a log to track the eligibility status of employees, interns and volunteers prior to hiring and on a monthly basis thereafter. Eligibility status is checked with Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), and the System for Award Management (SAM). Verification: Attestation of this ineligible screening process is due monthly; SUTS Tracking Report.	
62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-3 Adolescent, I.K.	Program requires fingerprints for each of its employees, volunteers, consultants, agents, and any other persons who have supervisory or disciplinary power over a child to	



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

						determine whether or not they have a criminal history which would compromise the safety of children. Fingerprint information received from the DOJ is retained or disposed of pursuant to DOJ directive. (<i>Youth program only</i>) (Personnel file)	
63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 1.D.	Background check (screening) is conducted for each employee and documentation is retained for a minimum of 3 years.	


SECTION IV. Personnel Policies and Records PART B. (Prevention and Recovery Residence (RR)/Transitional Housing Unit (THU))										
	Y	AR	CAP	NA		Standard	File 1 Initials:	File 2 Initials:	File 3 Initials:	File 4 Initials:
						Files maintained for all <u>employees</u> and include the following:				
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Application for employment and Resume				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Employment Confirmation Statement				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Date hired				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Salary schedule and salary adjustment information				
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLAS Standards (#3)	Provider offers differential pay for bilingual staff.				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Job description and/or duty statement				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Employee performance Evaluation (annual)				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Last TB test date/result (annual)				


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Health Screening or Questionnaire				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	CPR/First Aid training where applicable				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Signed Code of Conduct (<i>all Staff</i>)				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 1.C.; BHSD SUTS Agreement, Exhibit A-1	Signed annual renewal of employee confidentiality statement (<i>All staff</i>)				
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1 (CLAS # 9)	Staff attends required CLAS training annually (<i>All staff</i>) <u>N/A for THU</u>				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Communicable Diseases training every two years (<i>All staff</i>)				
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Law & Ethics training every two years (<i>All staff</i>)				
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Staff attends required Prevention of Sexual Harassment training every two years (<i>All staff</i>)				
						The policies/procedure manual and or handbook includes at least the following for <u>employees and volunteers</u> where applicable:				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Recruitment and selection	Policy #: Date:			
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010; CLAS Standards (#3)	Provider's hiring practices are reflective of the linguistic and cultural needs of the clients served, and the provider's actively recruits a diverse workforce.	Policy #: Date:			
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Discipline procedures	Policy #:			


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


							Date:
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Termination procedures	Policy #: Date:
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Promotion procedures	Policy #: Date:
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Equal Employment Opportunity policy	Policy #: Date:
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Nondiscrimination policy	Policy #: Date:
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Training and Orientation policy	Policy #: Date:
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Sexual Harassment policy	Policy #: Date:
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Salary schedules and merit adjustments	Policy #: Date:
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Code of conduct, including: use of alcohol and other drugs on and off the premises; personal relationships with participants; prohibition of sexual contact with participants; sexual harassment; unlawful discrimination; conflict of interest; and confidentiality.	Policy #: Date:
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Training and Development plan is updated annually, and includes seminars or workshops to discuss new developments in the field. Professional journals and other publications are available to staff. Training plan includes cultural competency training for all staff. All training events are documented.	Document Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Job descriptions for all staff positions clearly define minimum qualifications, including level of education/work experience required.				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 1.D.	Background check (screening) is conducted for each employee and documentation is retained for a minimum of 3 years. <u>(N/A for THU)</u>				
						Volunteers Section, if Applicable				
						Files shall be maintained for <u>volunteers</u> and include the following:	File 1 Initials:	File 2 Initials:	File 3 Initials:	File 4 Initials:
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Provider has a written personnel policies/procedure manual and or handbook, which is kept current and made available to all staff/volunteers.				
						The policies/procedure manual and or handbook includes at least the following for <u>employees and volunteers</u> where applicable:				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Recruitment and selection	Policy #:	Date:		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13010; CLAS Standards (#3)	Provider's hiring practices are reflective of the linguistic and cultural needs of the clients served, and the provider's actively recruits a diverse workforce.	Policy #:	Date:		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Discipline procedures	Policy #:	Date:		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Termination procedures	Policy #:	Date:		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Promotion procedures	Policy #:			



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

							Date:
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Equal Employment Opportunity policy	Policy #: Date:
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Nondiscrimination policy	Policy #: Date:
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Training and Orientation policy	Policy #: Date:
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Duties and Assignments policy (<i>volunteers only</i>)	Policy #: Date:
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Supervision policy (<i>volunteers only</i>)	Policy #: Date:
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1	Sexual Harassment policy	Policy #: Date:
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Salary schedules and merit adjustments	Policy #: Date:
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Code of conduct, including: use of alcohol and other drugs on and off the premises; personal relationships with participants; prohibition of sexual contact with participants; sexual harassment; unlawful discrimination; conflict of interest; and confidentiality.	Policy #: Date:
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Agreement, Exhibit A-1	Training and Development plan is updated annually, and includes seminars or workshops to discuss new developments in the field. Professional journals and other publications are available to staff. Training plan includes cultural competency training for all staff. All training events are documented.	Document Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Job descriptions for all staff positions clearly define minimum qualifications, including level of education/work experience required.	
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 1.D.	Background check (screening) is conducted for each employee and documentation is retained for a minimum of 3 years. (N/A for THU)	

SECTION V. Fiscal Practices (All Modalities)						
	Y	No	CAP	NA		Standard
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000	Provider has a written procedure for assessing and assuring the integrity of the financial books of record within the last three years.
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000	Provider has a procedure for determining costs of services provided.
3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000	Provider has a reporting mechanism that indicates the relation of the budget to actual income and expenses to date.
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000; BHSD SUTS Provider Agreement III.3.7	Provider has an accounting system based on accepted accounting principles.
5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000; BHSD SUTS Provider Agreement Exhibit B-3	Provider has liability insurance or is bonded.
					SUTS Provider Agreement Exhibit A-1	<i>Provider's Fiscal Operations Manual includes fiscal procedures addressing the following:</i>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Accounting basis used by agency
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Control procedure to preclude incurring obligations in excess of funds available
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Cost allocation methodologies
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Control procedures for unused and voided checks and distributed payroll checks
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Nature of expenditures paid through petty cash



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Frequency of cash receipt deposits
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Annual inventory of physical assets that value \$5,000 or more for a single item
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Procedures for tagging property purchased with contract funds
					SUTS Provider Agreement Exhibit A-1	<i>Provider maintains the following documents:</i>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Record of last completed inventory of fixed assets that value \$5,000 or more for a single item
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Current list of check signatories
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Purchases during last fiscal year.
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Fixed assets list
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Cash disbursement register
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Cash receipt register
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Payroll register
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	General ledger
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	General journal
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Cost allocation plan and basis for allocation of indirect/joint costs
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Bank reconciliation statements
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	W-4 forms
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Quarterly payroll returns
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Tax returns
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Documentation of donated personal property/services
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Audited financial statements
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Agency-wide statements of revenues and expenses by programs
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Supporting work papers for annual cost report(s) and monthly claims. If applicable, including documentation of how Drug Medi-Cal expenditures are allocated in the monthly claim
Notes/Observations:						


SECTION V. Fiscal Practices PART A. (Outpatient Modalities, Residential, Detox, Perinatal, and Narcotic Replacement Therapy)


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


	Y	No	CAP	NA		Standard
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000; BHSD SUTS Provider Agreement Exhibit A-1	Provider has a written policy for the assessment and collection of fees.
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000	Provider has written policies and procedures that govern their fiscal management system, such as: Who holds purchasing authority, who handles accounts receivable, cash, billings and cost allocation.
3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000	Provider prepares a projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports and is approved by the BOD.
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards; BHSD SUTS Provider Agreement III.3.5.3	Provider has refund policy that provided to clients upon admission to the program and contains a procedure on refunding fees if the facility is suspended or revoked.
5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Section 75.2; BHSD SUTS Provider Agreement III. 3.9.7	Provider tracks the obligations and expenditures of SAPBG funds, including but not those limited to those spent on primary prevention, services to pregnant women and women with dependent children, and HIV early intervention services. (If provider receives SABG funds.)
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Section 96.135; BHSD SUTS Provider Agreement III. 3.9.7	Provider has a fiscal policy to ensure compliance with SAPBG Restrictions on Expenditures guidelines. (If provider receives SABG funds.)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Part 96, Section 96.137; BHSD SUTS Provider Agreement III. 3.9.7	Provider has written policies complying with Payment of Last Resort requirements for SAPBG funding for pregnant and parenting women, tuberculosis services and HIV services.
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HSC Sections 11999-11999.3, DHCS Intergovernmental Agreement, Exhibit A, Attachment I, 17.G.; BHSD SUTS Provider Agreement III. 3.9.7	Provider has a written policy stating it will not use any SAPT BG funds to carry out any programs distributing sterile needles or syringes for the hypodermic injection of any illegal drug. (If provider receives SABG funds.)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, 27.A.	Provider has a written policy stating that no part of any federal funds shall be used to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. (Schedule can be found at http://www.opm.gov/oca)


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


					SUTS Provider Agreement Exhibit A-1	<i>Provider's Fiscal Operations Manual includes fiscal procedures addressing the following:</i>
					SUTS Provider Agreement Exhibit A-1	<i>Provider maintains the following documents:</i>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Sliding fee scale and fee reduction criteria
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Documentation of client fee collection
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 45 CFR Section 75.302(b)(1) through (4) and (b)(7) 45 CFR Section 96.30	<p>(If provider receives SABG funds) Non-profit subcontractors receiving SABG funds shall comply with the financial management standards contained in 45 CFR Section 75.302(b)(1) through (4) and 45 CFR Section 96.30</p> <p>The financial management system of each non-Federal entity must provide for the following:</p> <p>(1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, name of the HHS awarding agency, and name of the pass-through entity, if any.</p> <p>(2) Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in §§ 75.341 and 75.342. If an HHS awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient must not be required to establish an accrual accounting system. This recipient may develop accrual data for its reports on the basis of an analysis of the documentation on hand. Similarly, a pass-through entity must not require a subrecipient to establish an accrual accounting system and must allow the subrecipient to develop accrual data for its reports on the basis of an analysis of the documentation on hand.</p> <p>(3) Records that identify adequately the source and application of funds for federally-funded activities. These records must contain</p>


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


						information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
						(4) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and assure that they are used solely for authorized purposes.
						Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.
					SUTS Provider Agreement Exhibit B 42 USC 300x-31 42 USC 300ee-5	(If provider receives SABG funds.) Are the <i>Provider's purchases in compliance with SABG restrictions? Did the Provider use SABG funds for any of the following?</i>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	Inpatient hospital substance abuse services.
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To purchase or improve land, purchase, construct or permanently improve any building or facility (other than minor remodeling)
15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To provide financial assistance to any entity other than a public or non-profit, private entity.
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To make payments to intended recipients of health services
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To provide treatment services in penal or correctional institutions of the State
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300ee-5	To provide individuals with hypodermic needles or syringes.
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B	To supplant state funding of programs to prevent and treat substance abuse and related activities.
Notes/Observations:						


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

SECTION V. Fiscal Practices PART B. (Prevention)						
	Y	N	CAP	NA		Standard
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000	Provider has written policies and procedures that govern their fiscal management system, such as: Who holds purchasing authority, who handles accounts receivable, cash, billings and cost allocation.
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Section 75.2; BHSD SUTS Provider Agreement III. 3.9.7	Provider tracks the obligations and expenditures of SAPBG funds, including but not those limited to those spent on primary prevention, services to pregnant women and women with dependent children, and HIV early intervention services.
3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Section 96.135; BHSD SUTS Provider Agreement III. 3.9.7	Provider has a fiscal policy to ensure compliance with SAPBG Restrictions on Expenditures guidelines.
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HSC Sections 11999-11999.3, DHCS Intergovernmental Agreement, Exhibit A, Attachment I, 17.G.; BHSD SUTS Provider Agreement III. 3.9.7	Provider has a written policy stating it will not use any SAPT BG funds to carry out any programs distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, 27.A.	Provider has a written policy stating that no part of any federal funds shall be used to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. (Schedule can be found at http://www.opm.gov/oca)
					SUTS Provider Agreement Exhibit A-1	<i>Provider maintains the following documents:</i>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 45 CFR Section 75.302(b)(1) through (4) and (b)(7) 45 CFR Section 96.30	Non-profit subcontractors receiving SABG funds shall comply with the financial management standards contained in 45 CFR Section 75.302(b)(1) through (4) and 45 CFR Section 96.30 The financial management system of each non-Federal entity must provide for the following:
						(1) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received.



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

						<p>Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, name of the HHS awarding agency, and name of the pass-through entity, if any.</p>
						<p>(2) Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in §§ 75.341 and 75.342. If an HHS awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient must not be required to establish an accrual accounting system. This recipient may develop accrual data for its reports on the basis of an analysis of the documentation on hand. Similarly, a pass-through entity must not require a subrecipient to establish an accrual accounting system and must allow the subrecipient to develop accrual data for its reports on the basis of an analysis of the documentation on hand.</p>
						<p>(3) Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.</p>
						<p>(4) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and assure that they are used solely for authorized purposes.</p>
						<p>Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.</p>


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


					SUTS Provider Agreement Exhibit B 42 USC 300x-31 42 USC 300ee-5	<i>Are the Provider's purchases in compliance with SABG restrictions? Did the Provider use SABG funds for any of the following purposes?</i>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	Inpatient hospital substance abuse services.
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To purchase or improve land, purchase, construct or permanently improve any building or facility (other than minor remodeling)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To provide financial assistance to any entity other than a public or non-profit, private entity.
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To make payments to intended recipients of health services
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300x-31	To provide treatment services in penal or correctional institutions of the State
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B 42 USC 300ee-5	To provide individuals with hypodermic needles or syringes.
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit B	To supplant state funding of programs to prevent and treat substance abuse and related activities.
Notes/Observations:						

SECTION V. Fiscal Practices PART C. (Recovery Residence (RR)/Transitional Housing Unit (THU))						
	Y	No	CAP	NA		Standard
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000; BHSD SUTS Provider Agreement Exhibit A-1	Provider has a written policy for the assessment and collection of fees.
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000; BHSD SUTS Provider Agreement Exhibit A-1	Provider has written policies and procedures that govern their fiscal management system, such as: Who holds purchasing authority, who handles accounts receivable, cash, billings and cost allocation.
3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 14000; BHSD SUTS Provider Agreement Exhibit A-1	Provider prepares a projection of revenues and expenditures (a line-item budget) for each fiscal year that correlates with quarterly and annual written operation reports and is approved by the BOD.



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards; BHSD SUTS Provider Agreement III.3.5.3	Provider has refund policy that provided to clients upon admission to the program and contains a procedure on refunding fees if the facility is suspended or revoked.
					SUTS Provider Agreement Exhibit A-1	<i>Provider maintains the following documents:</i>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Sliding fee scale and fee reduction criteria
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-1	Documentation of client fee collection
Notes/Observations:						

SECTION VI. Data Integrity, Reporting, Accuracy and Timeliness PART A. (Outpatient Modalities, Residential, Detox, Perinatal, and Narcotic Replacement Therapy)						Notes:
	Y	AR	CAP	NA		Standard
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement	Provider submits DATAR data by the 10 th of each month. (Verification: SUTS DATAR Report)
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement	Provider enters all CalOMS client treatment data within 48 hours of the encounter, and Provider must submit corrected CALOMs report by the 12 th of the following month. (Verification: SUTS QIDS Report)
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement	Provider completes CalOMS annual updates for client that are in treatment for 12 or more months. (Verification: SUTS QIDS Report)
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-2	Provider ensures languages, location of service sites, description of services, and program staffing are accurate as described in Exhibit A-2.


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


						(Verification: Review/discuss with provider, CLAS survey)	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-4	Provider ensures active capacity is accurate as described in Exhibit A-4. (Verification: SUTS ROM report)	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement II.D.6.	Program has staff dedicated to participating in and attending Unicare User Group meetings. (Verification: Sign-in sheets)	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, III.,DD.,2.i.	Provider submits PSPP CAP to County within 30 days of the PSPP report for approval. (Verification: SUTS Report)	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, III.,DD.,2.i.	Provider submits County-approved PSPP CAP to DHCS within 60 days of the PSPP report. (Verification: SUTS Report)	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 2.E.; BHSD SUTS Provider Agreement	Provider's anti-virus software is updated daily. (Verification: P&P)	Policy #: Date:
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 3.A.; BHSD SUTS Provider Agreement	Provider's systems processing and/or storing PHI or PI must have at least an annual system risk assessment/security review. (Verification: P&P)	Policy #: Date:
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 4.A.; BHSD SUTS Provider Agreement	Provider must have a documented plan that enables continuation of critical business processes and protection of PHI or PI held in an	Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


						electronic format in the event of an emergency. (Verification: P&P)	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I, 4.B.; BHSD SUTS Provider Agreement	Provider has documented procedures to backup PHI or PI to maintain retrievable exact copies of PHI or PHI. At minimum, the schedule must be a weekly full backup and monthly offsite storage of provider's data.(Verification: P&P)	Policy #: Date:
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit F, Attachment I., D.13.; BHSD SUTS Provider Agreement	Security incidents or breaches of unsecure PHI is reported to the County (Verification: Discuss with provider)	

SECTION VI. Data Integrity, Reporting, Accuracy and Timeliness Section B. (Prevention and Recovery Residence (RR)/Transitional Housing Unit (THU))							Notes:
	Y	AR	CAP	NA		Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-2	Provider ensures languages, location of service sites, description of services, and program staffing are accurate as described in Exhibit A-2. (Verification: Review/discuss with provider, CLAS survey)	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-4	Provider ensures active capacity is accurate as described in Exhibit A-4. (Verification: quarterly review of utilization – report)	


SECTION VII. Tuberculosis, SAPT Priority Admissions and Interim Services							Notes:
	Y	AR	CAP	NA		Standard	


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I., M.	Provider routinely makes available TB services to each individual receiving treatment. (Verification: policy 765)	Policy #: Date:
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I., M.	Provider reduces barriers to patients' accepting TB treatment and develops strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance. (TB Referral to Public Health)	Policy #: Date:
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.131(a)	Provider has a written policy granting priority admission for clients in the following order: <ul style="list-style-type: none"> • Pregnant injecting drug users • Pregnant substance users • Parenting injecting drug users • Parenting substance users 	Policy #: Date:
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.131(c)	Provider has a written policy stating that when it is unable to admit a substance using pregnant individual because of insufficient capacity or the program does not provide necessary services, referral to another program is made and documented. Pregnant individuals are referred to another program or provided interim services, including a referral for prenatal care, within 48 hours of seeking treatment	Policy #: Date:



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

						services. (Verification: PSAP core services policy)	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.121 (b)	Provider has a written policy stating pregnant injecting drug using individuals are either admitted to a program no later than 14 days after making the request, or admitted within 120 days after making the request if interim services are provided. (Verification: PSAP core policy)	Policy #: Date:
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.121	Provider has a written policy stating that it provides interim services to pregnant individuals it is unable to admit within 48 hours, including but not limited to: <ul style="list-style-type: none"> •counseling and education on HIV and TB, •the risks of needle sharing, •the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur; •Referrals to HIV or TB services, if necessary; •Counseling pregnant individuals on the effects of alcohol and other drug use on the fetus; and •Referrals for prenatal care for pregnant individuals. (Verification: see PSAP core policy) 	Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Bulletin 13-03; 45 CFR 96.121	Provider has a written policy on collaborating with the local health department for HIV counseling and testing, and for other education and prevention efforts, including infectious disease testing, viral hepatitis testing, and outreach services for out of treatment IV drug users. (Verification: see AMT policy 500)	Policy #: Date:
---	--------------------------	--------------------------	--------------------------	--------------------------	---------------------------------------	---	--------------------

SECTION VIII. Clinical Policies and Procedures						Notes:	
	Y	AR	CAP	NA		Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement	The Program has provided a written narrative on their current status of compliance with the Standard of Care Policy. (TBD) providers to abide by SUTS policy (NOT IN CURRENT CONTRACT)	Policy #: Date:
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement	The Program has dedicated staff to maintain and enhance the program's COD capability.	Policy #: Date:
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1, III.E.1.	Provider has an established Quality Improvement Committee that is comprised of staff throughout all levels of the Agency. (Verification: Have a plan and staff list)	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement, Exhibit A-1, III.E.1.	Provider has a written Quality Improvement Plan that is updated	Document Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


						annually. (Verification: Have documented plan)	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLAS Standards (#3 and 10)	The Quality Improvement Committee reviews hiring practices to ensure diversity in the agency, and analyzes current staff demographic data to ensure staffing is reflective of the community served. (Verification: annual CLAS survey report to QI committee for review.)	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BHSD SUTS Provider Agreement (CLAS # 11 and 15)	Provider solicits feedback from service recipients on an annual basis using the County's client exit survey form. The feedback is incorporated into the Quality Improvement plan. (Verification: Results will be incorporated in to QI work plan)	

SECTION IX. Residential Detoxification Services						Notes:
	Y	AR	CAP	NA	Standard	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10573 (a) (15) Safe storage of cleaning and toxic substances (Verification: site/pictures)	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10573 (a) (7) Food: properly stored, prepared and served (Verification: site/pictures)	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10571 Transportation: safe, reliable cars (service records) and valid drivers (license)	


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


						and insurance) (Verification: service record and agency insurance)	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10583	Appropriate sleeping and personal storage quarters (Verification: site/pictures)	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10572 (f&g)	Medication: proper storage, recording, dispensing and destroying (Verification: site/pictures and logs)	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10567 (c)(1)	Medical: Proper recording, attention to health problems, including First Aid Kit (Verification: site/pictures and logs)	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10584 (d)	Water: warning posted over taps delivering water above 131 degrees. (Verification: site/pictures)	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 11040	For programs with 15 or fewer residents, there shall be at least 1 staff member on duty and awake at all times. For programs with 16 or more residents, there shall be at least 2 staff members on duty and awake at all times. (Verification: policy, schedule)	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 11040	At all times, there must be at least 1 staff member on duty and awake with current CPR and First Aid certificate. (Verification: policy, schedule)	

	SECTION X. Outpatient, Intensive Outpatient Services and Partial Hospitalization					Notes:
	Y	AR	CAP	NA		Standard


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, III.O.	Outpatient services consist of up to 9 hours per week of medically necessary services for adults and less than six (6) hours per week of services for adolescents. (Verification: SUTS ROM report)	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, III.P.	Intensive outpatient involves structured programming provided to beneficiaries as medically necessary for a minimum of nine (9) hours and a maximum of 19 hours per week for adult perinatal and non-perinatal beneficiaries. Adolescents are provided a minimum of six (6) and a maximum of 19 services per week. (Verification: SUTS ROM report)	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS Intergovernmental Agreement, Exhibit A, Attachment I, V.Q.	Partial Hospitalization shall be provided in Level 2.5 for a minimum of 20 or more hours of service per week. (Verification: SUTS ROM report)	

SECTION XI. Residential Services						Notes:	
	Y	AR	CAP	NA		Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10573 (a) (15)	Safe storage of cleaning and toxic substances (Verification: site/pictures)	



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10573 (a) (7)	Food: properly stored, prepared and served (Site/pictures)	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10571	Transportation: safe, reliable cars (service records) and valid drivers (license and insurance) Verification: service record and agency insurance)	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10583	Appropriate sleeping and personal storage quarters (Verification: site/pictures)	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10572 (f&g)	Medication: proper storage, recording, dispensing and destroying according to agency Policy and Procedures (Verification: site/pictures and logs)	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10567 (c)(1)	Medical: Proper recording, attention to health problems, including First Aid Kit (kit should be viewed)	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10584 (d)	Water: warning posted over taps delivering water above 131 degrees. (Verification: site/pictures)	

SECTION XII. Adolescent Services						Notes:
	Y	AR	CAP	NA	Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines, Section III	Program offers services to youth ages 12 through 17. (Contract) If the program serves youth ages 18 through 21 and individuals younger than age 12 the program: Policy #: Date:



SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

						Documents clinical appropriateness and has a written protocol that addresses developmentally appropriate services for that age group. (Verification: P&P)	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines, Section V.E.3	If the Program serves both male and female youth, it addresses gender-specific issues in determining treatment needs and therapeutic approaches, and provides regular opportunities for separate gender group activities and counseling sessions. (Verification: P&P)	Policy #: Date:
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines Section V.I.1	Program offers individual family counseling, multi-family groups, and parental education sessions as clinically appropriate and specified in the treatment plan. (Verification: P&P)	Policy #: Date:
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines Section V.J.2	Program offers or arranges for educational sessions on topics including HIV/AIDS and other STDs, TB, hepatitis, nutrition, sexuality/family planning, violence prevention, independent living skills, and smoking cessation. (Verification: P&P)	Policy #: Date:
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines Section VIII.C.1	Program has at least one staff member on all shifts that is trained	Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

						and certified in first aid and CPR. (Verification: P&P)	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines Section VIII.C.2	Program has written protocols and procedures in case of a medical or psychological emergency. Standard for all programs. (Verification: P&P)	Policy #: Date:
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines Section X.B.1	Program has at least the following core staff: Program or Clinical Supervisor, AOD counselor, and family therapist. (Verification: Review staffing. P&P states program has clinical supervisor, counselors and staff qualified to provide family therapy.)	Policy #: Date:

SECTION XIII. Perinatal Services						Notes:
	Y	AR	CAP	NA	Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45CFR 96.124 (e)(3) Program provides gender-specific treatment programming, including therapeutic interventions which may address issues of relationships, sexual and physical abuse, and parenting and childcare. (Verification: P&P)	Policy #: Date:
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45CFR 96.124(e) (5) Program provides or arranges for case management services to ensure that women and their children have access to medical care and other needed services. (Verification: P&P)	Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96 Appendix A(28)	Program provides or arranges for transportation services so that women and their children have access to substance use treatment services, medical care, and therapeutic services for children, and to obtain employment. (Verification: P&P)	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.124(e) (4)	Program provides or arranges for therapeutic interventions for the children in custody of the women in treatment, which may, among other things, address the children’s developmental needs and their issues of sexual abuse, physical abuse, and neglect. (Verification: P&P)	Policy #: Date:
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.124(e) (1) (3) and Title 22, Division 12, Chapter 1	Program makes child care services available for participant’s children while the women are in on-site treatment and off-site ancillary services. (Verification: P&P)	Policy #: Date:
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pro-Children Act of 1994, 20 USC 6081 et. Seq.	Program prohibits indoor smoking where services for children are funded with SAPT BG (federal) funds. (Verification: see P&P)	Policy #: Date:
						Program provides or arranges for the following services:	



Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019


7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC 11757.59(b)	Parenting skills building and child development information. (Verification: P&P)	Policy #: Date:
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC 11757.59(b)	Educational/vocational training and life skills resources. (Verification: P&P)	Policy #: Date::
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.121	Education and information on the effects of alcohol and drug use during pregnancy and breast feeding. (Verification: P&P-	Policy #: Date:
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.121	TB and HIV education and counseling. (Verification: P&P)	Policy #: Date:
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.124(e) (1) (2)	Program provides for or arranges primary medical care for women in treatment, including prenatal care. Program also provides for or arranges primary pediatric care, including immunizations, for dependent children. (Verification: P&P)	Policy #: Date:

SECTION XIV. Narcotic Replacement Therapy Services					Notes:		
	Y	AR	CAP	NA		Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10305	Treatment plan due within 28 days of admission (Verification: AMT policy 1115)	Policy #: Date:
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HS Code 11757.59(b)	Patients receive at least 50 minutes of individual counseling monthly (Verification: AMT policy 1115)	Policy #: Date:


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10310 & 10360	Patients receive monthly urinalysis tests. Pregnant patients receive weekly urinalysis tests. (Verification: AMT policy 900)	Policy #: Date:
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10210	Multiple registration completely filled out (Verification: see AMT Policy # 440)	Policy #: Date:
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10355 & 10360	Pregnant patients receive a monthly physician visit. (Verification: see policy 510)	Policy #: Date:
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10355	Physician documentation of dosage change (Verification: policy 600 and 700)	Policy #: Date:
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10567	TB test on file (Verification: see policy 765)	Policy #: Date:

SECTION XV. Prevention						Notes:
	Y	AR	CAP	NA	Standard	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-3 Agency submitted all quarterly reports on a timely basis (Verification: Contract monitor will provide report)	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-3 Annual report submitted on a timely basis (Verification: Contract monitor will provide report)	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-3 Agency submitted its data to PPSDS for each month by the 10 th of the following month (Verification: Contract monitor will provide report)	


SANTA CLARA COUNTY
 Behavioral Health Services
 Substance Use Treatment Services
 Provider Evaluation
 FY 2017-2018 & FY 2018-2019

4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-3	Personnel files for Prevention staff include certificates of completion for CERTIFICATE FOR PREVENTION COMPETENCY (Verification: Review personnel file)	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUTS Provider Agreement Exhibit A-3	Agency had a representative at each of the quarterly Prevention Contract Provider Meetings (Verification: Prevention will provide report based on sign in sheets for the meetings.)	