

BUSINESS PSYCHOLOGY ASSOCIATES - POLICIES AND PROCEDURES CHECKLIST

Provider: _____
 Site: _____
 Services: _____
 Reviewer: _____
 Date: _____

IDAPA 16.07.20 Required Policies & Procedures, Descriptions, and Written Reports [t=transportation, d= drug testing, cm=case mngmt, ssh=safe sober, ls= life skills, cc=child care]		Points		Comments
		Earned	Possible (Yes=1, No=0, NA=blank)	
160	Disclosure of Ownership			
165	Mission Statement, Goals, Objectives			
175	Fiscal Management			
180	Management Information System			
200	Description of Services			
210	Personnel Policies and Procedures			
221	Volunteers			
223	Student/ISAS/Trainee Practice			
224	Plan for Activities of QSUDPs [excludes d, t, cc]			
330	Quality Assurance			
350	Client Rights			
360	Admission Policies and Procedures			
370	Assessment [excludes d, t, cm, ls, cc]			
371	Assessment and Referral Services [excludes if this is in addition to 370 d, t, cm, ls, cc]			
375	Client Records Requirements			
376	Maintenance of Client Records			
380	Individualized Service Plan [excludes d, ssh, t, cc, ls]			
385	Referral of Clients			
391	Emergency Preparedness Plan			
392	Medical Emergency Services			
393	Notification of Death, Serious Incident, Accident, Fire, Loss of Records or Other Client Identifying Information			

BUSINESS PSYCHOLOGY ASSOCIATES - POLICIES AND PROCEDURES CHECKLIST

394	Administration of Medications			
396	Residential and Transitional Facility Environment			
398	Infection Control			
399	Plant Technology <i>[excludes t]</i>			
452	Services for Children and Adolescents			
453	Services for Women with Dependent Children <i>[only if seeking to be in specialty network]</i>			
700	Adult Staffed Safe and Sober Housing <i>[excludes all but ssh]</i>			
710	Child Care <i>[excludes all but cc]</i>			
720	Life Skills <i>[excludes all but ls]</i>			
730	Transportation <i>[excludes all but t]</i>			
740	Alcohol and Drug Testing <i>[excludes all but d]</i>			
745	Basic and Intensive Case Management <i>[excludes all but cm]</i>			
Total		0	0	

Comments

BUSINESS PSYCHOLOGY ASSOCIATES - PERSONNEL RECORD CLINICAL SUPERVISION AUDIT

Provider: 0

Date: 1/0/00

Reviewer: 0

	Position <i>[view a random sample of various staff members if agency employs more than 7]</i>	Name	DOH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Number of SAMPLED staff:

*** If less than 100% on scored items 90 day provisional**

		Personnel Records by Staff (enter 1 if present)																				Points	
IDAPA	Requirement	1		2		3		4		5		6		7		8		9		10		Earned	Poss
		S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P		
16.07.20																							
210.05.a	Application / resume (ALL staff)																					0	0
210.05.b	References																					0	0
210.05.c	*Licenses / Certifications																					0	0
210.05.d	Code of Ethics																					0	0

BUSINESS PSYCHOLOGY ASSOCIATES - PERSONNEL RECORD CLINICAL SUPERVISION AUDIT

210.05.f	Annual Performance Appraisal [NA = blank]																				0	0	
210.05.j	Employee Incident Reports (process)																					0	0
210.05.k	*Department Criminal History																					0	0
210.05.l	TB Test (3 years)																					0	0
210.05.m	Orientation w/i 30 days [NA = blank]																					0	0
210.05.n	*CPR & 1st Aid (one person on-site)																					0	0
210.06	Job Description																					0	0
Total:																					0	0	

BUSINESS PSYCHOLOGY ASSOCIATES - PERSONNEL RECORD CLINICAL SUPERVISION AUDIT

Comments

BUSINESS PSYCHOLOGY ASSOCIATES - PERSONNEL RECORD CLINICAL SUPERVISION AUDIT

RSS FACILITY WALK-THROUGH

Provider: 0
 Reviewer: 0

Services: 0
 Date: 1/0/00

ALL				
IDAPA CODE	COMMENTS	EARN	POSS	COMMENTS
175.06	<p>Safekeeping of Client’s Valuables. If safekeeping client’s funds or other valuables, must maintain and inventory of valuables. A proper accounting of client’s funds/valuable deposited with the program for safekeeping or expenditure must be kept and made available to authorized individuals for review—including the client, immediate family, or guardian. At the time of depositing funds/valuables with the program, the client must sign a receipt for all such funds/valuable with one copy to client and one to program. <i>[yes=10, no=0, NA=blank]</i></p>			
350.02	<p>Personal Privacy. Each client’s personal privacy must be assured/protected. Family/significant others-regardless of their age—must be allowed to visit during regular visiting hours, unless visits are clinically contraindicated. Suitable areas for visits in private, unless contraindicated. In residential, clients must be allowed to send/receive mail and to conduct private phone conversation with family and friends unless contraindicated. Restrictions must be fully explained to the client and re-evaluated by QP every at least 3 days. <i>[yes=20, no=0, NA=blank]</i></p>			
350.05.b	<p>Client Rights posted/correct. Copies of programs rights must be posted in conspicuous place. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i></p>		10	
376.01	<p>Active Records stored on site. Active client records must be kept at the site where client is being treated. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i></p>		10	
376.04	<p>Secure File Storage/FAX match. Must provide facilities for the storage, processing and handling of client records, including locked and secured rooms and files. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i></p>		20	

376.05	Electronic Storage. When storing client data in electronic/automated information system, must have security measures to prevent inadvertent/unauthorized access to data. <i>[yes=20, no=0] Click windows L to verify locked screen setting</i>		20	
390.01	Safe Fixtures. Fixtures and equipment designated for each service must be constructed or modified in a manner that provides pleasant and functional areas that are accessible to all clients regardless of disabilities. <i>[yes=5, no=0]</i>		5	
390.05	ADA Compliant - 28 CFR Sections 36.304 (remove barriers) & 36.305 (alternatives to removal of barriers). Ramps, bathroom doors large enough for wheelchair, grab bars, hand railings on stairs, non-retractable faucet handles. <i>[yes=20, no=0] excludes transportation for purpose of audit</i>		20	
394.04	Storage of medications. The program will provide secured central storage of prescribed and over-the-counter medication. <i>[yes=10, no=0, NA for all but SSH, CC]</i>			
399.01.a	Annual Fire Inspection. Prior to initial occupancy and annually thereafter. Documentation must be kept on file. ** <i>[yes=20, no=0, NA for transportation or CM in field=blank]</i>		20	
399.02.b	Premises free of trash/debris. Grounds must be maintained to provide safe access in a safe environment; specific plans for maintenance, supervision and safe use of all grounds; must be kept free from accumulation of weeds, trash, and rubbish. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i>		10	
399.04.c	Exit plans and instructions. All staff must be advised of actions required under emergency conditions; diagrams of building should show emergency protection areas and evacuation routes; exits must be conspicuously posted throughout the building; outline of emergency instructions must be posted with the diagram. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i>		10	

399.04.d	Fire Extinguishers (per floor/kitchen). Minimum of one 2-A-10BC type fire extinguisher per floor; kitchen—extinguisher must be in or immediately adjacent to kitchen. Must be inspected annually by a fire extinguisher service agency. <i>[yes=20, no=0, NA for CM in the field = blank]</i>		20	
399.04.e	Illuminated Fire exit signs. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i>		10	
399.04.f	Fire alarm/smoke detectors. Each work shift must have staff trained and responsible for implementing the fire plan and activation of the non-automatic components of fire safety system; Detection system and any sprinkler system must be under direct supervision of a staff member who must cause proper test to be made at specific intervals and must have general charge of all alterations and additions. ** <i>[yes=20, no=0, NA for transportation or CM in field=blank]</i> Have staff member demonstrate		20	
399.04.f.ii	Fire Drills Every 30 Days. One every 30 days at unexpected times and varying conditions. Record must be maintained and include date/time, response of staff/clients, problems encountered and recommendations for improvement. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i>		10	
399.08	Adequate Heating, Ventilation and Air Conditionaing (HVAC). Must be designed, installed, operated and maintained in a manner that provides a comfortable and safe environment. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i>		10	
399.09	Adequate Plumbing. Must be designed, installed , operated and maintained in a manner that provides a safe supply of water for all required facility operations and facilities the complete and safe removal of all storm water and waste water. <i>[yes=10, no=0, NA for transportation or CM in field=blank]</i>		10	
399.12.a	First Aid Kits - Staff Awareness. Sites that do not have emergency medical care resources must have first aid kits and staff trained to use as well as one staff member on-site and available for CPR at all times. <i>[yes=5, no=0, NA=for transportation and cm in field=blank]</i>		5	
399.13.a	Smoking. Posted written regulations. If permitted, must designate smoking area for clients, staff, and public. <i>[yes=5, no=0, NA=blank]</i> not permitted in transportation or child care			

399.13.b	Tobacco Use. If agency allows tobacco it must NOT be used in buildings, housing, or vehicles transporting children/adolescents or used in their presence. <i>[yes=10, no=0, NA=blank] not permitted in transportation or child care</i>			
399.14.c	Wood Stoves. Must have railings or other protection designed to prevent residents from coming into contact with stove surfaces. <i>[yes=15, no=0, NA transportation or cm in field=blank]</i>			
399.14.f.	No Portable Heaters. Of any kind are prohibited; portable electric space heaters and moveable fuel-fired heaters. Exceptions—heated mattress pads, electric blankets and heating pads when order by authorized provider - physician. <i>[no heaters found=15, when found=0]</i>		15	
399.14.g	Storage of Flammable Materials. Cannot be stored in the facility unless the building is protected throughout by an approved automatic fire extinguishing system. <i>[proper storage=15, no=0] If no auto-sprinkler system, can not store on site</i>		15	

All Total:

ADULT STAFFED SAFE & SOBER HOUSING				
IDAPA	COMMENTS	EARN	POSS	COMMENTS
16.07.20				
700.01.a.	Safe, clean and sober environment. <i>[yes=10, no=0, NA=blank]</i>			
396.01.e	Mirrors. Mirrors must be placed as an aid in grooming and to enhance client self-awareness. <i>[yes=5, no=0]</i>			
396.01.f	Closet/Drawer Space. Ample closet/drawer space for storage of person property and property provided for resident's use. <i>[yes=5, no=0]</i>			
396.02 a.-b.	Bedrooms. A) Must assure sleeping areas are not in attics, stairs, halls, or any room commonly used for other than bedroom purposes. B) sufficient window space for natural light and ventilation. Egress/rescue windows must comply with Uniform Building Code. <i>[yes=20, no=0]</i>			

396.02.c	Square Footage. Bedrooms: 70 sq. feet, exclusive of closet space, in single occupancy room. At least 45 sq. feet per occupant in multiple occupancy room, exclusive of closet space. Minimum of 3 feet between sides of beds and 2 feet at end of beds. <i>[yes=10, no=0]</i>			
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396.02.d	Windows & Screens. Must be provided on all operable windows. <i>[yes=5, no=0]</i>			
396.02.e	Ceiling Height in Bedrooms. Must be at least 7 feet, 6 inches. <i>[yes=5, no=0]</i>			
396.02.f.	Doors for Bedroom Privacy. Doorways to sleeping areas must be provided with doors in order to provide privacy. <i>[yes=10, no=0]</i>			
396.02.g	Bed/Bathrooms. Separated by gender. <i>[yes=10, no=0]</i>			
396.03.a	Areas for Social Activities. Available for full range of activities from 2 person conversation to group activities. <i>[yes=5, no=0]</i>			
396.03.b. and b.i.	Furniture Clean & Comfortable. b. Furniture, furnishings and equipment must be available to accommodate all occupants. b.i. Furnishing/furniture, equipment must be available to accommodate all occupants; must be comfortable and in clean/good condition. <i>[yes=10, no=0]</i>			
396.03.b.ii	Appliances in Good Condition. Equipment/appliances must be in good operating order. <i>[yes=10, no=0]</i>			
396.03.c.	Clocks & Calendars. To promote awareness of time and season, clocks and calendars must be provided at least in the major areas. <i>[yes=5, no=0]</i>			
397.01	Housekeeping Services. Personnel must be provided to maintain the interior/exterior in a safe, clean, orderly, and attractive manner. After discharge, the room must be thoroughly cleaned, including bedding and furnishings; storage areas, attics, basements, and grounds must be kept free of refuse, litter, weeds etc detrimental to health, safety, welfare of clients/staff. <i>[yes=10, no=0]</i>			
397.03	Laundry Facilities. 1 washing machine and dryer must be provided unless other approved laundry facilities are available. Must be located separate from kitchen, dining, and living areas. <i>[yes=5, no=0]</i>			
397.04	All Areas Clean. Personnel and equipment must be provided to maintain clean, safe, and orderly environment. <i>[yes=5, no=0]</i>			
700.01.c.	Allow clients to participate in daily living activities, physical activities, and leisure time activities. <i>[yes=10, no=0, NA=blank]</i> e.g. look for games, tv, exercise equip, etc.			
700.01.d.	Encourage use of community resources. <i>[yes=10, no=0, NA=blank]</i> look for resource materials			

700.02.d.	Assure clients understand purpose of fees. <i>[yes=10, no=0, NA=blank] look for signed form</i>			
700.03.a.	Termination of Housing: Informed verbally and in writing. <i>[yes=10, no=0, NA=blank] look at form</i>			
700.03.c.	Reasons for discharge documented in client file. <i>[yes=10, no=0, NA=blank] look at documentation</i>			
700.04.a.-b	House manager on-site at least 20 hours a week <u>or</u> a housing coordinator off-site, but monitors daily_(CORE) <i>[yes=10, no=0, NA=blank] ask how ensuring they policy</i>			
700.08	Facility Inspection: Inspection by staff at least 3 times a week regarding hazards or safety issues and is documented. <i>[yes=10, no=0, NA=blank]</i>			
700.06	Certified Home Inspection. Must provide a certified home inspection in addition to the required fire inspection documentation. There must be documentation that any major health and safety issues identified in the certified home inspection have been corrected. [CORE] <i>[yes=10, no=0] Look for building occupancy certificate - or statement from city/county that states they do not do this</i>			
700.08	Staff Inspections. Must be inspected by staff a minimum of three (3) times a week to determine if hazards or potential safety issues exist. <i>[yes=10, no=0]</i>			
700.08	Inspection Record. A record of the inspection must be maintained that includes the date and time of the inspection, problems encountered, and recommendation for improvement. <i>[yes=10, no=0]</i>			
700.09	Annual Fire Inspection. Must provide documentation of a fire safety inspection conducted annually by the State Fire Marshall or designee. <i>[yes=10, no=0]</i>			
ADULT STAFFED SAFE & SOBER HOUSING SUB-TOTAL:		0	0	

CHILD CARE				
IDAPA CODE	COMMENTS	EARN	POSS	COMMENTS

710.01.b.ii	Setting Ensures Safety. Provide a setting that promotes and ensures the health, well-being, and safety of the child or children in care. [CORE] <i>[yes=15, no=0, NA=blank]</i>			
710.01.c.v.	Safe Storage. Medicines, cleaning products, and other dangerous substances and articles are kept away from children at all times. [CORE] <i>[yes=15, no=0, NA=blank]</i>			
710.04.	There must be staff to provide for the needs, safety, protection, and supervision of children served. <i>[yes=10, no=0, NA=blank]</i>			
710.05	Child Care Program Permanent Register: Maintain a permanent register of all children receiving services. Include child's name, gender, date of birth, parents or guardian, date and time of services Name of individual providing care <i>[yes=10, no=0, NA=blank]</i>			
CHILD CARE PROGRAM SUB-TOTAL:		0	0	

LIFE SKILLS				
IDAPA CODE	COMMENTS	EARN	POSS	COMMENTS
720.01.c.	Life Skills programs must have a written plan, to include curriculum used <i>[yes=10, no=0, NA=blank]</i>			
LIFE SKILLS SUB-TOTAL:		0	0	

TRANSPORTATION SERVICES				
IDAPA CODE	COMMENTS	EARN	POSS	COMMENTS
730.02.c.	Maintain insurance for all vehicles <i>[yes=10, no=0, NA=blank]</i>			
730.02.h iii.	Each program must ensure the safety and well-being of all clients transported: First Aid Kits and fire extinguisher, appropriate restraints. <i>[yes=10, no=0, NA=blank]</i>			
TRANSPORTATION SUB-TOTAL:		0	0	

ALCOHOL & DRUG TESTING

IDAPA CODE	COMMENTS	EARN	POSS	COMMENTS
740.01.b.	Alcohol and drug testing screening test that are approved by the FDA. (CORE) <i>[yes=10, no=0, NA=blank]</i>			
740.01.g.	Employees must be instructed in the precautions to take when handling specimen <i>[yes=10, no=0, NA=blank]</i>			
740.01.h.	Employees responsible for collection and testing of specimens must be provided with, and wear, gloves when collecting/handling specimens. <i>[yes=10, no=0, NA=blank]</i>			
ALCOHOL & DRUG TESTING SUB-TOTAL:		0	0	

WALK THROUGH TOTAL: 0 0

Comments



TOTAL:

0	0
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Comments



BUSINESS PSYCHOLOGY ASSOCIATES - RSS SERVICES CHECKLIST

Provider: 0

Date: 1/0/00

Reviewer: 0

Case Management Pull up to 5 client files [possible = # files pulled]		Points		Comments
IDAPA	Standard	Earned	Possible	
745.01.a.	Case Management Assessment: client and family strength and needs; service planning; linkage to other services; client advocacy; monitoring services provision. <i>[yes=10, no=0, NA=blank] see website for required form</i>			
745.01.c.	Does not duplicate other CM services. <i>[yes=10, no=0, NA=blank]</i>			
745.02.	Comprehensive Service Plan: Addresses identified needs; collaborative with client, family, others; developed and implemented w/in 30 days after first contact; updated every 90 days. <i>[yes=10, no=0, NA=blank] see website for required form</i>			
745.03	Face to face contact at least every 30 days. Additional contact with client, guardian, or provider as deemed appropriate and noted in the plan. <i>[yes=10, no=0, NA=blank]</i>			
Case Management Total:		0	0	

Comments

BUSINESS PSYCHOLOGY ASSOCIATES - RSS SERVICES CHECKLIST



BUSINESS PSYCHOLOGY ASSOCIATES

DEPARTMENT OF HEALTH AND WELFARE SUBSTANCE ABUSE PROGRAM
IDAHO STATE APPROVAL SCORING WORKSHEET

RSS

Treatment

PROVIDER: 0

PROGRAM SERVICES: 0

Section	Score Earned	Score Possible	%
Policies and Procedures:	0	0	#DIV/0!
Personnel:	0	0	#DIV/0!
Facility Walk Through:	0	0	#DIV/0!
Case Management:	0	0	#DIV/0!
TOTAL	0	0	#DIV/0!

DIVISION OF BEHAVIORAL HEALTH - FACILITY APPROVAL SUMMARY

- TREATMENT RSS
 NEW RENEWAL RELOCATE
 ADD SERVICE ADD SITE

Provider:	0	Date(s) of review:	
Mailing Address:		Reviewer:	
Phone:		Reviewer Contact Info.:	
Fax:		CATEGORIES	SCORE
Email:		Policies & Procedures:	#DIV/0!
Executive Director:		Personnel:	#DIV/0!
Primary Contact:		Facility Walk-through:	#DIV/0!
Recommended length of approval:		Services Checklist:	#DIV/0!
		Overall:	#DIV/0!

Approved Service Site # 1	
Address:	
Phone:	Fax:
Approved Services:	
Clinical Supervisor:	
Treatment Supervisor:	
Population(s) Served:	
House Manager(s):	
Notes/comments:	

Approved Service Site # 2 (attach additional pages as needed)	
Address:	
Phone:	Fax:
Approved Services:	
Clinical Supervisor:	
Treatment Supervisor:	
Population(s) Served:	
House Manager(s):	
Notes/comments:	

Business Psychology Associates

RSS FACILITY SITE DATA FORM

(initial by DHW then BPA bi-annually)

Facility Name: _____
Facility Address: _____
Date Application Received: _____
Date Approved: _____

The Facility Site Data Form provides information about individual facilities. One form must be completed for each facility to be approved under this application. Separate documentation must be provided for each facility. The following chart indicates what documentation must be attached to facility data forms as per IDAPA 16.07.20 - ASUD Treatment & RSS Facilities & Programs 130. INITIAL APPLICATION and 135. Renewal of Approval of an Alcohol and Substance Use Disorders Treatment OR Recovery Support Services Program.

Documentation	New Application		Renewal	Points		
	Res. Facility	OP Facility	Res & OP Facility	Value	Earned	Possible
RSS Provider Agreement sent and signed. (RSS only)				NA	NA	NA
Application for approval of a program must be to DHW at least 90 days prior to the opening date.	X	X		5		
135. Application for Renewal made 90 days prior to expiration for renewals.			X	5		
130.01.c.i or 135.01.A.i.ii. Written statement that discloses regarding any revocation of license, certification or approval or any other disciplinary actions, including fraud,waste and abuse investigations.	X	X	X	5		
130.01.d. or 135.01.d. Written statement that discloses any present or previous issues with IRS or ID Tax Commission for the past 5 yrs.	X	X	X	5		
130.01.e. Certificate of Assumed Business Name.	X	X		5		
130.01.f Detailed floor plan.	X	X		5		
130.01.g. or 135.01.e Disclosure of ownership (see also 160).	X	X	X	5		
130.01.h.i. Certificate of Occupancy	X	X	X	5		
130.01.h.ii. Certificate of Fire Inspection	X	X	X	5		
130.01.h.iii. Food Service Permit (if food is prepared and served)	X	X	X	5		
130.01 h.iv. Joint Commission or CARF Certificate if accredited.	X	X	X	5		

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130.01.i. Menus reviewed and approved by registered dietician w/in prior 12 mos if prepare/serve food.	X		X	5		
130.01.j.i. Statement establishing geographic area of where services will be provided.	X	X	X	5		
130.01.j.iv. Program's plans to secure additional funding.	X	X	X	5		
130.01 j. - iv. Plan for measuring and reporting outcomes.	X	X	X	5		
130.01.k. Statement from E.D. indicating read the Alcoholism and Intoxication Treatment Act and are prepared to comply with provisions.	X	X		5		
130.02 or 135.02 Liability insurance (professional \$500,000 /\$1 million and auto (\$1 mill/\$3 mill).	X	X	X	5		
130.03 or 135.03 Provide electronic version of Policies and Procedures	X	X	X	Yes/No		
130.04 or 135.04 Staff composition for: Executive Director (Resume, Licenses/certifications)	X	X	X	Yes/No		
130.04 or 135.04 Staff composition for: Clinical Supervisor (Resume, Licenses/certifications)	X	X	X	Yes/No		
130.04 or 135.04 Staff composition for: Treatment Supervisor (Resume, Licenses/certifications)	X	X	X	Yes/No		
130.05 or 135.01.H Lease/Deed	X	X	X	5		
175.01 - 04 & 06 Fiscal Management 01. ED must maintain fiscal responsibility 02. Annual budget with expected revenues and expenses 03. Fee schedule 04. Reporting mechanism 06. Safekeeping of client valuables	X	X	X	10		
180. Management information system (Also 130.01v.) 01. Automated or manual management information system. 02. Demonstration of provided services.	X	X	X	5		
200.01 Description of services (see also 130. Initial Approval). 01. Content of written plan for provision of services. a. Mission statement, goals, and objectives developed by governing body (per Section 165)						

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<p>b. Goals/objectives that identify annual and long-range needs of program (Also 130.01 j.iii).</p> <p>i. Specified for each facility.</p> <p>ii. Written so performance can be measured.</p> <p>c. Description of process for developing, adopting and implementing goals/objectives.</p> <p>d. Client population served-age, relevant characteristics.</p> <p>e. Hours & days services provided.</p> <p>f. Inventory of Treatment - written plan and annual review per Section 130.01 and as defined in Section 012.</p> <p>g. Description of RSS.</p> <p>h. Annual evaluation of service needs in area, description of unmet needs, goals for improving unmet needs.</p> <p>i. Annual evaluation of collaboration w/ other SUD providers in achievement of comprehensive system of care in service area.</p> <p>j. Intake/admission process - including initial contact.</p> <p>k. Assessment & evaluation procedures used.</p>	X	X	X	10		
200.02 Distribution of written plan for provision of services.	X	X	X	5		
200.03 Annual review of written plan for provision of services	X	X		5		
215. Supervisory staff. .03 Satellite Locations	X	X	X	Yes/No		
700.06 Certified Home Inspection in an Adult Staffed Safe and Sober Housing Facility	X					
Total					0	0