DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

MONTANA DPHHS

State Approval Application Review Form

	Program:				
	Item	**Not Applicable**	**Acceptable**	**Not Acceptable**	**Changes or Information Required or Explanation of Not Applicable Determination**
1.	Applicant Information	☐	☐	☐	•
2.	Proposed Service Area	☐	☐	☐	•
	LICENSED PERSONNEL				
3.	License number included	☐	☐	☐	•
	APPLICANT SITE ADDRESS				
4.	Site address and phone numbers included.	☐	☐	☐	•
	PROGRAM POLICIES				
5.	ARM 37.27.115 – MCA 53-24-209 – Acceptance for Treatment	☐	☐	☐	•
6.	37.27.116 ARM Client rights policies	☐	☐	☐	•

GREG GIANFORTE
GOVERNOR

DEPARTMENT OF
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CHARLIE BRERETON
DIRECTOR

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7.	37.27.116 ARM – Is there policy and procedures for client grievances?	☐	☐	☐	•
8.	37.27.120 ARM Organization and Management: a. Annual program review b. general liability and professional liability coverage c. sliding fee schedule being implemented. d. Policy and Procedure Manual	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	•
9.	37.27.118 Communicable Disease Control Policy	☐	☐	☐	•

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10.	<u>Client Hepatitis B and C Testing Policy</u> a. Addresses both Hep B and C b. Addresses timeline for initial testing c. Addresses how testing will occur d. Addresses procedures to follow if any client tests positive	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	•

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11.	Pregnant Women Policy states: a. Pregnant women will be assessed within 48 hours from request of services.	☐	☐	☐	•
	b. Pregnant women will be admitted and provided treatment within 5 working days of diagnosis or when supported by ASAM a referral to a higher level of care will be made	☐	☐	☐	
	c. Procedures to follow too provide support services for pregnant women e.g. prenatal care	☐	☐	☐	
	d. Methods for tracking services for all pregnant women and timeliness of service delivery and treatment outcomes	☐	☐	☐	

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12.	Individual with HIV/AIDS and IV Drug Use Policy states a. Individuals with HIV/AIDS will be assessed within 48 hours from request of services b. Individuals will be admitted and provided treatment as part of the priority population c. Procedures to follow too provide support services for individual with HIV/AIDS e.g. referral to counseling services d. Methods for tracking services for all individuals with HIV/AIDS and timeliness of service delivery and treatment outcomes	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	•

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13.	Client Waiting List Policy: a. How facility processes their waiting list b. Actions to be taken to provide interim services c. How crisis issues are addressed	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	•
14.	Welcoming Policy: a. Admissions are non-discriminatory b. Procedures to follow for individuals who present and are intoxicated c. There is no wrong door – steps should indicate screen and connection to services d. Implementation of a welcoming atmosphere	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	•

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15.	Co-occurring Screening Policy: a. What screening and assessment tools are used b. Every client is screened for co-occurring needs c. A referral system with the Mental Health System d. How they will ensure individual gets the needed services.	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	•
	COUNTY: _____				
	PROJECTED TREATMENT SERVICES				
16.	Projected services are reasonable with staffing indicated in Organizational chart	☐	☐	☐	•
17.	Projected services include all services indicated on state approval request in line 3	☐	☐	☐	•

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18.	Projected services indicated are supported with Local Need	☐	☐	☐	
	PROJECTED SERVICES BY POPULATION TYPE				
19.	Population Table is completed	☐	☐	☐	•
20.	Population Table numbers match reimbursement/payment source table and Referral Source table numbers	☐	☐	☐	•
21.	Projected population types indicated are supported with Local Need	☐	☐	☐	•
	PROJECTED SERVICES BY REIMBURSEMENT/PAYMENT SOURCE				
22.	Reim/Payment table is completed.	☐	☐	☐	•
23.	Reimbursement/Payment Source Table numbers match Population table and Referral Source table numbers	☐	☐	☐	•
24.	Projected reimbursement/payment types indicated are supported with Local Need	☐	☐	☐	•

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REFERRAL SOURCES					
25.	Referral Sources information is completed	☐	☐	☐	•
26.	Referral source table number match population & reimbursement source table numbers	☐	☐	☐	•
27.	Referral source info supported with local need	☐	☐	☐	•
LOCAL NEED					
28.	Three or more sources of data used in narrative	☐	☐	☐	•
29.	Data and narrative provide a clear picture of local need for services	☐	☐	☐	•