



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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
2.	Proposed Service Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
LICENSED PERSONNEL					
3.	License number included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
APPLICANT SITE ADDRESS					
4.	Site address and phone numbers included.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
PROGRAM POLICIES					
5.	ARM 37.27.115 – MCA 53-24-209 – Acceptance for Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
6.	37.27.116 ARM Client rights policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•



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7.	37.27.116 ARM – Is there policy and procedures for client grievances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•
9.	37.27.118 Communicable Disease Control Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•



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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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> •



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13.	<u>Client Waiting List Policy:</u> a. How facility processes their waiting list b. Actions to be taken to provide interim services c. How crisis issues are addressed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> •
14.	<u>Welcoming Policy:</u> 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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> •



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15.	<p><u>Co-occurring Screening Policy:</u></p> <p>a. What screening and assessment tools are used</p> <p>b. Every client is screened for co-occurring needs</p> <p>c. A referral system with the Mental Health System</p> <p>d. How they will ensure individual gets the needed services.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> •
COUNTY: _____					
PROJECTED TREATMENT SERVICES					
16.	Projected services are reasonable with staffing indicated in Organizational chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> •
17.	Projected services include all services indicated on state approval request in line 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> •



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



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