Guided Checklist: Before Submitting Residential Provisional Attestation

Residential Provisional Certification Attestation Process

☐ I have thoroughly reviewed the *DMS Residential Provisional Certification Attestation PowerPoint* ,

and

☐ I understand the DMS Provisional Certification requirements

Attestation:

☐ Includes ALL Levels of Care seeking Provisional Certification
☐ Is signed and dated

Section G Attestation Documents Are:

☐**ALL** documents have been included, per Section G (and contains only the documents requested)
☐ Documents are legible
☐ Clearly labeled and submitted in chronological order
☐Submitted as individual Word or PDF attachments (No Drop Box or Shared Drives).

Attachment 1: Linkage Agreements (if applicable) include:

☐ All signed agreements for any services not provided within the attesting program are included
☐ Clearly describes the specific service(s) being provided by each organization noted in the MOU, **and**
☐ How each agency is reimbursed for agreed upon services

Attachment 2: Weekly Program Schedule includes:

☐ 7 days of active, meaningful, intentional services; (not only activities)
☐ Shows both group **and** individual services
☐ Descriptions and objectives for all services and activities noted on the program schedule, including who provides the services and relative credentials. (If program is not currently open, please provide a draft/mock schedule that includes credentials of the person(s) who will provide the program service)
☐ If applying for more than one LOC, program schedules and policies reflect differentiation of services that are appropriate for each level

Attachment 3: Weekly Staffing Schedule includes:

☐ Names and Credentials for ALL employees specific to the attested program (If program is not currently open, please provide a draft/mock schedule that includes credentials of the person(s) to be hired)
☐ On-call Personnel are only the appropriately trained clinical staff
☐ Reflects 24/7 staff coverage
☐ Staff to patient ratio reflects DMS regulation standards (1:12 for clinical groups, 1:8 PSS groups) are being met (according to Attachment 2)
☐ Draft of staff schedule and staffing plan, if not currently providing services

Attachment 4: Certifications for ALL non-licensed staff includes:

☐Certificates for all non-licensed staff listed on staffing schedule
☐Proof of documented yearly CE trainings (specific to the certification requirements)
☐All certifications and CEs are up to date

Attachment 5: Copies of License(s) for Clinical and Medical Staff:

☐All clinical and medical staff licenses are up to date and active

Attachment 6: Example of Assessment Tools and Treatment Plan Policies:

☐ Clearly includes the ASAM 6 Dimensions in determining appropriate LOC
☐ Includes who completes biopsychosocial assessment and timeframe for completion and frequency of reassessment
☐ Treatment Planning policy includes who completes the individual treatment plan and frequency of review/modification

Attachment 7: Admission and Physical Examination (PE) Policy includes:
☐Need of DSM/ICD diagnosis
☐Reflects identification of medical and psychiatric needs/conditions that would exclude admission into LOC (when applicable)
☐Who completes the PE and timeframe for completion

Attachment 8: Documentation supporting access to 24/7 emergency services

☐Addresses the policies and protocols of how **both** medical and psychiatric emergencies are addressed 24/7

Attachment 9: Care Coordination and Discharge Planning Policy describes:

☐ Who completes care coordination and discharge planning services
    ☐ What is included in these services

Attachment 10: Medication Assisted Treatment (MAT) Policy reflects:

☐The beneficiaries' freedom of choice to participate
☐Access to FDA-approved medications
☐How/By who MAT is assessed
☐How patients obtain medications
    1) When needed
    2) For maintenance after discharge or transfer

Attachment 11: Drug Screen Policy includes:

☐ Frequency of testing
☐ Who orders testing
☐ How need for testing is determined
☐Meets adherence to both Department of Medicaid Services regulations and ASAM guidance

Attachment 12: Clinical Laboratory Improvement Amendment (CLIA) Certification

☐Current CLIA for attesting location

Attachment 13: Appropriate Program License includes:

☐ Active AODE residential license for attested program location