

County of San Mateo  
Behavioral Health and Recovery Services  
Alcohol and Other Drug Services  
Contracted Treatment Provider Evaluation  
FY 2015-2016

<b>Provider:</b>	<b>Date:</b>
<b>Modality:</b>	
<b>AOD Analyst:</b>	
<b>Provider Attendees:</b>	

**Evaluation:**

Y = Yes, in Compliance

NI = Needs Improvement; 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

<b>Provider Organization and Administration</b>						
	Y	NI	CAP	NA		Standard
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	Board of Directors has at least 5 members .
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	BOD meets at least quarterly.
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18000	Current list of BOD members' names/addresses.
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	BOD is active with assignments/committees/subcommittees.
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	Review BOD meeting minutes for the last four quarters.
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18005	Provider agency has Articles of Incorporation and Bylaws.
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18015	Provider agency has a Community Advisory Board. This CAB may consist of the same individuals who sit on the BOD, and there are at least 5 CAB members.
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 18015	The CAB meets at least quarterly to review operations reports and the effectiveness of services provided to participants. The CAB advises the program director on policies and goals of the program and other related matters.
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 8000	Provider agency has a written program philosophy and/or mission statement.
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 9000	Provider agency has written description of the services offered, and the program's approach to recovery or treatment.
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 10000	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.

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12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 11000	Provider agency has a written evaluation plan for management decision making. Program data is collected to provide an assessment of the program's progress in meeting its objectives.
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHSA AOD Program Certification Standards 25000	Program has a good neighbor policy to support good community relations.
14	<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.
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	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.
Notes/Observations:						

<b>Facility Health and Safety</b>						
<b>Name/Address of Facility:</b>						
	<b>Y</b>	<b>NI</b>	<b>CAP</b>	<b>NA</b>		<b>Standard</b>
						The program facility is free from:
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Broken glass, filth, litter, or debris
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Flies, insects, or other vermin
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Toxic chemicals or noxious fumes and odors
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Exposed electrical wiring
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Peeling paint or broken plaster
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Other noticeable health or safety hazards
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	Carpet and floors are free from filth, holes, cracks, tears, broken tiles, or other safety hazards
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	The program provides for the safe disposal of contaminated water and chemicals used for cleaning purposes
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	The program has a written policy prohibiting the possession of guns, knives (other than kitchen utensils) or other weapons at the program site.

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25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26010	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.
Notes/Observations:						

Facility Postings and Documentation						
	Y	NI	CAP	NA		Standard
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26020	Hours of Operation are posted. Emergency numbers and other referral numbers are posted while provider is closed.
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10511	State Certification/License is posted
28	<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.
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 26015	Fire Clearance is posted
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 22000	Participants' Rights (form DHCS 5080, 07/13) is posted. Form must include County phone number.
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Equal Opportunity Act notification is posted.
						Written policies and procedures:
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12040	Medication Storage Policy/Handling of Prescription Drugs
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 17020	Quality Assurance/ Client File Review Policy
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Wait Times, Waiting Lists, and Referral Procedures
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 23000	Nondiscrimination in providing services
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010	Admit/serve those with physical/mental disabilities, conforming to Americans with Disabilities Act.
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 24000	Confidentiality of client records
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 17015	Client record organization/maintenance/disposal
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 22000	Clients' access to records
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 21000	Client grievance/appeal procedures

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41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 21000	Program Rules
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12010	Admission, Readmission, and Non-admission criteria
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12055	Referral documentation procedure and list of referrals
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12045	Urinalysis policy
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12045	Procedures protecting against falsifying and/or urine sample contamination adhered to
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12070	Recovery or Treatment Planning protocols
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12080	Continuing Care Planning protocols
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 12085	Discharge Planning protocols
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC Sections 11999-11999.3	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.
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trafficking Victims Protection Act of 2000	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.
51						Provider has a written policy and protocol for complying with the following control requirements:
51.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	HSC, Division 10.5, commencing with Section 11760
51.b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Title 9, CCR Division 4, commencing with Section 9000
51.c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Government Code Section 16367.8
51.d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130
51.e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Title 42 USC, Section 300x-31 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66
51.f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	The Single Audit Act Amendments of 1996 (title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
51.g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through

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						96.137
51.h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Title 42, CFR, Sections 8.1 through 8.34
51.i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances, and
51.j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)
Notes/Observations:						

<b>Personnel Policies and Records</b>						
	<b>Y</b>	<b>NI</b>	<b>CAP</b>	<b>NA</b>		<b>Standard</b>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCR Title 9, Division 4, Chapter 8, Section 13035	Staff has appropriate certification or registration with an approved California certifying agency that is visibly documented in the employee's personnel file.
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCR Title 9, Division 4, Chapter 8, Section 13035	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.
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counselor Certification, Section 13010 Title 9, Division 4, Chapter 8, Section 13035	30% of provider staff meets State of California Certification Standards.
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Files maintained for all employees and include the following:
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Application and Resume
57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Confirmation Letter
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10564	Date hired
59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Pay Rate
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Job description
61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Employee Evaluation (annual)
62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10125	Last TB test date/result
63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19015	Health Screening or Questionnaire
64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10572(b)	CPR/First Aid training where applicable
65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 10010	Signed Code of Conduct
66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Provider has a written personal policies/procedure manual and or handbook, which is kept current and

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						made available to all staff/volunteers.
						The policies/procedure manual and or handbook includes at least the following:
67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Work Hours (overtime/compensatory time)
68	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Scheduled time off/leave (vacation/sick/holiday)
69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Benefits (health/worker's compensation/unemployment)
70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Hiring practices
71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Discipline procedures
72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Discharge procedures
73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Promotion procedures
74	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Employee grievance procedure
75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Equal Employment Opportunity policy
76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Nondiscrimination policy
77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Training and Development policy
78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19005	Salary schedules and merit adjustments
79	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19010	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.
80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 19020	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. All training events are documented.
81	<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.
82	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III, I	Program maintains a log to track the eligibility status of employees, interns and volunteers prior to hiring

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						and on an annual basis thereafter. Eligibility status is checked with the Office of Inspector General <a href="http://www.Exclusions.OIG.HHS.Gov">www.Exclusions.OIG.HHS.Gov</a> . and with the Department of Health Care Services <a href="http://files.medical.ca.gov/pubsdoco/faq.asp">http://files.medical.ca.gov/pubsdoco/faq.asp</a> Verification of this ineligible screening process is due on January 2nd of each contract year.
83	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Attachment E	Program fingerprints 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.
Notes/Observations:						

Fiscal Practices						
	Y	NI	CAP	NA		Standard
84	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has a written policy for the assessment and collection of fees.
85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	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.
86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has a written procedure for assessing and assuring the integrity of the financial books of record at least once every three years.
87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has a uniform, consistent and reasonable procedure for determining costs of services provided.
88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has a reporting mechanism that indicates the relation of the budget to actual income and expenses to date.
89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has an accounting system based on accepted accounting principles.
90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	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.
91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 20000	Provider has liability insurance or is bonded.
92	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Part 92, Section 92.3	Provider tracks the obligations and expenditures of SAPT BG funds, including but not those limited to

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						those spent on primary prevention, services to pregnant women and women with dependent children, and HIV early intervention services.
93	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Section 96.135	Provider has a fiscal policy to ensure compliance with SAPT BG Restrictions on Expenditures guidelines.
94	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 45 CFR, Part 96, Section 96.137	Provider has written policies complying with Payment of Last Resort requirements for SAPT BG funding for pregnant and parenting women, tuberculosis services and HIV services.
95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC Sections 11999-11999.3	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.
96	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS DMC-NNA Contract	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 <a href="http://www.opm.gov/oca">http://www.opm.gov/oca</a> )
Notes/Observations:						

<b>Data Integrity, Accuracy and Timeliness</b>						
	<b>Y</b>	<b>NI</b>	<b>CAP</b>	<b>NA</b>		<b>Standard</b>
97	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider submits DATAR data by the 10th of each month.
98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider enters CalOMS client treatment data monthly, no later than the 10th of the following month.
99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider completes annual updates for client records that are outstanding for 12 or more months.
100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider ensures client discharges are completed appropriately in CalOMS Tx, no later than the 10 <sup>th</sup> of the following month.
101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III.E	Program enters client wait time data into DATAR.
102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III.E.b	Program's Documentation at a Glance Report indicate that all Consent forms are being used and are kept up to date, including: <ul style="list-style-type: none"> <li>•Consent to Treatment</li> <li>•Treatment Plans</li> <li>•Consent to share ASI</li> </ul>
103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III.E.d	Program has staff dedicated to participating in Avatar trainings and attending the monthly Avatar User Group meetings.



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Tuberculosis, SAPT Priority Admissions and Interim Services						
	Y	NI	CAP	NA		Standard
104	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	Provider routinely makes available TB services to each individual receiving treatment.
105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS NNA-DMC Contract	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.
106	<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"> <li>• Pregnant injecting drug users</li> <li>• Pregnant substance users</li> <li>• Parenting injecting drug users</li> <li>• Parenting substance users</li> </ul>
107	<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 woman because of insufficient capacity or the program does not provide necessary services, referral to another program is made and documented. Pregnant women are referred to another program or provided interim services, including a referral for prenatal care, within 48 hours of seeking treatment services.
108	<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 women 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.
109	<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 women it is unable to admit within 48 hours, including but not limited to: <ul style="list-style-type: none"> <li>•counseling and education on HIV and TB,</li> <li>•the risks of needle sharing,</li> <li>•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;</li> <li>•Referrals to HIV or TB services, if necessary;</li> <li>•Counseling pregnant women on the effects of alcohol and other drug use on the fetus; and</li> <li>•Referrals for prenatal care for pregnant women.</li> </ul>

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110	<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.
Notes/Observations:						

<b>Clinical Policies and Procedures</b>						
	<b>Y</b>	<b>NI</b>	<b>CAP</b>	<b>NA</b>		<b>Standard</b>
111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A. III.C.2	The Program has provided a written narrative on their current status of compliance with the Standard of Care Policy.
112	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A.III.C.3.a	The Program has staff dedicated to attending the Change Agents meetings to maintain and enhance the program's COD capability.
113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A.III.C.4.b	Provider has an established Quality Improvement Committee that is comprised of staff throughout all levels of the Agency.
114	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III.C.4.d	Provider has a written Quality Improvement Plan that is updated annually, with written quarterly reports documenting progress.
115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III.C.5	Provider solicits feedback from service recipients on an annual basis, through focus groups, client satisfaction surveys, or other mechanisms. The feedback is incorporated into the Quality Improvement plan.
116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A, III, G.2	Program has at least one staff dedicated to attend the Cultural Competence Council and the program is actively participating in at least one cultural competence effort within BHRS.
Notes/Observations:						

<b>Residential Detoxification Services</b>						
	<b>Y</b>	<b>NI</b>	<b>CAP</b>	<b>NA</b>		<b>Standard</b>
117	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 16020	Staff physically checks each participant for breathing by a face-to-face physical observation at least every 30 minutes for at least the first 12 hours of admission.
118	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.121 and San	Provider has a written policy granting priority

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					Mateo County BHRS Agreement	admission for clients in the following order: <ul style="list-style-type: none"> <li>• Pregnant injecting drug users</li> <li>• Pregnant substance users</li> <li>• Parenting injecting drug users</li> <li>• Parenting substance users</li> <li>• IMAT and ARM referred clients</li> <li>• All other BHRS referred clients</li> </ul>
119	<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
120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10573 (a) (7)	Food: properly stored, prepared and served
121	<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)
122	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10583	Appropriate sleeping and personal storage quarters
123	<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
124	<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
125	<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.
126	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 16030	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.
127	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 16030	At all times, there must be at least 1 staff member on duty and awake with current CPR and First Aid certificate.
Notes/Observations:						

<b>Outpatient and Intensive Outpatient Services</b>						
	<b>Y</b>	<b>NI</b>	<b>CAP</b>	<b>NA</b>		<b>Standard</b>
128	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13000	Outpatient Programs have a minimum of two individual or group sessions per 30-day period.
129	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A.I.A.1.a	Outpatient programs provide a minimum of 2 group counseling sessions per 30 day period, and a minimum of 30 minutes of individual counseling sessions bi-weekly, or 1 hour per month.
130	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13000 and San Mateo County BHRS Agreement, Exhibit A.I.A.1.b	Intensive Outpatient Programs have between 3-5 hours of individual or group sessions and/or structured activities per day 3-5 days per week, for a minimum of 9 hours and a maximum of 19 hours per week.

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	Notes/Observations:
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<b>Residential Services</b>						
	Y	NI	CAP	NA		Standard
131	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13000	Residential Programs have a minimum of 20 hours per week of individual or group sessions and/or structured activities for each participant.
132	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County BHRS Agreement, Exhibit A.I.A.1.d	Adult residential programs provide a minimum of 20 hours per week of counseling and/or structured therapeutic activities, including individual counseling sessions at a minimum of 30 minutes per week or 1 hour bi-weekly.
133	<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
134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10573 (a) (7)	Food: properly stored, prepared and served
135	<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)
136	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10583	Appropriate sleeping and personal storage quarters
137	<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
138	<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
139	<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.
140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 12070 (b)	Treatment plan due within 14 days of admission, reviewed every 14 days
141	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHCS AOD Program Certification Standards 13000	Treatment plan progress is recorded weekly
142	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title 9, Section 10567 (b)	TB clearance: 6 months prior to or 30 days after admission, then annually
Notes/Observations:						

<b>Adolescent Services</b>						
	Y	NI	CAP	NA		Standard
143	<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. If the program serves youth younger than 12 or between 18-21, the program: Documents clinical appropriateness and has a written protocol that addresses developmentally appropriate services for that age group.
144	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines, Section V.C	Program uses a comprehensive assessment tool to document the level of severity of the youth's AOD-related problems and addresses the level of care the youth needs. The assessment tool should include,

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						but not be limited to, issues of substance abuse, mental health, physical health, legal, development, school/education/employment, and family/peer relationships.
145	<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.
146	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines, Section V.F.2-3	Treatment plans are developed in conjunction with the youth and address multiple problems, including but not limited to mental health, education, family, medical illness, and legal issues.
147	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines, Section V.C.7 and V.F.7	Treatment plans are completed within 30 days of admission, and are modified as needs arise or change during treatment, or at least every 6 months.
148	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines Section V.G.2	Program provides individual counseling sessions to each youth participant as clinically appropriate and specified in the treatment plan, but at least: <ul style="list-style-type: none"> <li>•Upon admission,</li> <li>•to develop and revise treatment plans,</li> <li>•as needed when the youth is uncomfortable/unready to address an issue in a group setting,</li> <li>•for crisis intervention, and</li> <li>•discharge planning.</li> </ul>
149	<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.
150	<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.
151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2002 Youth Treatment Guidelines V.L	Program randomly drug tests participants.
152	<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 and certified in first aid and CPR.
153	<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.
154	<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.
155	<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

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						family therapist.
156	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	San Mateo County Adolescent Treatment Requirements	Program services include a minimum of 1 hour of individual counseling per week, 2 hours of recovery-oriented group counseling per week, and 2 hours of family counseling per month.
Notes/Observations:						

<b>Perinatal Services</b>						
	<b>Y</b>	<b>NI</b>	<b>CAP</b>	<b>NA</b>		<b>Standard</b>
157	<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.
158	<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.
159	<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.
160	<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.
161	<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.
162	<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.
						Program provides or arranges for the following services:
163	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC 11757.59(b)	Parenting skills building and child development information.
164	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSC 11757.59(b)	Educational/vocational training and life skills resources.
165	<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.
166	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 CFR 96.121	TB and HIV education and counseling.
167	<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



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Receipt of Notification from Contractor

Contractor Name: \_\_\_\_\_

BHRS Analyst: \_\_\_\_\_

Date of Agency Site Visit: \_\_\_\_\_

Please select one of the following:

1. \_\_\_\_\_ Contractor has received the SMC BHRS-AOD Site Visit Report. We concur with SMC BHRS-AOD that no further action is required/necessary.
2. \_\_\_\_\_ Contractor has received SMC BHRS-AOD Site Visit Report. Corrective Action Plan is attached.

Contractor has the right to submit a rebuttal or written response if in disagreement with any deficiencies or noted non-compliant items in the report. However, a Corrective Action Plan is due by \_\_\_\_\_ regardless of any disagreement.

\_\_\_\_\_  
Signature of Contractor Staff completing form

\_\_\_\_\_  
Date