

Macomb County Office of Substance Abuse Quality Assurance Evaluation Form		1	2	3	4	5	6	7	8	9	10	TOTAL	%
Standards:		COMPLIANCE SCORE (YES=1 / NO=0 / N/A= blank)											
Clinical:													
1	Qualifying diagnosis (OUD or StimUD) in record	0	0	0	0	0	0	0	0	0	0	0	0%
2	Individual has proof of Macomb County residency	0	0	0	0	0	0	0	0	0	0	0	0%
3	Medicaid is active for time covering RI enrollment and participation	0	0	0	0	0	0	0	0	0	0	0	0%
4	Evidence of client consent for RI is present in the record	0	0	0	0	0	0	0	0	0	0	0	0%
5	CHESS enrollment completed accurately	0	0	0	0	0	0	0	0	0	0	0	
6	During Weeks 1-12 were UDTs scheduled twice per week, 72 hours apart	0	0	0	0	0	0	0	0	0	0	0	
7	During Weeks 13-26 UDT were scheduled once per week	0	0	0	0	0	0	0	0	0	0	0	
8	RI Session and UDT status recorded CHESS platform	0	0	0	0	0	0	0	0	0	0	0	
9	Progress note documenting RI session completed, signed, dated completed within 48 hours	0	0	0	0	0	0	0	0	0	0	0	
10	Outreach attempted and documented for all missed visits	0	0	0	0	0	0	0	0	0	0	0	0%
11	UDT results are present in the record	0	0	0	0	0	0	0	0	0	0	0	0%
12	CHESS disenrollment completed accurately	0	0	0	0	0	0	0	0	0	0	0	0%
13	Offer of continued treatment and recovery supports documented after conclusion of RI	0	0	0	0	0	0	0	0	0	0	0	0%
	Total	0	0	0	0	0	0	0	0	0	0	0	
	Total Compliance Points	0	0	0	0	0	0	0	0	0	0	0	
	Compliance Percentage	#DIV/0!	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	

Consultation/Comments:

Comments

[illegible]