

MCCMH-SUD Quality Assurance SUDHH Tool							
		1	2	3	4	5	6
STANDARDS		COMPLIANCE SCORE (YES=1 / No=0)					
Admission							
1	Evidence of Macomb County residency clearly evident	0	0	0	0	0	0
2	FOCUS Admission/OHH Registry is completed accurately and within 7 days of signed consent or before next billed service	0	0	0	0	0	0
3	FOCUS Demographics (name, phone, address, DOB) OHH Insurance Policy, and Authorization are completed correctly and within 7 days of signed consent or before next billed SUDHH service, and annually as applicable	0	0	0	0	0	0
4	Diagnosis of one of the qualifying chronic health condition or related risks factors is present in the record	0	0	0	0	0	0
5	All WSA required enrollment documents (Consent, MDHHS 5515 and SDOH Screening) are completed correctly and uploaded within 7 days of signature	0	0	0	0	0	0
Assessment							
6	Qualifying SUD diagnosis reflected in chart	0	0	0	0	0	0
7	Z codes for Social Determinants of Health are appropriately documented	0	0	0	0	0	0
8	Evidence of a completed Social Determinants of Health Screening is in the record at intake and at least annually thereafter	0	0	0	0	0	0
9	WSA Count Data is present in the chart	0	0	0	0	0	0
Health							
10	Primary Care Physician (or lack of one) is identified in the chart.	0	0	0	0	0	0
11	If no PCP is identified, then evidence of establishing a PCP is evident	0	0	0	0	0	0
12	Prescribed medications are documented and updated, as necessary.	0	0	0	0	0	0
13	Care Coordination Documentation (PCP communications, hospital records, labs, pharmacy records, team meetings/case consults, etc) is evident	0	0	0	0	0	0
SUDHH Care Plan							
14	Care plan is completed within 30 days of signed SUDHH consent, signed by all SUDHH team members, and provides evidence of client participation	0	0	0	0	0	0
15	Care Plan is individualized; identifies goals with specific objectives, services, activities, and specific dates for completion, and responsible person for each	0	0	0	0	0	0
16	Care Plan identifies Z-Code diagnosis for SDOH concerns identified in the SDOH Screening	0	0	0	0	0	0
17	Care Plan review is conducted at least every ninety (90) days	0	0	0	0	0	0
18	Care Plan reviews/updates document progress towards goalson the plan, with completed goals removed/replaced as needed	0	0	0	0	0	0
19	Care Plan is completed and uploaded to WSA within 30 days signed SUDHH Consent to treat	0	0	0	0	0	0

20	Care plan updates/reviews are uploaded to the WSA within 7 days of their completion	0	0	0	0	0	0
Service Delivery							
21	Specific SUDHH Core Service Category is documented for each billed service	0	0	0	0	0	0
22	Documentation of services provided align with identified goals and objectives in care plan	0	0	0	0	0	0
23	Service notes contain chart number, date, start and end time of session, and SUDHH team member's signature and credentials	0	0	0	0	0	0
24	Referrals provided to client are clearly documented, with follow through status updated as applicable	0	0	0	0	0	0
25	Evidence of client outreach post-emergency department discharge is completed within 7 days of event notification and clearly documented in the record	0	0	0	0	0	0
Discharge Records							
26	FOCUS Discharge Screen is correct, based on the information in the record	0	0	0	0	0	0
27	WSA Disenrollment Date matches the last billed date of SUDHH services	0	0	0	0	0	0
28	Three outreach attempts per month over the course of 90 days are evident in the chart if discharged due to unresponsiveness	0	0	0	0	0	0
29	Case is closed in FOCUS within 7 days of discharge eligiblity	0	0	0	0	0	0
Total		0	0	0	0	0	0
Total Compliance Points		0	0	0	0	0	0
Compliance %		#DIV/0!	#####	#####	#####	#DIV/0!	#DIV/0!

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