

# COMMUNITY MENTAL HEALTH

## Newaygo County

### QUALITY AND COMPETENCY MONITORING

#### Provider Agency

Date of Review: 9.20.16

Reviewer Name: Cindy Ingersoll

Provider Name Empowerment Network Type of Service: Drop-in Center

Address 5-51/2 E. Main St.

City/Zip\_Fremont 49412

Phone: 231-924-3901

**RATING: 1 = Meets Standard 2=Partially Meets Standard 3 = Does Not Meet Standard**

*(If Provider receives any ratings of 2. Partially meets Standard or 3. Does Not Meet Standard, a written plan of correction is required within 30 days and a re-assessment may occur.)*

	<b>LICENSURE and PRIVILEGING</b>	<b>RATING</b>
1	Professional license/registration/certification current.	na
2	Professional license/registration/certification free from disciplinary actions and complaints.	<b>na</b>
3	Medicaid Enrolled Provider (for Children's Waiver)	na
Comments:		

	<b>INSURANCE</b>	<b>RATING</b>
1	Professional Liability insurance current.	1
2	Workers' compensation insurance current.	<b>1</b>
Comments:		

	<b>TRAINING</b>	<b>RATING</b>
1	Recipient Rights - Basic Training (within 30-days of contract start)	1
2	Person Centered Planning	<b>1</b>
3	Limited English Proficiency	1
4	Cultural Diversity	<b>1</b>
5	Compliance Plan	1
6	Electronic Information Management/Security	1
	Other: (list)	
Comments:		

	<b>PERFORMANCE: check (✓) what documentation and reporting was reviewed, and attach documents</b>	<b>✓</b>
1	Peer Reviews	na
2	Accreditation Survey Reports/Plans of Correction	na
3	Medicaid Sanction Listing- no findings	na
4	Customer Satisfaction- interview of clinicians and supervisor	1
5	Recipient Rights Reports- no investigations were conducted	1
6	Service Authorization/Utilization Management Reports- services provided with appropriate authorizations	na
7	Medical Record Review-	na
8	Medicaid Claims Verification Reports	na
9	Compliance Reports- no reports received regarding their services.	na
10	Quality Improvement Reports	na
11	Leadership/Administrative Reports	na
12	Human Resources Reports/Staff Competency Reports	na
13	Observation of service provision-verbal reports received from supervisor	1
	Other: (list)	

<p>Comments: Staff, participants and family are very impressed and please with their services. They continue to grow and meet the changing needs of their community.</p>		
<b>REVIEWER COMMENTS and RECOMMENDATIONS</b>		
	<p>The drop-in center has continued to grow and has become an important support system for persons with SMI in Newaygo County. Due to their efforts to be seen as a member of the downtown business district and a member of the community they have reached out to businesses and participate in Chamber of Commerce activities, are well known to business owners as part of the business district, and have community members who reach out to provide assistance and opportunities to those who participate in the drop-in. We remain very proud of their efforts and successes. There is really nothing new that can be said. They continue to work diligently providing support and encouragement to their members.</p>	
	<p><b>Provider recommended for continued contract:    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</b></p>	
<p>Reviewer Signature: <u>Cindy Ingersoll</u>                      Date: <u>9.20.16</u></p>		

C: Evaluation Office  
Contract Administration Office

Independent/Agency  
7/21/03