

**COMMUNITY MENTAL HEALTH
Newaygo County**

QUALITY AND COMPETENCY MONITORING

Provider Agency

Date of Review: _____

Reviewer Name: ___Cindy Ingersoll_____

Provider Name Hope Network West Michigan (formerly MOARC) Type of Service: Skill Building

Address Hope Network West Michigan, PO Box 890, 755 36th St SE

City/Zip_GR 49518-0890

Phone:

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.)

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

	INSURANCE	RATING
1	Professional Liability insurance current.	1
2	Workers' compensation insurance current.	1
Comments:		

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

	PERFORMANCE: check (✓) what documentation and reporting was reviewed, and attach documents	✓
1	Peer Reviews	1
2	Accreditation Survey Reports/Plans of Correction	1
3	Medicaid Sanction Listing- no findings	1
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	1
7	Medical Record Review-	1
8	Medicaid Claims Verification Reports	1
9	Compliance Reports- no reports received regarding their services.	1
10	Quality Improvement Reports	1
11	Leadership/Administrative Reports	1
12	Human Resources Reports/Staff Competency Reports	1
13	Observation of service provision-verbal reports received from supervisor	1
	Other: (list)	

Comments: Staff and family are very impressed and please with their services.		
REVIEWER COMMENTS and RECOMMENDATIONS		
	We have continued to use this services for several years for 2 persons living on the northern edge of the county. Both persons have progressed well in the program moving to newer challenges and learning opportunities. It is unclear how long the program will remain an opportunity or if the current consumers will need this service much longer. It have been a great opportunity and has provided excellent teaching environment. No changes to services have been reported.	
	\Provider recommended for continued contract: __X__ Yes ____ No	
<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