

**FILE REVIEW INSTRUMENT**

(complete one instrument per file)

<b>Vendor Name:</b>	<b>BPA#:</b>
<b>Date:</b>	<b>Reviewed by:</b>
<b>PACTS #:</b>	

<b><u>File Content &amp; Maintenance</u></b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
File contains a Program Plan 45 (initial and all amended and terminated plans). These are signed by a referral agent.	<input type="checkbox"/>	<input type="checkbox"/>	
File contains a confidential Release of Information.	<input type="checkbox"/>	<input type="checkbox"/>	
File contains chronological notes reflecting all significant contacts, topics covered during sessions, and modalities of therapies used.	<input type="checkbox"/>	<input type="checkbox"/>	
File contains Sign-In Logs, and/or UA Logs.	<input type="checkbox"/>	<input type="checkbox"/>	
File contains an initial Treatment Plan.	<input type="checkbox"/>	<input type="checkbox"/>	
File contains updated Treatment Plans (every 90 days).	<input type="checkbox"/>	<input type="checkbox"/>	
File contains approval for any telehealth provided.	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Provision of Services</u></b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Services are provided in accordance with the Program Plan 45.	<input type="checkbox"/>	<input type="checkbox"/>	
The vendor is communicating with the USPO/USPSO as required. (PCRA high and moderate, all residential, PTR A 3, 4, 5 and SO cases – min. every 30 days; PTR A 1 and 2, and all other referrals – min. every 90 days; upon request of officer)	<input type="checkbox"/>	<input type="checkbox"/>	
Conferences include individual's motivation for treatment, modality and frequency of treatment, SMART goals, risk and responsivity factors, cultural considerations, noncompliance, community observations, collateral supports, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Vendor Reports</u></b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Assessments/Evaluation Reports are in accordance with SOW.	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment Plans are signed by vendor and client, and include SMART goals, action steps, support networks, medication management, community-based services, skills developed to manage risk, self-management skills, target completion dates, recommendations/justifications for continued treatment.	<input type="checkbox"/>	<input type="checkbox"/>	
Transitional Care Plan (when applicable) includes the reason for concluding contract treatment, supportive social networks, medication management, community-based services, skills developed, self-management skills, and diagnosis and prognosis. The plan was sent no later than 15 days after treatment was terminated.	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Notifying USPO/USPSO of Non-Compliance</u></b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
The vendor provided notification in writing within 24 hours of any violation behaviors including no-shows, positive drug tests or testing violations, behavior that may increase risk, and/or not following staff direction.	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Interactions</u></b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Interactions include the use of cognitive and behavioral techniques, including but not limited to cognitive restructuring, skill building using a structured learning approach (including modeling, role rehearsal and feedback), and teaching the skill of problem solving.	<input type="checkbox"/>	<input type="checkbox"/>	
Interventions address risk and needs as defined in the Treatment Plan.	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments: