

Iowa's Integration Project (PIPBHC): Site Visit Tool

Agency Name: _____

Date of Intake: _____

Client ID#: _____

Date of Discharge / Follow Up: _____

PIPBHC Client Record				
Documentation	Yes	No	N/A	Comments
Intake Interview				
1. Client Intake form filed in the client record at time of admission into PIPBHC services				
2. Documentation of client residence in state of Iowa				
3. Documentation that NOM Intake was completed				
4. Documentation of the Intake Notification form				
5. Documentation of signed and dated PIPBHC Voluntary Consent				
6. Documentation of signed releases of information				
7. Dated service notes documenting client's participation and matching dates of each reported encounter				
8. Documentation of financial status				
9. Documentation of Collateral Contacts Form (in client record)				
10. Documentation of each encounter				

Documentation	Yes	No	N/A	Comments
Follow-Up Interview				
1. Documentation of follow-up completed between five and seven months post NOM's intake date				
2. Documentation of encounter in client record				
3. Documented distribution of \$30 incentive/gift card to PIPBHC client				
Discharge Interview				
1. Documentation of NOM's face to face Discharge Interview				
2. Documentation of Administrative Discharge, if discharge not completed				
3. Documentation of Discharge Notification form				
4. Documentation of the encounter in client record				
Care Coordination				
1. Documentation of on-going face -to-face or telephone meetings with client to coordinate and support client access to, participation in, and continuation in PIPBHC covered services				
2. Documentation of receipts documenting payment for goods/services				
3. Documentation of encounter(s) in the client record				
4. Documentation that receipt matches date and amount previously authorized and agreed to by client and provider				
5. Documentation of client signature and date on client receipt form				
6. Documentation of actions taken for inappropriate use of PIPBHC funds (notification to clients that funds restricted, repayment to IDPH, exception request)				

Documentation	Yes	No	N/A	Comments
7. Documentation of distribution of items to client				
8. Cost of item(s) matches reported billable units (rounded)				
Supplemental Needs				
1. Documentation that services documented in the Recovery Support Services Tracking Sheet do not exceed the category limits				
2. Documentation of itemized and readable receipts of payment for the activity, with matching encounters in the RSS Tracking Sheet				
3. Documentation of repayment to IDPH for services/goods provided that do not match service descriptions with matching encounters in RSS Tracking Sheet				
4. Company name printed on receipt by vendor of goods/services				
5. All receipts represent only approved goods or services according to service descriptions				
6. Documentation that client is involved in residential substance abuse treatment				
Sober Living Activities				
1. Documentation that services documented in the Recovery Support Services Tracking Sheet do not exceed the category limits				
2. Documentation of itemized and readable receipts of payment for the activity, with matching encounters in the RSS Tracking Sheet				
3. Documentation of repayment to IDPH for services/goods provided that do not match service descriptions with matching encounters in RSS Tracking Sheet				
4. Company name printed on receipt by vendor of goods/services				

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Documentation	Yes	No	N/A	Comments
5. All receipts represent only approved goods or services according to service descriptions				
Childcare				
1. Documentation of service provided in the client file				
2. Documentation that service provided meets criteria outlined in the PIPBHC RSS Description				
3. Documentation that service(s) provided matches the encounter entered in the RSS Tracking Sheet				
Pharmacological Interventions/Drug Testing Incentives				
1. Documentation of service provided in the client file				
2. Documentation that service provided meets criteria outlined in the PIPBHC RSS Description				
3. Documentation that services provided matches the encounter entered in the RSS Tracking Sheet				
4. Documentation of medication prescription and pharmacy receipt (Pharmacological Interventions only)				
Transportation				
1. Documentation of service provided in the client file				
2. Documentation that service provided meets criteria outlined in the PIPBHC RSS Description				
3. Documentation that services provided matches the encounter entered in the RSS Tracking Sheet				