



Missouri Division of Alcohol & Drug Abuse (ADA)

SAMHSA Access to Recovery Grant (ATR)

SAFETY AND BASIC ASSURANCES REVIEW RECOVERY SUPPORT PROVIDERS

Date of Review	
Reviewer Name	
Administrative Site:	Program: Director: Address: Telephone Number: E-mail Address:

Personnel 9 CSR 10-7.110

Box Codes: P – Pass

F – Fail

N – Not Applicable

P **F** **N**

STANDARDS

- 1. Program site has complete, confidential, and current personnel records for each staff or volunteer assigned to ATR program
- 2. Staff/volunteers possess the training, experience, and credentials to effectively perform their assigned services and duties related to ATR program
- 3. Organization shall conduct an orientation for all staff and/or volunteers
- 4. Each staff and/or volunteer shall participate in at least 3 hours of relevant continuing education
- 5. Each staff and/or volunteer has documented proof that they are eligible to work and reside in the United States, which includes a valid driver's license, social security card, or approved work Visa
- 6. A Code of Ethics for Recovery Support Providers has been signed by each staff and/or volunteer
- 7. Each staff member being paid for transportation must have a valid Class E driver's license.
- 8. Each personnel file must contain a copy of staff/volunteer's background check.

Physical Plant & Safety 9 CSR 10-7.120

Box Codes: P – Pass

F – Fail

N – Not Applicable

P F N

STANDARDS

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. All buildings used for programmatic services shall meet applicable state and local fire safety and occupancy requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Organization shall maintain documentation of all inspections and corrections of any deficiencies to assure compliance with fire safety and health requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Individuals are able to readily access the organization's services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. A reception/waiting area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Private areas for individual counseling and family therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. An area for indoor social and recreational activities in residential settings and in nonresidential settings where individuals are scheduled for more than four hours per day |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Separate toilet facilities for each sex |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Appropriate furnishings which are clean and in good repair |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Use of appliances such as television, radio and stereo equipment shall not interfere with the therapeutic program |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate and comfortable lighting. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Effective pest control measures |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Facility free of undesirable odors |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Organization has an emergency preparedness plan, which addresses natural disasters and medical emergencies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Evacuation routes are posted |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Emergency numbers for the fire department, police, and poison control shall be posted and readily visible near the telephone |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Portable ABC type fire extinguishers are located on each floor, are clearly visible, and properly charged |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Existing measures to ensure safe transportation for persons served |

Physical Plant & Safety 9 CSR 10-7.120**Residential Facilities**

Box Codes: P – Pass

F – Fail

N – Not Applicable

P	F	N	STANDARDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. At least one toilet, one lavatory with mirror and one tub or shower for each six individuals provided overnight sleeping accommodations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Bathrooms in close proximity to the bedroom area(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Privacy for personal hygiene, including stalls or other means of separation acceptable to the department when a bathroom has multiple toilets, urinals, or showers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Laundry area or service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Adequate supply of hot water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Lockable storage space for the use of each individual being served
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Furniture and furnishings suitable to the purpose of the facility and individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Books, newspapers, magazines, educational materials, table games and recreational equipment, in accordance with the interests and needs of individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. An area(s) for dining
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Windows which afford visual access to out-of-doors and, if accessible from outside, are lockable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Availability of outdoor activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have separate areas for males and females
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Have a separate bed with adequate headroom for each individual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Encourage the display of personal belongings in accordance with treatment goals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Provide a set of linens, a bedspread, a pillow and blankets as needed

Documentation 9 CSR 10-7.030			
Box Codes: P – Pass F – Fail N – Not Applicable			
P	F	N	STANDARDS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Organization has an organized record system for each client that receives recovery support services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Client records are maintained in a manner which ensures confidentiality and security
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If records are maintained on computer systems, there is a backup system to safeguard records in the event of operator or equipment failure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Organization retains individual records for at least five years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Organization assures ready access to all records, including computerized records, by authorized staff and other authorized parties including Department of Mental Health staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. All entries in the individual record shall be legible, clear, complete, accurate, and recorded in a timely fashion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Documentation of individual services includes date, time period, client name and DMH #, name of staff member providing the service, type of service, and brief description of what occurred
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Documentation of group services includes type of group, topic, date, beginning and ending time, name of staff member facilitating group, group log with client names and DMH #'s, and brief description of the group
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Documentation of transportation services includes name of client and DMH #, date of trip, mileage of trip, and purpose of trip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Documentation of child care services includes name of adult client and DMH #, name of child, date and time child care was provided, and purpose of child care (what adult client was doing that made child care necessary)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. There is evidence of compliance with recommendations resulting from billing reviews or technical assistance visits.
Client Rights 9 CSR 10-7.020			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Agency complies with 9 CSR 10-5.200 regarding protection from abuse and neglect and investigation of any such allegations; if there has been an incident report that has required plan of correction, there is evidence that the plan has been implemented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Client rights and grievance procedures are posted in plain view throughout the facility

2/28/2008