

**COMMUNITY MENTAL HEALTH  
Newaygo CMH**

**QUALITY AND COMPETENCY MONITORING**

**Independent Provider/Independent Practitioner**

Date of Review: March 1, 2017

Reviewer Name: Brian Russ

Provider Name: Allison Stafford                      Type of Service: Clinical Psychiatric Medicine  
Address: 375 Apple Tree Drive

City/Zip: Ionia, MI 48846

Phone: 616-527-1790

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

	<b>INSURANCE</b>	<b>RATING</b>
1	Professional Liability insurance current.	<b>1</b>
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)	1
Comments:		

PERFORMANCE: check (✓) what documentation and reporting was reviewed, and attach documents		✓
1	Peer Reviews	N/A
2	Medicaid Sanction Listing	1
3	Customer Satisfaction	1
4	Recipient Rights Reports	1
5	Service Authorization/Utilization Management Reports	1
6	Medical Record Review	1
7	Medicaid Claims Verification Reports	1
8	Compliance Reports	1
9	Observation of service provision	1
10	Other: (list)	
Comments: No completed peer reviews due to limited time under contract. Performance is viewed as meeting the standard.		

REVIEWER COMMENTS and RECOMMENDATIONS	
<b>Allison has met all standards, and it is recommended that she continues to provide services at NCMH.</b>	
<b>Provider recommended for continued contract:</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Reviewer Signature: <u>    <i>B. R. R.</i>    </u> Date: <u>    3-1-17    </u>	

C: Evaluation Office  
 Contract Administration Office  
 1551 Andover SW  
 Independent  
 7/21/03 rev.

