

**NC DIVISION of MH/DD/SAS**

**2010-2011 DWI MONITORING TOOL 2 – ASSESSMENT/e508 SYSTEM**

Areas deemed not met are documented on the Review Findings and Exit Form. Forms are signed by the Provider indicating acknowledge of findings that result in Plan(s) of Correction as required by Division Policy ACC002 and the Office of DWI Services.

<b>PROVIDER/FACILITY NAME:</b>		<b>PROVIDER CODE:</b>
<b>CLIENT NAME:</b>		<b>RECORD #:</b>
<b>ASSESSMENT DATE:</b>		<b>CONTROL #:</b>
<b>SYSTEM COMPLIANCE FOR ASSESSMENT/CERTIFICATE OF COMPLETION</b> 0 = NOT MET; 1 = MET; 9 = NOT APPLICABLE		<b>RATING</b>
Check <input checked="" type="checkbox"/> if this is a Driving While License Revoked (DWLR) Assessment <input type="checkbox"/>		
<b>SECTION I: STAFF CREDENTIALS/APPROVALS – ASSESEMENT PROVIDERS</b> In accordance with 10A NCAC 27G.0104		
1. Staff is qualified to complete assessments as verified by NCSAPPB.		<b>1.</b>
<b>SECTION II: CLINICAL ASSESSMENT</b>		
2. Evidence of DSM-IV diagnosis is present as determined by clinical assessment.  DSM IV Codes: Alcohol Dependence 303.90: _____ Alcohol Abuse 305.00: _____ Other: Indicate Disorder or Code: _____ ADETs: No Diagnosis _____		<b>2.</b>
<b><u>NOTE: FOR DWLR ASSESSEMENTS: Enter "9" and complete Section IV.</u></b>		
3. Evidence of ASAM Patient Criteria is present as determined by clinical assessment.		<b>3.</b>
4. Client Signature is present indicating they were given an updated list of all DWI Providers within their service area.		<b>4.</b>
5. The client signature is present on the Consent Form for Release of Information and includes the various agencies for communicating and reporting findings. (10A NCAC 27G .3807 (d).		<b>5.</b>
<b>SECTION III: DOCUMENTATION: CERTIFICATE OF COMPLETION – e508 SYSTEM</b> In accordance with Division Policy 0108 eff. 2/1/2008 and Division Policy 1207 eff. 12/1/2007		
6. There is evidence that Certificate of Completion was submitted within two (2) weeks of the assessment date.  Assessment Date: _____ Date Sent to State Office: _____		<b>6.</b>
7. There is evidence that the provider has managed the e508 system to ensure every step of the process has been completed for the assessment. (Exceptions Noted).		<b>7.</b>
8. The provider has made efforts to resolve holds/rejects within the e508 system that are associated with this client record. (Exceptions Noted).		<b>8.</b>

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9. Certificate of Completion Form which indicates date sent to State Office has been signed by professional staff and placed within client file. (Date Sent to State Office does not indicate <blank>).	<b>9.</b>
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<b>SECTION IV: DRIVING WHILE LICENSE REVOKED – DWLR</b> In accordance with Statutory Reference G.S. 20-28
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10. Diagnosis was based on clinical assessment that indicates:  a. Early Full Remission _____ b. Sustained Remission _____ c. Partial Remission _____ d. Other: _____	<b>OVERALL</b>  <b>10.</b>
	a.
	b.
	c.
	d.
11. Client was referred to treatment based on diagnosis of partial remission.	<b>11.</b>

**COMMENTS: (Use Additional Comments Sheet as needed)**

**Findings require corrective actions: (Circle) YES NO**

**Auditor Instructions**  
 Use Comments section to indicate areas of noncompliance that result in a Plan of Correction (POC) and provide details to support findings

<b>Reviewer Signature:</b>	<b>Date:</b>
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