

RHCare Agency Review Report

Report Date:

Site Visit Dates:

Agency:

Clinic Visit Location(s):

RH Program Reviewer Name:

Other RH Program Staff (if applicable):

Agency Participants (include all administrative, clinical, fiscal, billing, front desk, and other staff who were interviewed or observed as part of the site visit at the administrative and clinical site(s)):

Type of Review:

- Initial Verification Review
- Triennial Review
- Administrative Review at Agency Request

Overall Summary of Site Visit:

Section A. Facilities, Operations, and Staffing

- All requirements met for this Section
- Not in compliance, see Compliance Issue(s) at end of report

Promising Practices:

Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):

Section B. Equitable Access

- All requirements met for this Section
- Not in compliance, see Compliance Issue(s) at end of report

Promising Practices:

Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):

Section C. Client's Rights and Safety

- All requirements met for this Section
- Not in compliance, see Compliance Issue(s) at end of report

Promising Practices:

Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):

Section D. Services

- All requirements met for this Section
- Not in compliance, see Compliance Issue(s) at end of report

Promising Practices:

Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):

Section E. Data Collection and Reporting

- All requirements met for this Section
- Not in compliance, see Compliance Issue(s) at end of report

Promising Practices:

Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):

Section F. Reproductive Health Access Fund

- All requirements met for this Section
- Not in compliance, see Compliance Issue(s) at end of report

Promising Practices:

Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):

Chart Review Results *(e.g. is visit documentation thorough, what issues did the chart review reveal)*

Client Experience Survey Results *(if available)*

Action Item(s)

Action Item:

Plan:

Due Date:

Date Completed:

Action Item:

Plan:

Due Date:

Date Completed:
