

## **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
<ul> <li>□ All requirements met for this Section</li> <li>□ Not in compliance, see Compliance Issue(s) at end of report</li> </ul>
Promising Practices:
Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a



Compliance issue):

Section B. Equitable Access
<ul> <li>□ All requirements met for this Section</li> <li>□ Not in compliance, see Compliance Issue(s) at end of report</li> </ul> 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
<ul> <li>□ All requirements met for this Section</li> <li>□ Not in compliance, see Compliance Issue(s) at end of report</li> </ul> Promising Practices:
Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):
Section D. Services
<ul> <li>□ All requirements met for this Section</li> <li>□ Not in compliance, see Compliance Issue(s) at end of report</li> <li>Promising Practices:</li> </ul>
Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to a Compliance issue):



<ul> <li>All requirements met for this Section</li> <li>Not in compliance, see Compliance Issue(s) at end of report</li> </ul>
Promising Practices:
Recommendations (e.g. suggestions for improvement, TA or other changes that do not rise to compliance issue):
<u>Chart Review Results</u> (e.g. is visit documentation thorough, what issues did the chart review reveal)
<u>Client Experience Survey Results (if available)</u>
Action Item(s)
Action Item:
Plan:
Due Date:
Date Completed:
Action Item:

**Section F. Reproductive Health Access Fund** 

Plan:	
Due Date:	
Date Completed:	

