

Optum - Behavioral Network Services

HOME OFFICE AUDIT TOOL

Clinician/Facility Name: _____

Chart ID: _____

Reviewer Name: _____

Date of Review: _____

Rating Scale: NA = Not Applicable Y = Yes N = No

Y

N

NA

Confidentiality1 Does the therapy office use less than 55% of the dwelling space? **This is a non-scored question**

Comments: _____

2 Is the therapy office separate from the common areas of the residence?

Comments: _____

3 Is the therapy office able to be closed off from the rest of the household while therapy is in session?

Comments: _____

4 Is the therapy office designed so that family members, friends, or other clients cannot enter the office while therapy is in session?

Comments: _____

5 Is there a waiting area for clients? If no, answer Q6. **This is a non-scored question**

Comments: _____

6 Are clients informed in advance that there is no waiting area? (**Answer N/A only if Q5 is Y**)

Comments: _____

7 If the office does not have a waiting area, does the clinician have a plan to accommodate the lack of a waiting room? (where are patients told to wait, how does the clinician ensure appointments do not overlap, where do children wait while the clinician meets with parents) (**Answer N/A only if Q5 is Y**)

Comments: _____

	8 Is the therapy office sound proof?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	9 Does the clinician have office equipment solely devoted to the office? IE computer, phone line, fax machine, and file cabinets.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	10 Are there safeguards in place to ensure that family members do not have access to the office equipment? Specify in the comments section what the safeguards are.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	11 If the computer is utilized by multiple family members, are any Personal Health Information (PHI) portions of the computer accessible only through a separate log-in?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	12 Is the clinician's office setting free from personal effects IE medications, personal papers, intimate pictures?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
Patient Safety				
	13 Are clients informed in advance that the therapy office is located in a home?	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	14 Is there a separate bathroom for client use only? This is a non-scored question	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	15 Is the bathroom that is utilized by clients free from personal effects? IE medications and intimate pictures/items.	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	16 Are medications and samples stored in a locked cabinet in a secure area? (MD and ARPN's Only)	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
	17 If the clinician has any animals, are the clients told in advance that there is/are an animal(s) in the house? (N/A means the clinician has no animals in the home; If Q17 is N/A, then Q18, Q19, & Q20 will be N/A)	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				

Does/do the animal(s) have access to the therapy office area? This is a non-scored question. If the answer is Y, then 18 Q19 & Q20 will be Y or N. If the answer is N, then Q19 & Q20 will be N/A.				
Comments:				
19 Is/are the animal(s) certified pet therapy animal(s)?				
Comments:				
20 Is/are the animal(s) used as part of the therapeutic process?				
Comments:				
21 Are the office furnishings permanent and professional? (Answer no if card table chairs, plastic chairs, or any plastic/unstable furniture are in use.)				
Comments:				
22 Is there off street or separate parking for clients? This is a non-scored question				
Comments:				
23 Is the home clearly identified with a house number or sign?				
Comments:				
24 Does the entrance to the home have adequate lighting?				
Comments:				
25 Are exits and entrances clearly identified?				
Comments:				
26 Does the clinician screen for high risk and/or potentially violent clients prior to first session?				
Comments:				
27 Does the clinician have an alternative non-home office setting to see high risk and/or potentially violent clients? This is a non-scored question. Answer Y or N Only				
Comments:				
28 If the clinician does not have an alternative non-home office setting, does the clinician provide referrals to clients he/she is unable to see in the home office setting? (If Q27 is Y, then Q28 is N/A; If Q27 is N then Q28 will be Y or N)				
Comments:				

Legal Issues

29 If the city requires a business license, does the clinician have one? **This is a non-scored question.**

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Comments:

If required, does the clinician carry additional insurance to cover liability for running a business in a home? **This is a non-30 scored question.**

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Comments:

