

Optum - Behavioral Network Services

CMHC/AGENCY SITE AUDIT TOOL

Facility Name:

Reviewer Name:

Date of Facility Review:

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

Y N NA

Environment of Care

1	The facility location is easily identifiable from the street (may be scored NA in situations where prominent display of the identification of the facility is not appropriate)			
2	The furnishings and décor are appropriately professional, and reasonably neat and clean.			
3	The waiting room and patient care areas are of adequate size and reasonably comfortable.			
4	There are no culturally insensitive or offensive materials posted.			
5	There is a fire safety plan.			
6	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshall.			
7	The exits are well marked and free of obstruction.			
8	There are fire extinguishers in the facility or there is a fire suppression system.			

9	The facility has parking for handicapped vehicles.			
10	The facility has a ramp allowing entrance into the building.			
11	The facility has wide doorways for wheelchair access.			
12	The facility has handicap accessible restroom(s).			
13	If the facility is not handicap accessible, does the program staff screen for handicap needs prior to the first session and refer patients out as needed? (NA if office is ADA compliant)			
Rights and Responsibilities				
14	Patients are informed that they have a right to refuse to participate in treatment.			
15	Patients are informed that information about them and their families is protected and kept confidential.			
16	The computer screen locations do not violate confidentiality.			
17	The practice site has an established policy/procedure to maintain the confidentiality and safety of treatment records in accordance with any applicable statutes and regulations.			

18	There is a policy and procedure about the limits, use, and protections related to the use of portable electronic media to communicate with patients, including cellular calls, text messages and email.			
----	---	--	--	--

19	The office has a policy and/or process in place to ensure that members are not discriminated against in the delivery of health care services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability or medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), disability, genetic information, or source of payment.			
----	--	--	--	--

Safety and Security

20	There is a policy addressing safety and security.			
----	---	--	--	--

21	There is a policy and/or procedure for dealing with life threatening emergencies.			
----	---	--	--	--

22	There is a comprehensive disaster plan , including plans for continuation of care when services are disrupted.			
----	--	--	--	--

23	There is a policy addressing control of hazardous materials, cleaning supplies/chemicals, and wastes, including management of any spills of bodily fluids (This question applies to all facilities).			
----	--	--	--	--

24	There is a policy/written criteria addressing sentinel events to include identifying opportunities for improvement and implementing corrective action when indicated.			
----	---	--	--	--

Sentinel events are defined as a serious, unexpected occurrence involving a member that is believed to represent a possible quality of care issue on the part of the practitioner/facility providing services, which has, or may have, deleterious effects on the member, including death or serious disability, that occurs during the course of a Member receiving behavioral health treatment.

Addressing Infectious Diseases

25	There is a policy and procedure regarding infection control at the facility which includes written protocols for communication with local public health authorities.			
26	There are written protocols for the treatment of patients with infectious diseases.			
Human Resources				
27	Personnel files include: resume, background checks, reference check, job description, license, and annual evaluations.			
28	Job Descriptions list essential knowledge and skills consistent with the work to be completed.			
29	The facility has a written process in place to credential its' practitioners.			
30	The facility has a written process in place regarding the pre-screening of direct care staff background prior to hiring.			
31	A sample of the practitioners' employee/credentialing files were reviewed and the files contained documentation of credentialing consistent with facility policy.			
32	There is evidence of on-going assessment of staff competency through performance evaluations and training.			
33	There is a policy/written criteria addressing staff supervision.			
34	For any non-independently licensed or unlicensed staff, direct 1:1 supervision by an appropriate clinician occurs on a regular basis, and is documented.			

35	The CMHC has a written process in place to monitor licensed clinicians for any Medicare/Medicaid or licensure sanctions. This needs to occur prior to hiring and then on a regular on-going basis.			
Treatment Records				
36	The facility has a process in place to ensure the availability of treatment records to the treating clinicians and the patient.			
37	For facilities/agencies with Electronic Health Records Only: The facility/agency has an established procedure to maintain a backup copy of all electronic health records.			
38	If records need to be transported to another service location, there is a protocol in place to maintain confidentiality of records throughout the transportation process.			
Complaints				
39	There is a protocol dealing with complaints			
40	The facility documents that patients/families are informed of methods of resolving complaints.			
Treatment Access				
41	There is a written protocol for accommodating patients in a life threatening emergency.			
42	There is evidence of appointment availability for non-life threatening emergent care within 6 hours.			

43	There is evidence of appointment availability for urgent care within 48 hours.			
44	There is evidence of appointment availability for a routine office visit within 10 working days.			
45	The clinician makes arrangements for emergency coverage for all patients 24 hours per day/7 days per week. (review how coverage is provided)			
46	Information is provided to patients which includes a description of services and goals of care.			
47	Information is provided to patients which includes the hours during which care and services are available.			
48	Information is provided to patients which includes the costs of care and services to be borne by the patient.			
49	Information is provided to patients which includes an explanation of the cancellation/no-show policy.			
Patient Safety				
50	If the clinician has any animals in the office, are the patients told in advance that there is/are an animal(s) in the office (N/A means the clinician has no animals in the office).			
51	Is/are the animal(s) certified pet therapy animal(s)?			

52	Is/are the animal(s) used as part of the therapeutic process?			
53	Are medications and samples stored in a locked cabinet in a secure area? (MD and APRN's Only)			
Service Delivery				
54	The policy/written criteria for assessment procedures includes the type of care to be provided and the need for any further assessments.			
55	The policy/written criteria for assessment procedures includes an assessment of current behavioral/emotional functioning (history of emotional, behavioral, and substance abuse problems or treatment), the use of alcohol and other drugs by family and patients, and the patient's maladaptive or problem behaviors.			
56	The policy/written criteria for assessment procedures includes the presenting problems, along with relevant psychological and social conditions affecting the patient's psychiatric and medical status.			
57	The policy/written criteria for assessment procedures includes the reason(s) for admission or treatment.			
58	The policy/written criteria for assessment procedures includes documentation of the psychiatric and medical history (previous treatment dates, clinician identification, therapeutic interventions and responses, sources of clinical data, relevant family information; and when appropriate, results of laboratory tests, and consultation reports).			
59	The policy/written criteria for assessment procedures includes evaluation of learning needs and barriers to learning as well as the level of functioning or functional impairment.			
60	The policy/written criteria for assessment procedures includes the mental status exam (affect, mood, thought content, judgment, insight, attention, concentration, memory, and impulse control).			

61	The policy/written criteria for assessment procedures includes risk assessments.			
62	The policy/written criteria for assessment procedures includes identification of community resources used by patients.			
63	The policy/written criteria for assessment procedures includes evaluation of the extent of the family's participation.			
64	The policy/written criteria for assessment procedures includes a social history, including: vocational, spiritual, cultural, educational, and legal assessments and services (appropriate to the level of care).			
65	The policy/written criteria for assessment procedures includes the identification and prominent listing of relevant medical conditions.			
66	The policy/written criteria for assessment procedures includes the identification of or patient's self-report of infectious and contagious diseases.			
67	The policy/written criteria for assessment procedures includes documentation of allergies to medications and other substances.			
68	The policy/written criteria for assessment procedures identifies the specific services to be provided to children or adolescents.			
69	The policy/written criteria for assessment procedures includes the assessment and treatment of chemical dependency problems.			
70	The policy/written criteria for assessment procedures includes use of a diagnostic/integrated assessment to develop a treatment plan.			

71	There is a Quality Improvement Process in place for the program.			
California Specific				
72	For California Only: Did the clinician attest in their credentialing/recredentialing application that they are able to speak another language?			
73	For California Only: If Yes, the clinician verbally re-attests that he/she is able to speak the language(s) specified in the credentialing/recredentialing application.			