

UnitedHealthcare Community Plan (UHCCP) New York

HOME OFFICE AUDIT TOOL

Clinician Name: _____

Reviewer Name: _____

Date of Review: _____

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

Y N NA

Confidentiality

1 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 members cannot enter the office while therapy is in session?

Comments:

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

Comments:

6 Are members 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 members 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)

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Comments:

8 Is the therapy office sound proof?

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Comments:

9 Does the clinician have office equipment solely devoted to the office? (For example: computer, phone, fax machine, and file cabinets)

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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.

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Comments:

11 If the computer is utilized by multiple family members, is Personal Health Information (PHI) secure and accessible only through a separate log-in?

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Comments:

12 Is the clinician's office setting free from personal effects such as medications, personal papers, intimate pictures?

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Comments:

Member Safety

13 Are members informed in advance that the therapy office is located in a home?

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Comments:

<p>14 Is there a separate bathroom for member use only? This is a non-scored question.</p>			
<p>Comments:</p>			
<p>15 Is the bathroom that is utilized by members free from personal effects? (For example, medications and intimate pictures/items)</p>			
<p>Comments:</p>			
<p>16 Are medications and samples stored in a locked cabinet in a secure area? (MD and ARPN's Only)</p>			
<p>Comments:</p>			
<p>17 If the clinician has any animals, are the members 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)</p>			
<p>Comments:</p>			
<p>18 Does/do the animal(s) have access to the therapy office area? This is a non-scored question. If the answer is Y, then Q19 & Q20 will be Y or N. If the answer is N, then Q19 & Q20 will be N/A.</p>			
<p>Comments:</p>			
<p>19 Is/are the animal(s) certified pet therapy animal(s)?</p>			
<p>Comments:</p>			
<p>20 Is/are the animal(s) used as part of the therapeutic process?</p>			
<p>Comments:</p>			
<p>21 Are the office furnishings permanent and professional? (Answer no if card table chairs, plastic chairs, or any plastic/unstable furniture are in use)</p>			
<p>Comments:</p>			

	22 Is there off street or separate parking for members? 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 members prior to first session?			
Comments:				
	Does the clinician have an alternative non-home office setting to see high risk and/or potentially violent members? 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 members 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.			

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:

