

## Environment of Care

### Question

- 01 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)
- 02 The furnishings and décor are appropriately professional, and reasonably neat and clean.
- 03 The waiting room and patient care areas are of adequate size and reasonably comfortable.
- 04 There are no culturally insensitive or offensive materials posted.
- 05 There is a fire safety plan.
- 06 There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshall.
- 07 The exits are well marked and free of obstruction.
- 08 There are fire extinguishers in the facility or there is a fire suppression system.
- 09 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?
- 14 In residential settings, the patient rooms are arranged in a way that allows for privacy between genders.
- 15 For any settings that offer food services: there is evidence of inspections of the food services area by appropriate agencies.

## Rights and Responsibilities

### Question

- 16 There is a policy and procedure about patient rights, responsibilities and ethics.
- 17 Patient rights, responsibilities and involvement in care are posted in waiting areas and patient care areas.
- 18 There is a policy and procedure about patient involvement in care and services.
- 19 There is a policy and procedure about reasonable access to care
- 20 There is a policy and procedure about family involvement in patient care.
- 21 There is a policy and procedure about confidentiality.
- 22 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.

## Safety and Security

### Question

- 23 There is a policy addressing safety and security.
- 24 There is a policy and/or procedure for dealing with life threatening emergencies.
- 25 There is a comprehensive disaster plan , including plans for continuation of care when services are disrupted.
- 26 There is a policy addressing control of hazardous materials, cleaning supplies/chemicals, and wastes.
- 27 There is a policy addressing management of any spills of bodily fluids.
- 28 There is a policy/written criteria addressing sentinel events to include identifying opportunities for improvement and implementing corrective action when indicated.

## Infection Disease

### Question

- 29 There is a policy/written criteria regarding infection control at the facility which includes written protocols for communication with local public health authorities.
- 30 There are written protocols for working with patients with infectious diseases.

## Record Mgmt

### Question

- 31 The facility has a process in place to ensure the availability of treatment records to the treating clinicians and the patient.
- 32 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.
- 33 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

### Question

- 34 There is a protocol dealing with complaints
- 35 The facility documents that patients/families are informed of methods of resolving complaints.

## Continuum of Care

### Question

- 36 There is a policy/written criteria about expectations for treatment at each level of care, including criteria for transitioning to another level of care, or at the time of their discharge.
- 37 There is a policy/written criteria about expectations for coordinating care with medical and other behavioral health treating providers.

## Admission and Assessment

### Question

- 38 The policy/written criteria for assessment procedures includes the type of care to be provided and the need for any further assessments.
- 39 The policy/written criteria defining the exclusionary criteria defining the characteristics or symptoms making a patient inappropriate to receive or continue to receive services at the facility.
- 40 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.
- 41 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.
- 42 The policy/written criteria for assessment procedures includes the reason(s) for admission or treatment.
- 43 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, results of laboratory tests, and consultation reports).
- 44 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.
- 45 The policy/written criteria for assessment procedures includes the mental status exam (affect, mood, thought content, judgment, insight, attention, concentration, memory, and impulse control).
- 46 The policy/written criteria for assessment procedures includes risk assessments.
- 47 The policy/written criteria for assessment procedures includes identification of community resources used by patients.

- 48 The policy/written criteria for assessment procedures includes evaluation of the extent of the family's participation.
- 49 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).
- 50 The policy/written criteria for assessment procedures includes guidelines for initial assessments, medical history, and physical examinations to be completed within 24 hours of admission to inpatient and residential programs, and within one week for therapeutic foster care.
- 51 The policy/written criteria for assessment procedures includes the identification and prominent listing of relevant medical conditions.
- 52 The policy/written criteria for assessment procedures includes the identification of or patient's self-report of infectious and contagious diseases.
- 53 The policy/written criteria for assessment procedures includes documentation of allergies to medications and other substances.
- 54 The policy/written criteria for assessment procedures identifies the specific services to be provided to children or adolescents.
- 55 The policy/written criteria for assessment procedures includes the assessment and treatment of chemical dependency problems.
- 56 The policy/written criteria for assessment procedures includes use of a diagnostic/integrated assessment to develop a treatment plan.

## Care and Treatment

### Question

- 57 There is a policy/written criteria that a treatment plan will be developed at each level of care.
- 58 There is a policy/written criteria for transitioning patients from one level of care to another, including discharge.
- 59 There is a policy/written criteria about patient and family education.
- 60 There is a Quality Improvement Process in place for the program.
- 61 There is a policy/written criteria on the monitoring of medications and medication recalls.

## Human Resources

### Question

- 62 Job Descriptions list essential knowledge and skills consistent with the work to be completed.
- 63 The facility has a written process in place to verify the credentials of its' practitioners.
- 64 The facility has a written process in place regarding the pre-screening of direct care staff background prior to hiring.
- 65 There is a policy/written criteria addressing staff supervision.
- 66 The Clinical Supervisor(s) is/are an Optum/UBH credentialed clinician.
- 67 The patient's diagnostic assessment, treatment plan, and changes in diagnosis are reviewed and signed by the clinical supervisor.
- 68 The Supervisor's education level meets the state's clinical supervisory requirements or the Supervisor's education level is consistent with the supervisee's.
- 69 Patients are informed that a clinician who is not credentialed by Optum/UBH is providing treatment to them.
- 70 Clinical supervisor provides mental health and/or substance abuse disorder services, and who's training and education is appropriate to the supervision they are providing.
- 71 Personnel files include evidence of: resume or application, background checks, evidence of reference check, job description, license, and annual evaluations.
- 72 There is evidence of on-going assessment of staff competency through performance evaluations and training.
- 73 For any non-independently licensed or unlicensed staff, direct 1:1 supervision by an appropriate clinician occurs on a regular basis, and is documented.

74 A sample of the practitioners' employee/credentialing files were reviewed and the files contained documentation of credentialing consistent with facility policy.

## California Specific

### Question

75 For California Only: The offer of Language Assistance, the "Long Notice", is posted in the waiting areas and/or the patient areas. Must be Yes or No for all California Site Visits.