# NY Organizational Site Tool

Effective Date: October 13, 2026

## Environment of Care

| Question | |
|---|---|
| 1 | The provider's location is easily identifiable from the street (may be scored NA in situations where prominent display of the identification of the provider is not appropriate). |
| 2 | The furnishings and décor are appropriately professional and reasonably neat and clean. |
| 3 | The waiting room and member 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/marshal. |
| 7 | The exits are well marked and free of obstruction. |
| 8 | There are fire extinguishers or there is a fire suppression system. |
| 9 | The provider's location has parking for handicapped vehicles. |
| 10 | The provider's location is accessible to members with walkers or wheelchairs (for example, it has a ramp or an elevator). |
| 11 | The provider's location has wide doorways for wheelchair access. |
| 12 | The provider's location has handicap accessible restroom(s). |
| 13 | If the provider's location is not handicap accessible, members are informed of this prior to the first session and are given referrals to other locations or programs (NA if office is handicap accessible). |
| 14 | In residential settings, the member rooms are arranged in a way that allows for privacy between genders. |

## Rights and Responsibilities

| Question | |
|---|---|
| 15 | Members are informed that they have a right to refuse to participate in treatment. |
| 16 | Members are informed that information about them and their families is protected and kept confidential. |
| 17 | The computer screen locations do not violate confidentiality. |
| 18 | The provider has an established policy/procedure to maintain the confidentiality and safety of treatment records in accordance with any applicable statutes and regulations. |
| 19 | 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. |
| 20 | Member rights, responsibilities, and involvement in care are posted in waiting areas and member care areas. |
| 21 | Information for the Justice Center For the Protection of People with Special Needs is posted in member care areas. |
| 22 | There is a process in place to provide members with information about their rights at the time of admission. |
| 23 | There is 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. |
| 24 | There is a policy and procedure about member involvement in care and services. |
| 25 | There is a policy and procedure about reasonable access to care. |
| 26 | There is a policy and procedure about family involvement in member care. |

## Safety and Security

| Question | |
|---|---|
| 27 | There is a policy addressing safety and security. |
| 28 | There is a policy and/or procedure for dealing with life threatening medical emergencies. |
| 29 | There is a comprehensive disaster plan , including plans for continuation of care when services are disrupted. |
| 30 | There is a policy addressing control of hazardous materials, cleaning supplies/chemicals, and wastes. |
| 31 | There is a policy addressing management of any spills of bodily fluids. |
| 32 | There is a policy/written criteria addressing sentinel events to include identifying opportunities for improvement and implementing corrective action when indicated. |

## Infection Disease

| Question | |
|---|---|
| 33 | The initial assessment form includes a screening for infectious diseases. |
| 34 | There are written protocols for the treatment of members with infectious diseases. |

## Record Management

| Question | |
|---|---|
| 35 | The provider has a process in place to ensure the availability of treatment records to the treating clinicians. |
| 36 | There is a policy/written criteria outlining the process to provide members with access to their records. This policy includes information about any exceptions to this process. |
| 37 | For providers with Electronic Health Records only: The provider 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

| Question | |
|---|---|
| 39 | There is a protocol dealing with complaints. |
| 40 | There is evidence of a responsive complaint resolution process. |
| 41 | The provider documents that members and their families, when applicable, are informed of methods of resolving complaints. |

## Admission and Assessment

| Question | |
|---|---|
| 42 | The policy/written criteria for assessment procedures includes the type of care to be provided and the need for any further assessments. |
| 43 | The policy/written criteria outlines exclusionary criteria for the program. |
| 44 | The policy/written criteria for initial evaluation includes guidelines for documentation of the reason(s) services are provided. This applies to all services. |
| 45 | The policy/written criteria for assessment procedures includes an assessment of current behavioral/emotional functioning (history of emotional, behavioral, and substance use problems or treatment), the use of alcohol and other drugs by family and members, and the member's maladaptive or problem behaviors. |
| 46 | The policy/written criteria for assessment procedures includes the presenting problems, along with relevant psychological and social conditions affecting the member's psychiatric and medical status. |
| 47 | The policy/written criteria for assessment procedures includes the reason(s) for admission or treatment. |
| 48 | 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). |
| 49 | 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. |

50 The policy/written criteria for assessment procedures includes the mental status exam (affect, mood, thought content, judgment, insight, attention, concentration, memory, and impulse control).

51 The policy/written criteria for assessment procedures includes risk assessments.

52 The policy/written criteria for assessment procedures includes identification of community resources used by members.

53 The policy/written criteria for initiation procedures includes a review of whether the member has a Wellness Recovery Action Plan (WRAP), Advance Directive, recovery plan, and/or a plan for managing relapse.

54 The policy/written criteria for assessment procedures includes evaluation of the extent of the family's participation.

55 The policy/written criteria for assessment procedures includes vocational, spiritual, cultural, educational, and legal assessments and services (appropriate to the level of care).

56 The policy/written criteria for assessment procedures includes guidelines for physical health assessments, medical history, and physical examinations as required by program type and New York state regulations.

57 The policy/written criteria for assessment procedures includes the identification and prominent listing of relevant medical conditions.

58 The policy/written criteria for assessment procedures includes the identification of or member's self-report of infectious diseases.

59 The policy/written criteria for assessment procedures includes documentation of allergies to medications and other substances.

60 The policy/written criteria for assessment procedures identifies the specific services to be provided to children or adolescents.

61 The policy/written criteria for assessment procedures includes the assessment and treatment of substance use problems.

62 The policy/written criteria for assessment procedures includes use of a diagnostic/integrated assessment to develop a treatment plan.

## Treatment Access

Question

63 There is a written protocol for accommodating members in a life threatening emergency.

64 The provider makes arrangements for emergency coverage for all members 24 hours per day/7 days per week. (Review how coverage is provided).

65 For a free-standing mental health clinics only: the clinic has the capability to accommodate crisis intakes and walk-ins during regular business hours.

66 FOR A FREE-STANDING MENTAL HEALTH CLINIC ONLY: Any after-hours emergency contact must be with a licensed professional; the member's primary clinician at the clinic is informed of the contact on the next business day.

67 There is evidence of appointment availability for non-life threatening emergent care within 6 hours.

68 There is evidence of appointment availability for urgent care within 48 hours.

69 There is evidence of appointment availability for a routine office visit within 10 working days.

70 Information is provided to members which includes a description of services and goals of care.

71 Information is provided to members which includes the hours during which care and services are available.

72 Information is provided to members which includes the costs of care and services that the member is responsible for.

73 Information is provided to members which includes an explanation of the cancellation/no-show policy.

## Patient Safety

Question

74 If the provider has any animals, members are told in advance that there is/are an animal(s) present (N/A means the provider has no animals).

75 Is/are the animal(s) certified pet therapy animal(s)?

76 If the provider has any animals, members are told in advance that there is/are an animal(s) present (N/A means the provider has no animals).

77 Is/are the animal(s) certified pet therapy animal(s)?

78 Is/are the animal(s) used as part of the therapeutic process?

79 Are medications and samples stored in a locked cabinet in a secure area? (MD and APRN's Only)

## Performance Improvement

Question

80 The provider has a Quality Improvement Program.

## Continuum of Care

Question

81 There is a policy/written criteria about expectations for treatment at each level of care, including criteria for transitioning to another level of care.

82 There is a policy/written criteria about expectations for coordinating care with medical and other behavioral health treating providers.

## Care and Treatment

Question

83 There is a policy/written criteria that a treatment plan will be developed at each level of care.

84 There is a policy/written criteria for transitioning members from one level of care to another, including discharge.

85 There is a policy/written criteria about member and family education.

## Recovery and Resiliency

Question

86 FOR PEER SUPPORT AGENCIES: There is a policy/written criteria for the development of a recovery plan, which is developed with the member.

87 FOR PEER SUPPORT AGENCIES: There is a policy/written criteria for the review and update of the recovery plan at regular intervals. The review process includes the member.

## Human Resources

Question

88 Personnel files include: resume, background checks, reference check, job description, license, signed Code of Conduct for NY State Justice Center, and annual evaluations.

89 Job Descriptions list essential knowledge and skills consistent with the work to be completed.

90 The provider has a written process in place to credential its practitioners.

91 The provider has a written process in place regarding the pre-screening of direct care staff background prior to hiring.

92 A sample of the employee and credentialing files were reviewed and the files contained documentation consistent with policy.

93 There is evidence of on-going assessment of staff competency through performance evaluations.

94 There is evidence of on-going staff training related to their role and the populations served.

95 There is a policy/written criteria addressing staff supervision.

96 For any non-independently licensed or unlicensed staff, direct 1:1 supervision by a clinician occurs on a regular basis and is documented.