

Optum - Behavioral Network Services

CASE MANAGEMENT SITE AUDIT TOOL

Facility Name:

Reviewer Name:

Date of Facility Review:

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

Y	N	NA
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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 exits are well marked and free of obstruction.			
3	There are fire extinguishers in the facility or there is a fire suppression system.			
4	The furnishings and décor are appropriately professional, and reasonably neat and clean.			
5	The waiting room and patient care areas are of adequate size and reasonably comfortable.			
6	There are no culturally insensitive or offensive materials posted.			
7	The facility has parking for handicapped vehicles.			
8	The facility has a ramp allowing entrance into the building.			

9	The facility has wide doorways for wheelchair access.			
10	The facility has handicap accessible restroom(s).			
11	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?			
Policies and Procedures				
12	There is a policy addressing safety and security appropriate to where services are rendered.			
13	There is a policy and/or procedure for dealing with life threatening emergencies.			
14	There is a comprehensive disaster plan , including plans for continuation of care when services are disrupted.			
15	There is a policy and procedure about patient rights, responsibilities and ethics.			
16	Patient rights, responsibilities and involvement in care are posted in waiting areas and patient care areas.			
17	There is a policy and procedure about patient involvement in care and services.			
18	There is a policy and procedure about family involvement in patient care.			

19	There is a policy and procedure about reasonable access to care.			
20	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).			
21	There is a policy and procedure regarding infection control at the facility which includes written protocols for communication with local public health authorities.			
22	The initial assessment form includes a screening for infectious diseases.			
23	There are written protocols for the treatment of patients with infectious diseases.			
24	There is a policy and procedure about confidentiality.			
25	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.			
26	There is a Quality Improvement Process in place for the program.			
27	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.

28

There is a policy and procedure about informed consent for patients.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Human Resources

29

Personnel files include: resume, background checks, reference check, job description, license, and annual evaluations.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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30

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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31

There is a policy/written criteria addressing staff supervision.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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32

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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33

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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34

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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35

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Records Management

36	The facility has a process in place to ensure the availability of treatment records to the treating clinicians and the patient.			
37	The facility has an organized system of filing information in the treatment records.			
38	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.			
39	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.			
Service Delivery Policies				
40	The policy/written criteria for assessment procedures includes the type of care to be provided and the need for any further assessments.			
41	There is a policy/written criteria regarding the continuing care needs of patients at the time of their discharge.			
42	There is a policy/written criteria outlining any exclusionary criteria for each program.			
43	There is a protocol dealing with complaints			
44	The facility documents that patients/families are informed of methods of resolving complaints.			
45	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.			

46	There is a policy/written criteria about expectations for coordinating care with medical and other behavioral health treating providers.			
Case Management Assessment				
47	The policy/written criteria for initial evaluation includes identification of what services the consumer needs.			
48	The policy/written criteria for initial evaluation includes addressing what is occurring currently that the consumer requires case management services (e.g., changes in signs and symptoms, psychosocial and environmental factors, or level of functioning).			
49	The policy/written criteria includes an assessment of the consumer's level of functioning in the domains of Activities of Daily Living.			
50	The policy/written criteria for initial evaluation procedures includes evaluation of learning needs, strengths, and barriers to learning as well as the level of functioning or functional impairment.			
51	The policy/written criteria for initial evaluation includes risk screenings.			
52	The policy/written criteria includes the development of a safety plan for crisis facilitation as a service component.			
53	The policy/written criteria for initial evaluation procedures includes identification of community resources used by consumers.			
54	The policy/written criteria for initial evaluation procedures includes evaluation of the extent of the family's participation.			

55	The policy/written criteria for initial evaluation procedures includes vocational, spiritual, cultural, educational, and legal assessments and services (appropriate to the level of care).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	The policy/written criteria for initial evaluation procedures includes the identification of or consumer's self-report of infectious diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	The policy/written criteria for assessment procedures includes documentation of allergies to medications and other substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	The policy/written criteria for initial evaluation procedures identifies the specific services to be provided to children or adolescents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	The policy/written criteria for initial evaluation procedures includes the screening and treatment history of chemical dependency problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Service Planning				
60	There is evidence that the assessment is used in developing the service plan and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	The policy/written criteria for service planning includes review and updates at regular intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	The policy/written criteria for service planning includes areas of activities of daily living where the consumer may need support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	There is a policy/written criteria for transitioning consumers from one level of intensity to another, including discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64	The policy/written criteria for discharge includes collaboration with the consumer from the onset of services.			
Continuum of Care				
65	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.			
66	There is a policy/written criteria about expectations for coordinating care with medical and other behavioral health treating providers.			