

UnitedHealthcare Community Plan - Provider Performance

Facility/Agency Site Tool

Facility Name:

Reviewer Name:

Date of Facility Review:

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

Y

N

NA

Safety and Security

UnitedHealthcare Administrative Guide	1	The facility has a written process in place to credential its practitioners.			
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Comments:

UnitedHealthcare Administrative Guide	2	A sample of the practitioners' employee/credentialing files were reviewed and the files contained documentation of credentialing consistent with the written facility process.			
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Comments:

Licensure	3	There is a policy/written criteria addressing staff supervision.			
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Comments:

Licensure	4	For Mental Health Outpatient Facilities Only: All non-licensed staff who complete clinical activities, such as clinical assessments and therapy, are regularly supervised in person and/or via televideo/teleconference in both group and one-on-one by licensed clinicians.			
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Comments:

Licensure	5	Treatment and rehabilitation services must be provided by mental health professionals or mental health personnel under the direct clinical supervision of a licensed mental health professional.			
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Comments:

Licensure	6	There is a written policy addressing the supervisory protocol utilized at the CMHA.			
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Comments:

Licensure	7	Supervision is documented and kept on file.			
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Comments:				
Licensure	8	Supervision is clinical in nature.		
Comments:				
Licensure	9	If applicable, verification of the non-licensed employee's training and education is documented and available for review.		
Comments:				
Licensure	10	Job Descriptions list essential knowledge and skills consistent with the work to be completed.		
Comments:				
Licensure	11	Personnel files include: Resume, reference check, job description, licensure verification, criminal background check, and annual evaluations.		
Comments:				
Handicap Accessibility				
Licensure	12	The facility/agency has parking for handicapped vehicles.		
Comments:				
Licensure	13	The facility/agency has a ramp at the entrance.		
Comments:				
Licensure	14	The facility/agency has wide doorways for wheelchair access.		
Comments:				
Licensure	15	If the facility/agency is not handicap accessible, the facility/agency staff screen for handicap needs prior to the initial appointment and refer patients out as needed.		
Credentialing and Recredentialing				

TDMHSA Life Safety Licensure Rules	16	There is a fire safety plan.			
Comments:					
TDMHSA Life Safety Licensure Rules	17	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshal.			
Comments:					
TDMHSA Life Safety Licensure Rules	18	There are accessible and functional fire extinguishers in the office or there is a fire suppression system.			
Comments:					
TDMHSA Life Safety Licensure Rules	19	The exits are well marked and free of obstruction.			
Comments:					
TDMHSA Life Safety Licensure Rules	20	There is a disaster plan.			
Comments:					
HIPAA	21	The computer screen locations do not violate confidentiality.			
Comments:					
UnitedHealthcare Administrative Guide	22	Medical records are maintained or available at the site where services are rendered.			
Comments:					
UnitedHealthcare Administrative Guide	23	Medical records are stored securely and access is given only to authorized personnel.			
Comments:					
UnitedHealthcare Administrative Guide	24	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.			
Comments:					
UnitedHealthcare Administrative Guide	25	There is a process in place to ensure the availability of treatment records to the treating practitioners.			
Comments:					

UnitedHealthcare Administrative Guide	26	There is an organized system of filing information in the treatment records.			
Comments:					
HIPAA and TCA Title 33	27	Confidentiality of records is maintained in accordance with HIPAA and TCA Title 33.			
Comments:					
TCA Title 63 and 33	28	All members are given access to their records, to the extent and in the manner provided by TCA 63-2-101, 63-2-102 and 33-3-104 et seq., and, subject to reasonable charges, may receive copies upon request.			
Comments:					
UnitedHealthcare Administrative Guide	29	There is a protocol for dealing with complaints.			
Comments:					
UnitedHealthcare Administrative Guide	30	The facility/agency documents that patients/families are informed of methods of resolving complaints.			
Comments:					
Policy					
Licensure	31	For MH Outpatient Providers: The facility must have a written policy and procedures manual which includes the following: a quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to acceptable clinical practice.			
Comments:					
Maintenance, Confidentiality, and Access to Records					
UnitedHealthcare Administrative Guide	32	When appropriate there is evidence of supervisory oversight of the treatment record. (Records are reviewed on a regular basis with appropriate actions taken.)			
Comments:					
UnitedHealthcare Administrative Guide	33	There is a record review process to assess the content of the records for legibility, organization, completion, and conformance to documentation standards.			
Comments:					

Crisis and Stabilization Services

Licensure	34	For Crisis and Stabilization Services: A qualified prescriber with psychiatric experience must provide general medical services, prescriptions of medication and treatment.			
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Comments:

Licensure	35	For Crisis and Stabilization Services: The qualified prescriber must be on call twenty-four (24) hours per day, and must make daily rounds.			
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Comments:

Licensure	36	For Crisis and Stabilization Services: RN, NP or PA is on duty twenty-four (24) hours per day, seven (7) days per week.			
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Comments:

Licensure	37	For Crisis and Stabilization Services: Two staff must be present, with a staff: member ratio 1:5.			
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Comments:

Psychiatric Inpatient Hospital Services

TennCare Contract Risk Agreement	38	For Psychiatric Inpatient Services: There a policy/procedure stating members discharged from facilities are evaluated for mental health case management services.			
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Comments:

TennCare Contract Risk Agreement	39	For Psychiatric Inpatient Services: There a policy/procedure stating members discharged from facilities are scheduled for at least one of the following types of appointments: Intake, Medication Management, Therapy, IOP, or PHP within 7 calendar days.			
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Comments:

TennCare Contract Risk Agreement	40	For Psychiatric Inpatient Services: There a policy/procedure stating an appropriate placement or housing site shall be secured prior to discharge.			
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Comments:

Contract Risk Agreement: 2.7.2.2.1	41	For Psychiatric Inpatient Services: Children, youth and adults being served are separated by age for treatment which is developmental age appropriate.			
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Comments:

TennCare
Contract Risk
Agreement:
2.9.9.3.1

42

For Psychiatric Inpatient Services: There a policy/procedure stating the member record indicates the outpatient provider was either involved in the admission process or notified promptly of admission. (Not applicable if member does not have an outpatient provider).

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Comments:

24 Hour Psychiatric Residential Services

TennCare
Contract Risk
Agreement

43

For Residential Treatment Services: Members who are discharged from the RTF are evaluated for mental health case management services.

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Comments:

TennCare
Contract Risk
Agreement

44

For Residential Treatment Services: Members who are discharged from facilities are scheduled for medically necessary behavioral health follow up services within 10 business days.

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Comments:

Licensure

45

For Residential Treatment Services: All medications must be administered by licensed medical or licensed nursing personnel or by other qualified personnel. (Qualified personnel under these rules means a certified or registered respiratory therapist, a radiological technologist, a nuclear medicine technologist, or a certified physician assistant practicing pursuant to a protocol approved by the medical staff.) Such qualified personnel may only administer medication within the scope of an established protocol.

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Comments:

Licensure

46

For Residential Treatment Services: Schedule II drugs must be stored within two (2) separately locked compartments at all times and be accessible only to staff in charge of administering medication.

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Comments:

Licensure

47

For Residential Treatment Services: All medications and other medical preparations must be stored in medicine cabinets or drug rooms. Such cabinets or drug rooms must be securely locked when not in use and the key must be in the possession of the supervising nurse or other authorized staff. Locks on doors to medicine cabinets and drug rooms must be such that they require an action on the part of the staff to lock and unlock.

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Comments:

Licensure

48

For Residential Treatment Services: Drugs must be stored in a locked container which ensures proper conditions of security and sanitation and prevents accessibility to any unauthorized person.

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Comments:

Licensure

49

For Residential Treatment Services: Discontinued and outdated drugs and containers with worn, illegible, or missing labels are properly disposed. Include discussion of how medications are disposed.

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Comments:				
Licensure	50	For Residential Treatment Services: All medication errors, drug reactions, or suspected overmedication must be reported to the practitioner who prescribed the drug.		
Comments:				
Psychosocial Rehabilitation Services				
TennCare Contract Risk Agreement	51	For Psychosocial Rehabilitation Services: The goal of psychosocial rehabilitation, as described in the program descriptions, is to support members as active and productive members of their community.		
Comments:				
TennCare Contract Risk Agreement	52	For Psychosocial Rehabilitation Services: Goals in psychosocial rehabilitation are to develop skills in the areas of vocational, educational, and interpersonal growth. This is documented in the treatment plan and progress notes.		
Comments:				
TennCare Contract Risk Agreement	53	For Psychosocial Rehabilitation Services: Psychosocial rehabilitation services are strengths based collaborative, person directed, and individualized.		
Comments:				
TennCare Contract Risk Agreement	54	For Psychosocial Rehabilitation Services: Members proceed towards goal attainment at their own pace and may continue in the program at varying levels of intensity for an indefinite period of time. The progress notes will document this progress.		
Comments:				
Illness Management and Recovery Services				
UnitedHealthcare Administrative Guide	55	For Illness Management and Recovery Services: Illness management and recovery is any program with curriculum that assists consumers in developing personal strategies and moving forward in their recovery process. The program MUST BE evidenced based or considered best practice. Documentation of program & services is present in the progress notes.		
Comments:				
UnitedHealthcare Administrative Guide	56	For Illness Management and Recovery Services: Illness management and recovery groups have 8 members or less for SAMSHA IMR EBP and 10-12 for BRIDGES, WRAP and other curriculums.		
Comments:				
UnitedHealthcare Administrative Guide	57	For Illness Management and Recovery Services: Members receive weekly IMR sessions in individual or group for at least 3 to 10 months.		
Comments:				

UnitedHealthcare Administrative Guide	58	For Illness Management and Recovery Services: The illness management and recovery curriculum other than SAMHSA IMR Tool-kit, WRAP, BRIDGES (must be taught by a certified peer specialist), and Eli-Lilly.			
Member Complaints and Appeals					
UnitedHealthcare Administrative Guide	59	Documentation is present that the provider, acting on the member's behalf with written consent, complied with appeals process by providing appeal forms and contact information/appropriate address for submitting appeals for state level review.			
Comments:					
TennCare Contract Risk Agreement Section 2.19.3.17	60	There is a policy which states the provider, acting on the member's behalf with written consent, will seek prior authorization in advance when the provider feels they cannot order a drug on the TennCare Preferred Drug List (PDL) when needed for a member and shall take the initiative to seek prior authorization or change or cancel the prescription when contacted by a member or pharmacy regarding denial of a pharmacy service due to system edits.			
Comments:					
TennCare Contract Risk Agreement Section 2.19.3.15	61	Documentation is present that the provider, acting on the member's behalf with written consent, complied with the appeals process including providing written certification when appropriate to support whether a member's appeal is an emergency, (1) upon request by a member prior to filing an appeal; or (2) upon reconsideration of an appeal by United Healthcare Community Plan when requested by TennCare.			
Comments:					
Contract Risk Agreement Section 2.19.3.10	62	Documentation is present that the provider complied with the appeals process displaying notices of TennCare member's right to appeal adverse action affecting services in public areas of their facilities in accordance with TennCare rules, subsequent amendments, or in any and all Court Orders.			
Comments:					
UnitedHealthcare Administrative Guide	63	There is a policy addressing provider responsibility to give reasonable assistance to members for filing appeals.			
Comments:					
UnitedHealthcare Administrative Guide	64	There is a policy that members are notified of appeal rights when adverse actions (denial, reduction, suspension, delay, or termination of services) occur.			
Comments:					
Contract Risk Agreement Section	65	There is a policy addressing provider responsibility to deliver the Grievance notice to the member or appropriate representative (if applicable).			

Comments:			
Contract Risk Agreement Section	66	There is a policy stating that services are continued or reinstated if requested within two business days of notice of provider initiated termination of inpatient hospital stays.	
Comments:			
Contract Risk Agreement Section 2.19.2.3	67	The provider has a policy which allows members to file a complaint either orally or in writing at any time.	
Comments:			
EPSDT			
UnitedHealthcare Administrative Guide	68	Behavioral health providers provide diagnostic and treatment services in accordance with the EPSDT screening and diagnosis findings.	
Comments:			
UnitedHealthcare Administrative Guide	69	The contract provider notifies the contractor in the event that a screening reveals the need for other health care services and the provider is unable to make an appropriate referral for those services.	
Comments:			
UnitedHealthcare Administrative Guide	70	In the event that a member under 16 years of age is seeking behavioral health TennCare Kids services and the member's parent(s) or legally appointed representative is unable to accompany the member to the assessment the provider is contacting the member's parents(s) or legally appointed representative to discuss the findings and inform the family of any other necessary behavioral health treatment recommended for the member.	
Comments:			
UnitedHealthcare Administrative Guide	71	In the event that a member under 16 years of age is seeking behavioral health TennCare Kids services and the member's parent(s) or legally appointed representative is unable to accompany the member to the assessment and the provider is unsuccessful in contacting the member's parent(s) or legally appointed representative to discuss the findings and inform the family of any other necessary behavioral health treatment recommended for the member, the provider is informing the health plan or MCO to contact the parents(s) or legal representatives.	
Comments:			

UnitedHealthcare Community Plan -- Provider Performance

Member Rights and Responsibilities 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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UnitedHealthcare Administrative Guide	1	The policies state that the member is treated with-respect and in a dignified way.			
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Comments:

UnitedHealthcare Administrative Guide	2	The policies state that the member's medical and financial information is treated with privacy.			
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Comments:

UnitedHealthcare Administrative Guide	3	Documentation is present showing the rights and responsibilities were provided to and explained to the members in a manner that is sensitive to their culture, language, and level of functioning.			
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Comments:

UnitedHealthcare Administrative Guide	4	The member is informed that he/she may ask for and receive information about his/her medical records.			
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Comments:

UnitedHealthcare Administrative Guide	5	The member is informed that he/she may review his/her medical records, receive copies of the records, and correct any errors in the record.			
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Comments:

UnitedHealthcare Administrative Guide	6	The policies state that all services are rendered without regard to race, color, birthplace, language, gender, age, religion, or disability.			
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Comments:

UnitedHealthcare Administrative Guide	7	The member is informed that they can file appeals and complaints about the care they receive.			
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Comments:

UnitedHealthcare Administrative Guide	8	The member is told that if he/she files a complaint, he/she is aware they have the right to continue receiving care without the fear of receiving inadequate treatment.		
Comments:				
UnitedHealthcare Administrative Guide	9	All appropriate treatment options, regardless of costs or benefit coverage, are discussed with the member and documented in the chart.		
Comments:				
UnitedHealthcare Administrative Guide	10	There is documentation that members are told they are responsible for providing accurate information to providers.		
Comments:				
UnitedHealthcare Administrative Guide	11	There is documentation that members are informed that they are responsible for treating health care providers with respect and dignity.		
Comments:				
UnitedHealthcare Administrative Guide	12	Members are informed they need to cancel any appointments they cannot keep (Applies to outpatient services).		
Comments:				
UnitedHealthcare Administrative Guide	13	There is a process in place to determine if the member has additional insurance.		
Comments:				
UnitedHealthcare Administrative Guide	14	There are policies to protect the member from forms of isolation and restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation (not applicable for individual and group providers).		
Comments:				
UnitedHealthcare Administrative Guide	15	The provider has written policies and procedures for the provision of language assistance, interpretation and translation services to any member who needs such services, including but not limited to, members with Limited English Proficiency and members who are hearing impaired.		
Comments:				
UnitedHealthcare Administrative Guide	16	Language assistance, interpretation and translation services are provided free of charge and are available in the form of in-person interpreters, sign language or access to telephonic assistance (e.g., the ATT universal line).		
Comments:				

UnitedHealthcare Community Plan -- Provider Performance Appointment Access Tool

Facility Name:

Reviewer Name:

Date of Facility Review:

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

Y

N

NA

Routine Services

UnitedHealthcare
Administrative
Guide 1

For routine services, member requesting a routine appointment was offered the appointment for an intake, therapy, or medication management appointment within 10 business days of the request for the service.

Comments:

Urgent Services

UnitedHealthcare
Administrative
Guide 2

Face to face contact with the member who was experiencing an urgent need was made within 48 hours of the request for the service.

Comments:

Emergency Services (Mobile Crisis Teams)

UnitedHealthcare
Administrative
Guide 3

Face to face contact with the member who was experiencing an emergency was made within 4 hours of the time the call requesting the service ended.

Comments:

UnitedHealthcare Community Plan - Provider Performance Supported Housing Site 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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Supported Housing

Level of Care Guidelines	1	Supported Housing facilities are staffed 24 hours a day, 7 days a week with associated mental health staff supports for individuals who require treatment services and supports within a highly structured, safe, and secure setting.		
Comments:				
Licensure	2	The member is not required to leave the residence during the day/evening as a condition of admittance or continued stay.		
Comments:				
Licensure	3	The program has a policy addressing management, storage, and disposal of medications.		
Comments:				
Licensure	4	Drugs must be stored in a locked container which ensures proper conditions of security and sanitation and prevents accessibility to any unauthorized person.		
Comments:				
Licensure	5	Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be disposed. Include discussion of how medications are disposed.		
Comments:				
Licensure	6	All medication errors, drug reactions, or suspected overmedication must be reported to the practitioner who prescribed the drug.		
Comments:				
Licensure	7	Prescription medications are to be taken only by clients for whom they are prescribed and in accordance with the directions of a prescribing practitioner, as evidenced daily medication logs kept on-site by the supportive housing provider.		
Comments:				
Licensure	8	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshal.		
Comments:				
Licensure	9	The exits are well marked and free of obstruction.		
Comments:				

Licensure	10	If licensed as an Supported Living Facility: during normal waking hours, all facilities must provide at least one (1) direct-care staff person on-duty/on-site for every sixteen (16) clients present at the facility. During normal sleeping hours, all facilities must provide at least one (1) direct-care staff person on-site in each building where clients are housed; and in any building housing more than sixteen (16) clients, facilities must provide one (1) additional, direct-care staff person on-duty/on-site for each additional sixteen (16) clients.			
Comments:					
Licensure	11	If licensed as an Adult Supported Residential Facility: during normal waking hours, all facilities must provide at least one (1) direct-care staff person on-duty/on-site for every twelve (12) clients present at the facility. During normal sleeping hours, all facilities must provide at least one (1) direct-care staff person on-site in each building where clients are housed.			
Comments:					
Licensure	12	Daily progress notes should be included in the member record that assess member progress with meeting treatment plan goals, including discharge.			
Comments:					

**UnitedHealthcare Community Plan -- Provider Performance
Family Support Services Site Tool**

Facility Name:

Reviewer Name:

Date of Facility Review:

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

Y N NA

Family Support Services

FSS Certification Program Guidelines, Standard and Procedures 1	There is evidence the agency has established criteria, under which Certified Family Support Specialists (CFSS) are hired, trained and retained.		
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Comments:

FSS Certification Program Guidelines, Standard and Procedures 2	There is evidence the agency provides supervision for CFSS in accordance with acceptable guidelines and standards of practice as defined by the state and Centers for Medicare and Medicaid Services.		
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Comments:

FSS Certification Program Guidelines, Standard and Procedures 3	There is documentation showing each CFSS employed is under the supervision of a mental health professional.		
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Comments:

FSS Certification Program Guidelines, Standard and Procedures 4	There is evidence the mental health professional works for an agency that is licensed by TDMHSAS and authorized to participate in the Medicaid program.		
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Comments:

FSS Certification Program Guidelines, Standard and Procedures 5	There is documentation indicating each CFSS has a current certification in the State of Tennessee.		
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Comments:

FSS Certification Program Guidelines, Standard and Procedures 6	There is written criteria indicating the parent/guardian of the member has the option to agree to receive family support services.		
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Comments:

**UnitedHealthcare Community Plan - Behavioral Network Services
Seclusion and Restraint in Psychiatric Residential Treatment Facilities (PRTF) Site Tool**

Facility Name:

Reviewer Name:

Date of Review:

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

Y N NA

General Requirements

Licensure	1	There are policies and procedures for restraint and seclusion.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Protection of Residents

Licensure	2	Seclusion and Restraint is used only in an emergency safety situation, which are defined as unanticipated resident behaviors which places the resident or others at a serious threat of violence or injury if no intervention occurs.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Licensure	3	Seclusion and Restraint is not used as coercion, discipline, retaliation, retribution, or as compensation for lack of staff presence or competency.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Licensure	4	There is a policy/written criteria that an order for seclusion and restraint is not written as a standing order or on an as-needed basis.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Licensure	5	All staff are trained on the correct application and safe usage of seclusion or restraint.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Licensure	6	There is a policy/written procedure the use of seclusion or restraint is continuously evaluated and ended at the earliest possible time based on the assessment and evaluation of the resident's condition.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Licensure	7	Seclusion and restraint are never used simultaneously.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Licensure	8	At the time of admission, all residents and, if applicable, their family members, are informed about the facility's seclusion and restraint policies and protocols in a language they understand.	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

Licensure	9	There is a policy/written criteria that a signed acknowledgment indicating an understanding of the seclusion and restraint policy is in each record.		
Comments:				
Licensure	10	Information about the State Protection and Advocacy Organization is provided to each resident and, if applicable, their family members.		
Comments:				
Orders for Seclusion or Restraint				
Licensure	11	The order for seclusion or restraint is made by a physician or other licensed practitioner permitted by the State and the facility to order seclusion or restraint.		
Comments:				
Licensure	12	A physician or other licensed practitioner permitted by the State and the facility to order seclusion or restraint must order the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with the staff.		
Comments:				
Licensure	13	There is a policy/written procedure that if the order for seclusion or restraint is received verbally, it is received by a registered nurse or other licensed staff.		
Comments:				
Licensure	14	There is a policy/written procedure that if the order for seclusion or restraint is received verbally, the order is verified by the physician or other licensed practitioner permitted by the State and the facility to order seclusion or restraint in a signed written form in the record within 24 hours of the order being issued.		
Comments:				
Licensure	15	There is a policy/written procedure that within 1 hour of the initiation of the emergency safety interventions a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well being of residents, must conduct a face to face assessment of the physical and psychological well being of the resident including but not limited to the resident's physical and psychological status.		
Comments:				
Licensure	16	There is a policy/written procedure that within 1 hour of the initiation of the emergency safety interventions a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well being of residents, must conduct a face to face assessment of the physical and psychological well being of the resident including but not limited to the resident's behavior.		
Comments:				

Licensure	17	There is a policy/written procedure that within 1 hour of the initiation of the emergency safety interventions a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well being of residents, must conduct a face to face assessment of the physical and psychological well being of the resident including but not limited to the appropriateness of the intervention measures.		
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Comments:

Licensure	18	There is a policy/written procedure that within 1 hour of the initiation of the emergency safety interventions a physician, or other licensed practitioner trained in the use of emergency safety interventions and permitted by the state and the facility to assess the physical and psychological well being of residents, must conduct a face to face assessment of the physical and psychological well being of the resident including but not limited to any complications resulting from the intervention.		
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Comments:

Licensure	19	Each order for seclusion or restraint includes the name of the ordering physician or other licensed practitioner permitted by the State and the facility to order seclusion or restraint.		
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Comments:

Licensure	20	Each order for seclusion or restraint includes the date and time the order was obtained.		
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Comments:

Licensure	21	Each order for seclusion or restraint includes the emergency safety intervention ordered and the length of time authorized for its' use.		
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Comments:

Documentation of Seclusion or Restraint

Licensure	22	There is a policy/written procedure that the documentation of the seclusion or restraint includes information about the events leading up to, during, and after the implementation of seclusion or restraint.		
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Comments:

Licensure	23	There is a policy/written procedure that the names of all staff involved in the emergency safety intervention are documented.		
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Comments:

Licensure	24	There is a policy/written procedure that the outcome of the emergency safety intervention is documented.		
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Comments:

Consultation with Treatment Team Physician

Licensure	25	There is a policy/written procedure that if the seclusion or restraint was not ordered by the treatment team physician, the physician or other licensed practitioner who ordered the seclusion or restraint should consult with the resident's treatment team physician as soon as possible to inform that physician of the emergency safety situation requiring the use of seclusion or restraint.		
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Comments:

Monitoring of the Resident During and Immediately After Restraint

Licensure	26	For Restraint: Facility policies identify which staff members are responsible for assessing and monitoring the resident. Clinical staff are present throughout the restraint.		
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Comments:

Licensure	27	For Restraint: The monitoring process includes assessment of the resident's mental status.		
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Comments:

Licensure	28	For Restraint: The monitoring process includes assessment of the resident's physical status (vital signs, skin integrity, circulation).		
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Comments:

Licensure	29	For Restraint: The monitoring process includes assessment of the resident's need for continued restraint.		
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Comments:

Licensure	30	For Restraint: If the emergency safety situation continues beyond the time limit of the order, a licensed staff member contacts the ordering physician or other practitioner permitted by the State and the facility to order seclusion and restraint to receive further instructions and/or orders.		
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Comments:

Licensure	31	For Restraint: There are criteria for the use and discontinuance of restraints.		
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Comments:

Licensure	32	For Restraint: A physician or other licensed practitioner permitted by the State and the facility assesses the resident face to face after the restraint is removed to evaluate the resident's well being.		
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Comments:

Monitoring of the Resident During and Immediately After Seclusion

Licensure	33	For Seclusion: Facility policies identify which staff members are responsible for assessing and monitoring the resident. Clinical staff are present throughout the seclusion.		
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Comments:

Licensure	34	For seclusion: The monitoring process includes assessment of the resident's psychological status.		
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Comments:

Licensure	35	For Seclusion: The monitoring process includes assessment of the resident's physical status (vital signs, skin integrity, circulation).		
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Comments:

Licensure	36	For seclusion: All monitoring is completed by clinical staff, not a video monitor.		
Comments:				
Licensure	37	For seclusion: The seclusion room allows for full view of the resident in all areas of the room.		
Comments:				
Licensure	38	For seclusion: The seclusion room is free from potential hazards (including unprotected light fixtures and electrical outlets).		
Comments:				
Licensure	39	For seclusion: If the emergency safety situation continues beyond the time limit of the order, a licensed staff member contacts the ordering physician or other practitioner permitted by the State and the facility to order seclusion and restraint to receive further instructions and/or orders.		
Comments:				
Licensure	40	For seclusion: A physician or other licensed practitioner permitted by the State and the facility assesses the resident face to face after the resident is removed from seclusion to evaluate the resident's well being.		
Comments:				
Notification of Parent(s) or Legal Guardian(s)				
Licensure	41	There is a policy/written procedure that the facility notifies the parent(s) or legal guardian(s) of the resident who has been placed in seclusion or restraint as soon as possible after the initiation of each emergency safety intervention.		
Comments:				
Application of Time Out				
Licensure	42	The policy relating to time out states that the resident may not be physically prevented from leaving the time out area.		
Comments:				
Licensure	43	Staff monitor the resident while he/she is in time out.		
Comments:				
Post Intervention Briefings				
Licensure	44	within 24 hours after the use of seclusion or restraint, staff involved in an emergency safety intervention and the resident must have a face to face discussion to review the circumstances resulting in the use of seclusion or restraint and strategies to prevent the future use of seclusion or restraint.		
Comments:				

Licensure	45	Within 24 hours after the use of seclusion or restraint, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of the emergency safety situation, including precipitating factors that led up to the intervention.		
Comments:				
Licensure	46	Within 24 hours after the use of seclusion or restraint, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of alternative techniques that might have prevented the use of seclusion or restraint.		
Comments:				
Licensure	47	Within 24 hours after the use of seclusion or restraint, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of the procedures, if any, the staff are to implement to prevent any recurrence of the use of seclusion or restraint.		
Comments:				
Licensure	48	Within 24 hours after the use of seclusion or restraint, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of the outcome of the intervention, including any injuries that may have resulted from the use of seclusion or restraint.		
Comments:				
Medical Treatment for Injuries Resulting from an Emergency Safety Intervention				
Licensure	49	There is a policy addressing medical care for a resident who is injured during an emergency safety intervention.		
Comments:				
Licensure	50	The PRIF has a list of written transfer agreements in effect with one or more hospitals approved for participation under the Medicaid program.		
Comments:				
Licensure	51	There is a policy addressing transfer to a hospital in a timely manner when medically necessary for medical care or acute psychiatric care.		
Comments:				
Licensure	52	The policy includes information about what type of information is provided to the receiving hospital.		
Comments:				
Licensure	53	There is a policy/written procedure that all injuries received by the resident and any staff members during the emergency safety intervention will be documented in the record.		
Comments:				

Licensure	54	Staff who are injured during the emergency safety situation meet with supervisory staff to evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.			
Comments:					
Facility Reporting					
Licensure	55	There is a policy addressing reporting of serious occurrences (significant impairments of the physical condition of the resident as determined by qualified medical personnel) to United Healthcare Community Plan.			
Comments:					
Licensure	56	In the case of a minor, the facility notifies the parent(s) or legal guardian(s) of any serious occurrences no later than 24 hours after the occurrence.			
Comments:					
Licensure	57	Documentation of the report to the State Medicaid agency and the State designated Protection and Advocacy system, including the name of the person to whom the incident was reported, is present in the record.			
Comments:					
Licensure	58	Any deaths of residents are reported to the CMS regional office.			
Comments:					
Education and Training					
Licensure	59	The facility requires staff to have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors, events and environmental factors that may trigger emergency safety situations.			
Comments:					
Licensure	60	The facility requires staff to have ongoing education, training, and demonstrated knowledge of the use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations.			
Comments:					
Licensure	61	The facility requires staff to have ongoing education, training, and demonstrated knowledge of the safe use of seclusion and the safe use of restraint, including the ability to recognize and respond to signs of physical distress in residents who are in seclusion or who are restrained.			
Comments:					
Licensure	62	Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.			
Comments:					
Licensure	63	The training process included opportunities for the staff to practice the skills they are trained to utilize.			

Comments:				
Licensure	64	Staff are trained and demonstrate competency before they participate in an emergency safety situation.		
Comments:				
Licensure	65	Personnel files include evidence of staff competency. Documentation includes the dates of training and the name of the person(s) certifying the completion of training.		
Comments:				
Licensure	66	The RTF has a Quality Management (QM) program in place and conducts quarterly reviews of any seclusions or restraints.		
Comments:				

UnitedHealthcare Community Plan - Provider Performance

Substance Use Disorder Site Tool

Facility Name:

Reviewer Name:

Date of Facility Review:

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

Y

N

NA

Residential Detoxification Services

Licensure	1	The facility providing medically monitored detoxification must make available hourly or more frequent monitoring if needed by a licensed nurse.		
Comments:				
Licensure	2	The facility offers daily treatment services necessary to assess needs, help the service recipient understand addiction and support the completion of the detoxification process.		
Comments:				
Licensure	3	Procedures are in place for a physical examination within twenty-four (24) hours of admission by a physician, physician assistant or nurse practitioner.		
Comments:				
Licensure	4	The facility has policies and procedures to ensure that service recipients under age eighteen (18) will be treated separately from service recipients eighteen (18) years of age or older.		
Comments:				
Licensure	5	The facility has policies and procedures for referring service recipients whose needs cannot be met by the facility to an appropriate level of care at another facility or an acute care hospital.		
Comments:				
Licensure	6	The facility has policies and procedures to ensure implementation of physician-approved protocols for service recipient observation and supervision and documentation of any concerns indicated by the protocol that need to be reviewed by a physician.		
Comments:				
Licensure	7	The facility ensures that direct services are provided by qualified alcohol and drug abuse personnel.		
Comments:				
Licensure	8	The facility has a physician, physician assistant, or nurse practitioner available twenty four (24) hours a day by telephone for medical evaluation and consultation.		

Comments:			
Outpatient Detoxification Services			
Licensure	9	For outpatient detoxification services, procedures are in place for a physical examination within twenty-four (24) hours of admission by a physician, physician assistant or nurse practitioner.	
Comments:			
Licensure	10	For outpatient detoxification services, the facility has policies and procedures to ensure that service recipients under age eighteen (18) will be treated separately from service recipients eighteen (18) years of age or older.	
Comments:			
Licensure	11	For outpatient detoxification services, the facility has policies and procedures to ensure implementation of physician-approved protocols for service recipient observation and supervision and documentation of any concerns indicated by the protocol that need to be reviewed by a physician.	
Comments:			
Licensure	12	For outpatient detoxification services, the facility ensures that direct services are provided by qualified alcohol and drug abuse personnel.	
Comments:			
Licensure	13	For outpatient detoxification services, the facility has a physician, physician assistant, or nurse practitioner available twenty four (24) hours a day by telephone for medical evaluation and consultation.	
Comments:			
Licensure	14	For outpatient detoxification services, Procedures are in place for a physical examination within twenty-four (24) hours of admission by a physician, physician assistant or nurse practitioner.	
Comments:			
Non-residential Rehabilitation Services			
Licensure	15	For non-residential rehabilitation services, the facility ensures that direct services are provided by qualified alcohol and drug abuse personnel.	
Comments:			
Residential Child and Youth Services			
Licensure	16	For child and youth residential services, the provider is not using denial of adequate food, treatment/rehabilitation activities, religious activities, mail or other contacts with family as punishment.	

Comments:			
Licensure	17	For child and youth residential services, the facility ensures that direct services are provided by qualified alcohol and drug abuse personnel.	<input type="checkbox"/>
Comments:			
Licensure	18	For child and youth residential services, a procedure to ensure continuity of care regarding medication shall be developed and implemented.	<input type="checkbox"/>
Comments:			

UnitedHealthcare Community Plan -- Provider Performance

Applied Behavioral Analysis Agency Site 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

NCQA	1	The facility location is easily identifiable from the street.			
Comments:					
NCQA	2	The furnishings and décor are appropriately professional, and reasonably neat and clean.			
Comments:					
NCQA	3	The exits are well marked and free of obstruction.			
Comments:					
NCQA	4	There are fire extinguishers in the facility or there is a fire suppression system.			
Comments:					
NCQA	5	The facility has parking for handicapped vehicles.			
Comments:					
NCQA	6	The office has a ramp allowing entrance into the building.			
Comments:					
NCQA	7	The facility has wide doorways for wheelchair access.			

Comments:				
NCQA	8	The facility has handicap accessible restroom(s).		
Comments:				
NCQA	9	If the facility is not handicap accessible, the program staff screen for handicap needs prior to the first session and refer patients out as needed.		
Comments:				
NCQA	10	There is a fire safety plan.		
Comments:				
NCQA	11	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshal.		
Comments:				
Policies and Procedures				
NCQA	12	There is a policy addressing safety and security appropriate to where services are rendered.		
Comments:				
NCQA	13	There is a policy and/or procedure for dealing with life threatening emergencies.		
Comments:				
NCQA	14	There is a disaster plan.		
Comments:				
NCQA	15	There is a policy and procedure about patient rights, responsibilities and ethics.		
Comments:				
NCQA	16	Patient rights, responsibilities and involvement in care are posted in waiting areas and patient care areas.		
Comments:				

NCQA	17	There is a policy and procedure about patient involvement in care and services.			
Comments:					
NCQA	18	There is a policy and procedure about reasonable access to care			
Comments:					
NCQA	19	There is a policy and procedure about family involvement in patient care.			
Comments:					
NCQA	20	There is a policy addressing control of hazardous materials and wastes, including management of any spills of bodily fluids (This question applies to all facilities).			
Comments:					
NCQA	21	There is a policy and procedure regarding infection control at the facility which includes written protocols for communication with local public health authorities.			
Comments:					
NCQA	22	The initial assessment form includes a screening for infectious diseases.			
Comments:					
NCQA	23	There are written protocols for the treatment of patients with infectious diseases.			
Comments:					
NCQA	24	There is a policy and procedure about confidentiality.			
Comments:					
NCQA	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.			
Comments:					
NCQA	26	There is a Performance Improvement Program in place for the program.			

Comments:			
NCQA	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.			
Comments:			
NCQA	28	There is a policy and procedure about informed consent for patients.	
Comments:			
BACB	29	All services are provided under the supervision of a Board Certified Behavior Analyst (BCBA) or a licensed mental health professional with training/experience in the treatment of Autism Spectrum Disorders (ASD).	
Comments:			
BACB	30	Each client/family will be assigned to a treatment team (BCBA and paraprofessionals or licensed mental health professional and paraprofessionals).	
Comments:			
Administrative Guidelines	31	If the agency does not complete the assessment that results in an ASD diagnosis, the agency must request a copy of that assessment from the provider who completed it. The assessment will be placed in the treatment record so it is accessible to all staff working with the client and family.	
Comments:			
Administrative Guidelines	32	The BCBA or licensed mental health professional will complete an assessment of the client that will be used to develop the treatment/behavioral plan.	
Comments:			
Administrative Guidelines	33	The BCBA or licensed mental health professional will develop the treatment/behavior plan and make any updates/changes to that plan.	
Comments:			
Administrative Guidelines	34	The treatment/behavior plan will include objective and measurable goals.	
Comments:			
Administrative Guidelines	35	The treatment/behavior plan will include baseline and mastery criteria for all goals.	
Comments:			

BACB	36	The direct (one to one) services to the clients and families are provided by paraprofessionals or tutors who are supervised by the BCBA or licensed mental health professional. Score as NA for providers who do not employ paraprofessionals or tutors.		
Comments:				
Administrative Guidelines	37	The paraprofessional or tutor will carry out the treatment/behavior plan. Score as NA for providers who do not employ paraprofessionals or tutors.		
Comments:				
Administrative Guidelines	38	There is a protocol in place describing family involvement in care; it is clear to the clients and families that family involvement must occur as part of treatment.		
Comments:				
Administrative Guidelines	39	There is a policy/written protocol regarding how the agency will make referrals for any services they do not provide. This includes how they will identify the services that are needed and how referrals will be facilitated.		
Comments:				
Administrative Guidelines	40	For all services that are rendered, there is written criteria for admission and discharge to services.		
Comments:				
Administrative Guidelines	41	There is criteria for transitioning members to a different level of care or different intensity of services.		
Comments:				
Continuum of Care				
Administrative Guidelines	42	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.		
Comments:				
Administrative Guidelines	43	There is a policy/written criteria about expectations for coordinating care with medical and other behavioral health treating providers.		
Comments:				
Human Resources				
Administrative Guidelines	44	Personnel files include: resume, background checks, reference check, job description, license, and annual evaluations.		

Comments:			
Administrative Guidelines	45	There is evidence of on-going assessment of staff competency through performance evaluations and training.	
Comments:			
Administrative Guidelines	46	There is a policy/written criteria addressing staff supervision.	
Comments:			
Administrative Guidelines	47	Job Descriptions list essential knowledge and skills consistent with the work to be completed.	
Comments:			
Administrative Guidelines	48	The facility has a written process in place regarding the pre-screening of direct care staff background prior to hiring.	
Comments:			
Administrative Guidelines	49	The facility has a written process in place to credential its' practitioners.	
Comments:			
Administrative Guidelines	50	A sample of the practitioners' employee/credentialing files were reviewed and the files contained documentation of credentialing consistent with facility policy.	
Comments:			
Administrative Guidelines	51	There is evidence of a criminal background check for each staff member.	
Comments:			
Administrative Guidelines	52	When applicable, there is evidence of verification of any licensure or certification the staff member holds.	
Comments:			
Administrative Guidelines	53	There are distinct job descriptions for the different types of providers at the agency.	
Comments:			

Administrative Guidelines	54	Competency criteria are defined for each job category.		
Comments:				
Administrative Guidelines	55	There is evidence of on-going training for staff to support competency (initial training as well as annual trainings).		
Comments:				
Administrative Guidelines	56	All new staff complete required trainings and orientations prior to providing any services.		
Comments:				
Direct Observation and Supervision				
Administrative Guidelines	57	There is a policy addressing both direct clinical observation and supervision.		
Comments:				
Administrative Guidelines	58	The clinical supervisor is easily accessible (either in person or by phone) for any concerns or consultations during sessions.		
Comments:				
Administrative Guidelines	59	For BCaBA's and paraprofessionals: A minimum of 1 hour of supervision per month for each case the BCaBA or Paraprofessional is involved. The maximum hours approved are based on the direct number of hours the member is receiving: 1 hour for every 10 hours of direct paraprofessional hours being provided, ordinarily not to exceed 8 hours per month.		
Comments:				
Administrative Guidelines	60	Direct clinical observation is documented either in the client's file or a supervision log.		
Comments:				
Direct Observation and Supervision				
Administrative Guidelines	61	The facility/agency has a process in place to ensure the availability of treatment records to the treating clinicians and the patient.		
Comments:				

UnitedHealthcare Community Plan - Behavioral Network Services

Home Office Site Tool

Clinician/Facility Name: _____

Chart ID: _____

Reviewer Name: _____

Date of Review: _____

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

Y

N

NA

Confidentiality

Internal Audit Policy	1	The therapy office uses less than 55% of the dwelling space. This is a non-scored question			
Comments:					
Internal Audit Policy	2	The therapy office is separate from the common areas of the residence.			
Comments:					
Internal Audit Policy	3	The therapy office is able to be closed off from the rest of the household while therapy is in session.			
Comments:					
Internal Audit Policy	4	The therapy office is designed so that family members, friends, or other clients cannot enter the office while therapy is in session.			
Comments:					
Internal Audit Policy	5	There is a waiting area for clients. If no, answer Q6. This is a non-scored question			
Comments:					
Internal Audit Policy	6	Clients are informed in advance that there is no waiting area. (Answer N/A <u>only</u> if Q5 is Y)			
Comments:					

Internal Audit Policy	7	The therapy office is sound proof.			
Comments:					
Internal Audit Policy	8	The clinician has office equipment solely devoted to the office (i.e. computer, phone line, fax machine, and file cabinets).			
Comments:					
Internal Audit Policy	9	There are 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.			
Comments:					
Internal Audit Policy	10	If the computer is utilized by multiple family members, Personal Health Information (PHI) portions of the computer are accessible only through a separate log-in.			
Comments:					
Internal Audit Policy	11	The clinician's office setting is free from personal effects (i.e. medications, personal papers, intimate pictures).			
Comments:					
Patient Safety					
Internal Audit Policy	12	Clients are informed in advance that the therapy office is located in a home.			
Comments:					
Internal Audit Policy	13	There a separate bathroom for client use only. This is a non-scored question			
Comments:					
Internal Audit Policy	14	The bathroom that is utilized by clients is free from personal effects (i.e. medications and intimate pictures/items).			
Comments:					
Internal Audit Policy	15	Medications and samples are stored in a locked cabinet in a secure area. (MD and ARPN's Only)			

Comments:				
Internal Audit Policy	16	If the clinician has any animals, the clients are 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 Q16 is N/A, then Q17, Q18, & Q19 will be N/A)		
Comments:				
Internal Audit Policy	17	The animal(s) have access to the therapy office area. This is a non-scored question. If the answer is Y, then Q18 & Q19 will be Y or N. If the answer is N, then Q18 & Q19 will be N/A.		
Comments:				
Internal Audit Policy	18	Is/are the animal(s) certified pet therapy animal(s).		
Comments:				
Internal Audit Policy	19	The animal(s) is/are used as part of the therapeutic process.		
Comments:				
Internal Audit Policy	20	The office furnishings permanent and professional. (Answer no if card table chairs, plastic chairs, or any plastic/unstable furniture are in use.)		
Comments:				
Internal Audit Policy	21	There is off street or separate parking for clients. This is a non-scored question		
Comments:				
Internal Audit Policy	22	The home is clearly identified with a house number or sign.		
Comments:				
Internal Audit Policy	23	The entrance to the home has adequate lighting.		
Comments:				
Internal Audit Policy	24	Exits and entrances are clearly identified.		

Comments:					
Internal Audit Policy	25	The clinician screens for high risk and/or potentially violent clients prior to first session.			
Comments:					
Internal Audit Policy	26	The clinician has an alternative non-home office setting to see high risk and/or potentially violent clients. This is a non-scored question. Answer Y or N Only			
Comments:					
Internal Audit Policy	27	If the clinician does not have an alternative non-home office setting, the clinician provides referrals to clients he/she is unable to see in the home office setting. (If Q26 is Y, then Q27 is N/A; If Q26 is N then Q27 will be Y or N)			
Comments:					
Legal Issues					
Internal Audit Policy	28	If the city requires a business license, the clinician has one.			
Comments:					
Internal Audit Policy	29	If required, the clinician carries additional insurance to cover liability for running a business in a home. This is a non-scored question.			
Comments:					

