

**Optum Idaho - Behavioral Network Services**

**BMC AGENCY 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 (Section scored as N/A for agencies providing services in Home or Community)**

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

8	The facility has handicap accessible restroom(s).			
9	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?			
10	There is a fire safety plan.			
11	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshall.			
<b>Policies and Procedures</b>				
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 reasonable access to care.				
<p style="text-align: center;"><b>Individuals shall have reasonable access to treatment or accommodations regardless of race, age, creed, sex, national origin, handicap or sources of payment for care.</b></p>					
19	There is a policy and procedure about family involvement in patient 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	There is a process in place for screening for infectious diseases.				
23	There are written protocols how the agency safely works with individuals 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 phone 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.			
<p><b>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.</b></p>				
28	There is a policy and procedure about informed consent for patients.			
29	All services are provided under the supervision of a Board Certified Behavior Analyst (BCBA) <b>or</b> a licensed mental health professional with training/experience in the treatment of Autism Spectrum Disorders (ASD).			
30	Each client/family will be assigned to a treatment team (BCBA and paraprofessionals or licensed mental health professional and paraprofessionals).			
31	There is policy/written criteria that agency obtains a copy of the 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.			
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.			
33	The BCBA or licensed mental health professional will develop the treatment/behavior plan and make any updates/changes to that plan.			
34	The treatment/behavior plan will include objective and measurable goals.			

35	The treatment/behavior plan will include baseline and mastery criteria for all goals.			
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.			
37	The paraprofessional or tutor will carry out the treatment/behavior plan. Score as NA for providers who do not employ paraprofessionals or tutors.			
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.			
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.			
40	For all services that are rendered, there is written criteria for admission and discharge to services.			
41	There is criteria for transitioning members to a different level of care or different intensity of services.			
42	For clinic-based services: There is a policy/written criteria on the administer and/or monitoring of medications.			
<b>Continuum of Care</b>				
43	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.			

44	There is a policy/written criteria about expectations for coordinating care with medical and other behavioral health treating providers.			
<b>Direct Observation and Supervision</b>				
45	There is a policy addressing both direct clinical observation and supervision.			
46	There is evidence that the BCBA(s) completing supervision possesses the Supervisor Certification from BACB.			
47	The clinical supervisor is easily accessible (either in person or by phone) for any concerns or consultations during sessions.			
48	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.			
49	Direct clinical observation can be completed 1:1, in groups, or both.			
<b>Direct Clinical Observation completed as a group occurs when multiple paraprofessionals serve one family.</b>				
50	Direct clinical observation is documented either in the client's file or a supervision log.			
<b>Treatment Records</b>				
51	The facility/agency has a process in place to ensure the availability of treatment records to the treating clinicians and the patient.			

52	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.			
53	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.			
<b>Complaints</b>				
54	There is a protocol dealing with complaints			
55	The facility documents that patients/families are informed of methods of resolving complaints.			
<b>Human Resources</b>				
56	Personnel files include: resume, background checks, reference check, job description, license, and annual evaluations.			
57	There is evidence of on-going assessment of staff competency through performance evaluations and training.			
58	Job Descriptions list essential knowledge and skills consistent with the work to be completed.			
59	The facility has a written process in place regarding the pre-screening of direct care staff background prior to hiring.			
60	A sample of the practitioners' employee/credentialing files were reviewed and the files contained documentation of credentialing consistent with facility policy.			

61	There is evidence of a criminal background check for each staff member, in accordance with IDHW requirements.			
62	When applicable, there is evidence of verification of any licensure or certification the staff member holds.			
63	There are distinct job descriptions for the different types of providers at the agency.			
64	Competency criteria are defined for each job category.			
65	There is evidence of on-going training for staff to support competency (initial training as well as annual trainings).			
66	All new staff complete required trainings and orientations <b>prior</b> to providing any services.			
67	There is evidence that all new staff complete CPR training.			