

**Community Care Behavioral Health Organization  
Non-Accredited Facility On-Site Review Form**

FACILITY NAME: \_\_\_\_\_

INSTRUCTIONS FOR COMPLETING SITE VISIT DOCUMENTATION

1. The Site Reviewer will complete site visit form.
2. The Provider has been sent a copy of this form to assist preparation for the on-site visit.
3. The Site Reviewer will document any concerns identified during the site visit that are identified during any part of the site visit process.
4. The site visit process cannot be delayed at this time to wait for Provider action. Any Provider corrective action must be completed while the Site Reviewer is on site. All other follow-up is to be conducted during the administrative review of the site visit.
5. The Site Reviewer shall ensure that all documentation and scoring is complete before signing and dating page 6 of the site visit.
6. The Site Reviewer will return all forms and any documentation/documents associated with this site visit to Community Care within 48 hours of completing the site visit.
7. Forms will be returned to the Site Reviewer if incomplete or unable to review results.

Scoring Instructions:

1. All items marked “yes” are given the point value noted in the score column adjacent to the criteria.
2. All items marked “no” are given a zero point value
3. All items marked “N/A” are given the point value noted in the score column adjacent to the criteria. “N/A” may not be marked in shaded columns.
4. All “Must Pass” items must be met. Any Must Pass item not met will receive a deficiency and corrective action response is required within 10 business days and prior to completion of assessment process. Reviewer should complete all other items at the time of the scheduled site visit.
5. Total required score to move forward in the assessment process is 45 points and all Must Pass items in compliance.
6. Providers who meet all Must Pass items and score between 45 and 50 points must submit a corrective action plan within 30 days of the site visit.
7. Providers who meet all Must Pass items and score below 45 points will receive a deficiency and corrective action response is required within 10 business days and prior to completion of assessment process.

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**Date of Visit:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Site Reviewer:** \_\_\_\_\_

**Interview Conducted with:** \_\_\_\_\_

**Name** *Please print*

\_\_\_\_\_  
**Title/Position**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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FACILITY NAME: \_\_\_\_\_

Score	Item #	CRITERIA	Met	Not Met	N/A	GUIDELINES AND COMMENTS
<b>ACCESS &amp; AVAILABILITY</b>						
<b>Must Pass</b>	1.	Must have policy which contains the following ; 1. Routine appointments (within 7 calendar days of request); 2. Life threatening emergency (immediate); 3. Non-life threatening emergency (within 1 hour of request); 4. Urgent (within 24 hours of request)				Reviewer will actually inspect the appointment book to attest that hours of operation are available.
2	2.	Written policy to address unscheduled, walk-ins				
2	3.	Wheelchair access				If no, what alternative does provider identify:
2	4.	Handicapped parking				If no, what alternative does provider identify:
2	5.	Clean, identified bathroom - Accessible to all pts., including physically				If no, what alternative does provider identify:
1	6.	Accessible through safe, public thoroughfares				
2	7.	Clearly identified by visible signage				
1	8.	Adequate lighting				
1	9.	Regular parking				
2	10.	Posted office hours with emergency number				
<b>FACILITY/INTERIOR</b>						
2	11.	Waiting area ; 1. Clean; 2 Adequate seating; 3. Adequate privacy at registration; 4. Well-lit waiting room				(Must have yes in all four areas to receive a yes.)
<b>Must Pass</b>	12.	Fire extinguisher(s) visible				
2	13.	Exits clearly marked				
<b>Must Pass</b>	14.	Smoke detectors/fire alarms				
1	15.	Blood pressure cuff available				
1	16.	First aide supplies				
<b>Must Pass</b>	17.	Needle disposal system				Must pass if provider gives injections.
2	18.	Sink easily available				
2	19.	Evacuation plan posted in office suite				
<b>POLICIES AND PROCEDURES (Visual inspection of written manual is required to receive yes score.) Separate policies are not required; policy statements referencing specified requirement may appear anywhere in the facility manual and be scored as yes.)</b>						
1	20.	Act 33/34 clearances (for patients 18 and under and/or Act 34 clearance for older adult patients)				
1	21.	Orientation procedure for new staff				
<b>Must Pass</b>	22.	Specific clinical supervision policy and procedure for all staff.				
2	23.	Policy for verifying credentials & competency for all staff.				
2	24.	Duty to warn policy (AKA – Procedure defined what to do/who to notify when disclosure identifies risk of harm to another				
<b>Must Pass</b>	25.	Written confidentiality policy				
1	26.	Policy and procedure manual (date of last review_____)				Should be sheet in P & P with yearly review and signature
2	27.	Policies for referral for psychiatric/medical evaluation, medication assessment/follow-up, medical follow up				
Sub Total Pg. 3				0		

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Score	Item #1	CRITERIA	Met	Not Met	N/A	GUIDELINES AND COMMENTS
<b>Must Pass</b>	28.	Specific policy/policy statement regarding PCP Coordination				
1	29.	Safety/risk management policy and procedure				
1	30.	Biohazard disposal: (OSHA Standards; universal precautions, infection control)				
2	31.	Medical emergencies				
2	32.	Written Evacuation plan				
<b>Must Pass</b>	33.	ADA policy (American's with Disabilities Act)				
		<b>MEDICATION MANAGEMENT (including samples)</b>				
2	34.	All drugs stored in secure storage area				
2	35.	Control procedures if narcotics on-site				
2	36.	Medication refrigerator w/t herm, (40 °F)				
<b>Must Pass</b>	37.	Prescription Pads controlled				Must Pass if facility prescribes medications.
2	38.	System for checking meds for expiration				
		<b>COVERAGE ARRANGEMENTS</b>				
Must Pass	39.	24-hour a day, seven day a week access to provider (provider must have a yes in at least one area to receive a yes in this category): 1. By phone; 2. By telephone answering service to pager; 3. By answering machine; 4. By covering physician; 5. Cell phone				
1	40.	Is physician coverage identified? If yes, what is the name of the physician?				
1	41.	Is hospital coverage defined?				
		<b>Cultural Awareness</b>				
<b>Must Pass</b>	42.	Policy or policy statement regarding cultural awareness, diversity, awareness				
		<b>MISA</b>				
<b>Must Pass</b>	43.	Written policy/policy statement/clinical instrument used to assess the mental health/substance abuse status (MISA) of all individuals receiving/being assessed for services.				
		<b>Quality Management Plan</b>				
<b>Must Pass</b>	44.	The written QM Plan is scored as met when all 8 points are present/met.				<b>Written policy/policy statement or explanation defining the organization's QM component. This may be a separate document or contained in an organization wide program description. However, specific references must further explain the processes and procedures associated with QM.</b>
		<b>Program Description</b> – must refer to assessment, monitoring, oversight, opportunities for evaluation and improvement. This is not a description of the organization but may be included there.				
Sub Total Pg. 4				<b>0</b>		

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Score	CRITERIA	Met	Not Met	N/A	GUIDELINES AND COMMENTS
	<b>Organization and Authority</b> – must define committees, meetings, staff directly responsible to review reports and determine action needed. Just having the organizations table of organization without explaining how the information about Quality Management is processed would not satisfy this standard.				
	<b>Scope of Program</b> – what specific components are reviewed.				
	<b>Annual Program Evaluation/assessment</b> – must explain how/who/ when the QM initiatives and findings are reviewed to determine action needed to include developing the plan for the following year.				
	<b>Complaints process</b> – must explain how this information is collected and what is done to process the findings to include action needed.				
	<b>Significant member incident process - must</b> explain how this information is collected and where as well as what is done to process the findings to include action needed.				
	<b>Quality monitors/performance improvement</b> – must identify specific problem areas or high risk issues identified that were/will be monitored and the process related to each (i.e. readmissions, a specific documentation monitor, data accuracy)				
	<b>Staffing related to the Quality Program</b> – identify resources allocated to this program and these activities. This can be found in the QM Plan or individual staff job descriptions.				
Total Pg 3			<b>0</b>		
Total Pg 4			<b>0</b>		
Total Pg 5			<b>0</b>		
<b>Total</b>			<b>0</b>		

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**Site Reviewer Documentation:**

List all persons and their title present during this Site Visit (use back of page if needed):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Additional Comments:**

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\_\_\_\_\_  
Signature of Site Reviewer : \_\_\_\_\_  
Date

Based on the review of the Facility site visit/medical record review, the Facility:

- \_\_\_\_\_ Meets criteria, recommend for assessment/reassessment.
- \_\_\_\_\_ Corrective Action Plan for score between 45 and 50 points requested (credentialing supervisor will file with site visit when received)
- \_\_\_\_\_ Has deficiencies noted for score below 45 points; written response requested within 10 business days and prior to completion of process.
- \_\_\_\_\_ Has deficiencies noted; written response requested within 10 business days, revisit to be conducted prior to completing the process.
- \_\_\_\_\_ Has deficiencies noted; written response requested within 10 business days, revisit to be conducted within six months of date completing assessment/reassessment.
- \_\_\_\_\_ Assessment/reassessment process suspended until further investigation.

\_\_\_\_\_  
Community Care Credentialing Supervisor : \_\_\_\_\_  
Date