

COMMUNITY CARE BEHAVIORAL HEALTH
POTENTIAL HIGH VOLUME PRACTITIONER ON-SITE REVIEW FORM

PRACTITIONER NAME: _____

INSTRUCTIONS FOR SCORING

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 5 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 credentialing process. Reviewer should complete all other items at the time of the scheduled site visit.
5. Total required score to move forward in the credentialing process is 36 points and all Must Pass items in compliance.
6. Providers who meet all Must Pass items and score between 36 and 41 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 36 points will receive a deficiency and corrective action response is required within 10 business days and prior to completion of credentialing process.

POTENTIAL HIGH VOLUME PRACTITIONER ON-SITE REVIEW FORM

PRACTITIONER NAME: _____

Date of Visit: _____

Practice Name: _____

Address: _____

Site Reviewer: _____

Interview Conducted with: _____

Name *Please print*

Title/Position

Signature

Date

POTENTIAL HIGH VOLUME PRACTITIONER ON-SITE REVIEW

PRACTITIONER NAME: _____

Score	Item #	CRITERIA	Met	Not Met	N/A	GUIDELINES AND COMMENTS
ACCESS & AVAILABILITY						
Must Pass	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.	Wheelchair access				If no, what alternative does provider identify:
2	3.	Handicapped parking				If no, what alternative does provider identify:
2	4.	Clean identified bathroom - Accessible to all patients, including physically disabled				If no, what alternative does provider identify:
PRACTICE LOCATION						
1	5.	Accessible through safe, public thoroughfares				
2	6.	Clearly identified by visible signage				
1	7.	Adequate lighting				
1	8.	Regular parking				
Must Pass	9.	Evacuation plan posted on wall visible				
1	10.	Waiting/reception area clean				
1	11.	Waiting/reception has adequate seating				
2	12.	Office hours and emergency number posted in area visible by consumer in lobby/waiting area				
2	13.	Adequate privacy at registration				
Must Pass	14.	Fire extinguisher(s) visible within office suite				
2	15.	Exits clearly marked				
2	16.	Smoke detectors/fire alarms within office suite				
1	17.	Interview & therapy offices provide privacy				
1	18.	Office equipped with a blood pressure cuff (if applicable)				
2	19.	Office has a needle disposal system (if injections are given in office)				
2	20.	Office has a sink easily available				
Must Pass	21.	Office has a biohazard disposal (Standard; OSHA - (IF APPLICABLE – collects urine or blood samples, injections given)				
Sub Total Pg. 3				0		

Potential High Volume Practitioner On-Site Review Summary

PRACTITIONER NAME: _____

Score	Item #	CRITERIA	Met	Not Met	N/A	GUIDELINES AND COMMENTS
POLICIES AND PROCEDURES (review of written policy or policy statement)						
2	22.	Medical emergencies during office hours				
2	23.	Obtaining and handling body fluids if applicable (collecting urine specimens, OSHA, universal precautions, residential w/dressings, giving injections)				
2	24.	Evacuation plan (written map of office suite, posted, clearly marked exits, visible to consumers)				
Must Pass	25.	Confidentiality Policy				
Must Pass	26.	Coordination of care with Primary Care Physician				
MEDICATION ADMINISTRATION (Including samples retained at location)						
2	27.	All drugs stored in secure storage area				
2	28.	Control procedures if narcotics on-site				
2	29.	Medication refrigerator w/therm, (40 °F)				
Must Pass	30.	Prescription Pads controlled/secured				Must Pass if facility prescribes medication
2	31.	System for checking medications for expiration				
COVERAGE ARRANGEMENTS						
Must Pass	32.	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				
Cultural Awareness						
Must Pass	33.	Policy or policy statement regarding cultural diversity, awareness, competence exists				
MISA						
Must Pass	34.	Written policy to include procedure/clinical instrument used to assess the mental health/substance abuse status (MISA) of all individuals receiving/being assessed for treatment services.				
Sub Total Pg. 3				0		
Sub-Total Pg. 4				0		
Total Score				0		

Potential High Volume Practitioner On-Site Review Summary

PRACTITIONER NAME: _____

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:

Signature of Site Reviewer : _____
Date

Based on the review of the Practitioner site visit/record review, the Practitioner:

- _____ Meets criteria, recommend for credentialing/recredentialing.
- _____ Corrective Action Plan for score between 36 and 41 points requested
(credentialing supervisor will file with site visit when received)
- _____ Has deficiencies noted for score less than 36 points; written response requested
within 10 business days.
- _____ Has deficiencies noted; written response requested, revisit to be scheduled prior to
completion of review.
- _____ Has deficiencies noted; written response requested, revisit to be scheduled within
six months of presentation to committee.
- _____ Credentialing process is suspended until further investigation.

Community Care Credentialing Supervisor : _____
Date