

# Optum Idaho

## ORGANIZATIONAL PROVIDER AUDIT TOOL

Provider/Agency Name: Reviewer Name:

Date of Provider/Agency Review:

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

Y	N	NA
---	---	----

### Rights, Responsibilities and Ethics

1 There is a policy and procedure about member rights, responsibilities, and ethics.

--	--	--

Comments:

2 There is a policy and procedure about member involvement in care and services.

--	--	--

Comments:

3 There is a policy and procedure about informed consent for members.

--	--	--

Comments:

4 There is a policy and procedure about family involvement in member care.

--	--	--

Comments:

5 There is a policy and procedure about confidentiality.

--	--	--

Comments:

6 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.

--	--	--

Comments:

### Environment of Care

7 The provider/agency location is easily identifiable from the street (may be scored NA in situations where prominent display of the identification of the provider/agency is not appropriate)

--	--	--

<b>Comments:</b>			
8	There is a policy addressing safety and security.		
<b>Comments:</b>			
9	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).		
<b>Comments:</b>			
10	There is a comprehensive disaster plan , including plans for continuation of care when services are disrupted.		
<b>Comments:</b>			
11	There is a fire safety plan.		
<b>Comments:</b>			
12	Member rights and responsibilities are posted in waiting areas and care areas.		
<b>Comments:</b>			
13	There is evidence of compliance with fire safety procedures/regulations, including inspection by the fire department/marshall.		
<b>Comments:</b>			
14	There are fire extinguishers or there is a fire suppression system.		
<b>Comments:</b>			
15	The exits are well marked and free of obstruction.		
<b>Comments:</b>			
16	The provider/agency appearance is reasonably neat and clean.		
<b>Comments:</b>			
17	The waiting room and care areas are of adequate size and reasonably comfortable. If there is not a waiting room, the provider has a process in place to ensure that client confidentiality and privacy is maintained.		

<b>Comments:</b>			
18	The furnishings and décor are appropriately professional.		
<b>Comments:</b>			
19	There are no culturally insensitive or offensive materials posted.		
<b>Comments:</b>			
<b>Access to Care</b>			
20	There is a written protocol for accommodating members in a life threatening emergency.		
<b>Comments:</b>			
21	There is evidence of appointment availability for non-life threatening emergent care within 6 hours.		
<b>Comments:</b>	Date and time:		
22	There is evidence of appointment availability for urgent care within 48 hours.		
<b>Comments:</b>	Date and time:		
23	There is evidence of appointment availability for a routine office visit within 10 working days.		
<b>Comments:</b>	Date and time:		
24	The clinician makes arrangements for emergency coverage for all members 24 hours per day/7 days per week. (review how coverage is provided)		
<b>Comments:</b>			
<b>Continuum of Care</b>			
25	There is a policy/written criteria about expectations for treatment at each level of care, including criteria for transitioning to another level of care/service type.		
<b>Comments:</b>			
26	There is a policy/written criteria outlining any exclusionary criteria for each program.		

<b>Comments:</b>			
27	There is a policy/written criteria regarding the continuing care needs of members at the time of their discharge.		
<b>Comments:</b>			
<b>Assessment</b>			
28	The policy/written criteria for assessment procedures includes the type of care to be provided and the need for any further assessments.		
<b>Comments:</b>			
29	The policy/written criteria for assessment procedures includes an assessment of current behavioral/emotional functioning (history of emotional, behavioral, and substance abuse problems or treatment), the use of alcohol and other drugs by family and members, and the member's maladaptive or problem behaviors.		
<b>Comments:</b>			
30	The policy/written criteria for assessment procedures includes the presenting problems, along with relevant psychological and social conditions affecting the member's psychiatric and medical status.		
<b>Comments:</b>			
31	The policy/written criteria for assessment procedures includes the reason(s) for admission or treatment.		
<b>Comments:</b>			
32	The policy/written criteria for assessment procedures includes documentation of the psychiatric and medical history (previous treatment dates, clinician identification, therapeutic interventions and responses, sources of clinical data, relevant family information, results of laboratory tests, and consultation reports).		
<b>Comments:</b>			
33	The policy/written criteria for assessment procedures includes evaluation of learning needs and barriers to learning as well as the level of functioning or functional impairment.		
<b>Comments:</b>			
34	The policy/written criteria for assessment procedures includes the mental status exam (affect, mood, thought content, judgment, insight, attention, concentration, memory, and impulse control).		
<b>Comments:</b>			

	35 The policy/written criteria for assessment procedures includes risk assessments.			
<b>Comments:</b>				
	36 The policy/written criteria for assessment procedures includes identification of community resources used by members.			
<b>Comments:</b>				
	37 The policy/written criteria for assessment procedures includes evaluation of the extent of the family's participation.			
<b>Comments:</b>				
	38 The policy/written criteria for assessment procedures includes vocational, spiritual, cultural, educational, and legal assessments and services (appropriate to the level of care).			
<b>Comments:</b>				
	39 The policy/written criteria for assessment procedures includes guidelines for obtaining a medical history and referring members to their Primary Care Physician for an annual History and Physical exam.			
<b>Comments:</b>				
	40 The policy/written criteria for assessment procedures includes the identification and prominent listing of relevant medical conditions.			
<b>Comments:</b>				
	41 The policy/written criteria for assessment procedures includes the identification of or member's self-report of infectious diseases.			
<b>Comments:</b>				
	42 The policy/written criteria for assessment procedures includes documentation of allergies to medications and other substances.			
<b>Comments:</b>				
	43 The policy/written criteria for assessment procedures identifies the specific services to be provided to children or adolescents.			
<b>Comments:</b>				
	44 The policy/written criteria for assessment procedures includes the assessment and treatment of chemical dependency problems.			

<b>Comments:</b>			
45	The policy/written criteria for assessment procedures includes use of a diagnostic/integrated assessment to develop a treatment plan.		
<b>Comments:</b>			
<i>Care and Treatment</i>			
46	There is a policy/written criteria for transitioning members from one level of care to another.		
<b>Comments:</b>			
47	There is a policy/written criteria on the monitoring of medications and medication recalls.		
<b>Comments:</b>			
<i>Education and Communication</i>			
48	There is a policy/written criteria about member and family education (for example, including but not limited to: care options, participation in care and coping with behavioral health problems, prognosis and outcomes, risks of not participating in treatment, and, when applicable, education regarding medications.)		
<b>Comments:</b>			
<i>Performance Improvement</i>			
49	There is a Quality Improvement Process in place for the program.		
<b>Comments:</b>			
<i>Management of Information</i>			
50	There is a policy/written criteria addressing critical incidents to include reporting any incidents to Optum Idaho as well as identifying opportunities for improvement and implementing corrective action when indicated.		
<b>Comments:</b>			
51	The provider/agency has a process in place to ensure the availability of treatment records to the treating prescriber/clinician.		
<b>Comments:</b>			

	52 The provider/agency has an organized system of filing information in the treatment records.			
<b>Comments:</b>				
	53 The provider/agency must have an established procedure to maintain the confidentiality of treatment records in accordance with any applicable statutes and regulations.			
<b>Comments:</b>				
	54 <b>For Providers/Agencies with Electronic Health Records Only:</b> The provider/agency has a process to maintain a "back-up" copy of all electronic health records.			
<b>Comments:</b>				
	55 <b>For Providers/Agencies with Electronic Health Records Only:</b> The provider/agency has an established procedure to maintain the confidentiality of electronic health records in accordance with any applicable statutes and regulations.			
<b>Comments:</b>				
	56 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>Comments:</b>				
<b>Human Resources</b>				
	57 There is evidence of on-going assessment of staff competency through performance evaluations and training.			
<b>Comments:</b>				
	58 Personnel files include: resume, job description, license or certification, and annual evaluations.			
<b>Comments:</b>				
	59 There is documentation in personnel files that a criminal background check was completed.			
<b>Comments:</b>				
	60 <b>For Providers Rendering Substance Use Disorder Services Only:</b> Personnel files also include: evidence of TB Testing, including the result.			
<b>Comments:</b>				

61 Job Descriptions list essential knowledge and skills consistent with the work to be completed.			
<b>Comments:</b>			
62 For CMHCs Only: The CMHC has a written process in place to monitor licensed clinicians for any Medicare/Medicaid or licensure sanctions. This needs to occur prior to hiring and then on an on-going <b>(regular)</b> basis.			
<b>Comments:</b>			
<i>Supervision (Q64-Q74 Relate to the Supervisory Protocol Addendum)</i>			
63 There is a policy/written criteria addressing staff supervision.			
<b>Comments:</b>			
64 All supervision sessions are documented.			
<b>Comments:</b>			
65 For any non-independently licensed or unlicensed staff, direct 1:1 supervision by an independently licensed clinician occurs on a regular basis.			
<b>Comments:</b>			
66 When group supervision is used, the group size must not exceed 6 supervisees.			
<b>Comments:</b>			
67 Supervision is clinical and consultative in nature and focuses on specific cases assigned to the supervisee.			
<b>Comments:</b>			
68 The supervisee will have (at minimum) a bachelor's degree or the minimum relevant licensure or certification available for the service they are providing.			
<b>Comments:</b>			
69 All Community Based Rehabilitation Specialists (CBRS) must have a relevant license or certification through Psychiatric Rehabilitation Association (PRA). PRA provides the following certification programs: Certified Psychiatric Rehabilitation Practitioner (CPRP), Children's Psychiatric Rehabilitation Certificate (CPRC), and Child and Family Resiliency Practitioner (CFRP). CBRS Providers may provide services for up to 30 months while obtaining the certification but must show documented efforts towards certification.			



<b>Comments:</b>			
70	Verification of the supervisee's training and education is documented.		
<b>Comments:</b>			
71	The supervising clinician is responsible for ensuring that each supervisee renders services within their scope of practice.		
<b>Comments:</b>			
72	For Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Only: a non-psychiatric MD may provide supervisory oversight to a supervisee within the FQHC or RHC.		
<b>Comments:</b>			
73	For Alcohol and Substance Use Disorder Services (SUDS) Treatment Providers Only: Providers must comply with all requirements for supervisory staff composition and supervision of clinical activities.		
<b>Comments:</b>			
<b>Credentialing of Practitioners</b>			
74	The provider/agency has a written process in place to credential its' practitioners.		
<b>Comments:</b>			
75	A sample of the practitioners' employee/credentialing files were reviewed and the files contained documentation of credentialing consistent with provider policy.		
<b>Comments:</b>			
<b>Infection Control</b>			
76	There is a policy and procedure regarding infection control at the agency which includes written protocols and limits for communication with local public health authorities.		
<b>Comments:</b>			
77	There are written protocols for the treatment of members with infectious diseases.		
<b>Comments:</b>			

**Handicap Accessibility**

78 The provider/agency has parking for handicapped vehicles.

Comments:

79 The provider/agency has a ramp allowing entrance into the building.

Comments:

80 The provider/agency has wide doorways for wheelchair access.

Comments:

81 The provider/agency has handicap accessible restroom(s).

Comments:

82 If the provider/agency is not handicap accessible, does the program staff screen for handicap needs prior to the first session and refer members out as needed?

Comments:

**Member Complaints**

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

83 There is a protocol for dealing with complaints.

Comments:

84 The provider/agency documents that members/families are informed of methods of resolving complaints.

Comments:

**Physical Environment**

85 For any settings that offer food services: there is evidence of inspections of the food services area by appropriate agencies.

Comments:

**Recovery and Resiliency**

<p><b>86</b> The mission statement of the provider/agency is recovery-oriented.</p>			
<p><b>Comments:</b></p>			
<p><b>87</b> There is member representation on the provider/agency board/governing body (if applicable). <b>This is a non- scored question.</b></p>			