

BEHAVIORAL OFFICE ASSESSMENT

PROVIDER/GROUP NAME: _____

DATE OF ASSESSMENT: _____

ASSESSMENT CONDUCTED BY: _____

| TOPIC REQUIREMENT | | PTS | YES | NO | N/A | COMMENTS |
|-------------------|---|------------------------|-----|----|-----|----------|
| I. | FACILITY ACCESS/APPEARANCE (EXTERIOR) | 9 Total Points | | | | |
| A. | <i>Building & Ground Maintenance</i> | (4 Points) | | | | |
| | ✓ Address visible | 1 | | | | |
| | ✓ Outside clean, well kept | 1 | | | | |
| | ✓ Exterior doors accessible and not blocked/handrails stable/secure, if present | 1 | | | | |
| | ✓ Walkways free of hazards/obstructions (i.e. potholes/tree roots) | 1 | | | | |
| B. | <i>Parking</i> | (1 Points) | | | | |
| | ✓ Adequate parking in close proximity to office | 1 | | | | |
| C. | <i>Handicap Access (Exterior)</i> | (4 Points) | | | | |
| | ✓ Curb ramp present | 1 | | | | |
| | ✓ Doors open easily (automatic or semi-automatic) or provisions have been made to provide assistance. | 1 | | | | |
| | ✓ Door width is adequate for wheelchair | 1 | | | | |
| | ✓ If elevators (exterior or interior): <ul style="list-style-type: none"> ■ Elevator buttons accessible (low enough) ■ ADA provisions: Braille/auditory references in elevator ■ Doors wide enough for wheelchair access ■ Emergency phone available in elevator | 1 | | | | |
| SUBTOTAL: | | 9 | | | | |
| II. | FACILITY ACCESS/APPEARANCE (INTERIOR) | 17 Total Points | | | | |
| A. | <i>Handicap Access (Interior)</i> | (3 Points) | | | | |
| | ✓ Ramps if different levels | 1 | | | | |
| | ✓ Reception counter wheelchair accessible | 1 | | | | |
| | ✓ Doors/halls wide enough for wheelchair access | 1 | | | | |
| B. | <i>Bathrooms</i> | (3 Points) | | | | |
| | ✓ Clean | 1 | | | | |
| | ✓ Appropriately stocked (soap, paper towels, toilet seat covers) | 1 | | | | |
| | ✓ At least 1 bathroom in building is wheelchair accessible with grab bars. | 1 | | | | |
| C. | <i>Office Appearance/Signage</i> | (6 Points) | | | | |
| | ✓ Practitioner name on office suite door and/or practitioner listed in building directory | 1 | | | | |
| | ✓ Non-discriminatory practices based on race, age, sex or ethnicity must be posted OR must be in office practice brochure | 1 | | | | |
| | ✓ Routine housekeeping and maintenance are evident (office clean, uncluttered, comfortable) | 1 | | | | |

- Shaded Box = N/A is not an option


| TOPIC REQUIREMENT | | PTS | YES | NO | N/A | COMMENTS |
|-------------------|--|-----------|-----|----|-----|------------------------|
| | ✓ Adequate seating in waiting room/ (No one standing) | 1 | | | | |
| | ✓ Adequate lighting provided for reading | 1 | | | | |
| | ✓ Exit signs clearly visible | 1 | | | | |
| D. | Entry/Hallways | | | | | (3 Points) |
| | ✓ Obstruction Free | 1 | | | | |
| | ✓ Fire extinguishers available/serviced within last year | 1 | | | | |
| | ✓ Smoke detectors/sprinklers present, if applicable | 1 | | | | |
| E. | Emergency Evacuation | | | | | (2 Points) |
| | ✓ Policy & Procedure or process in place for emergency evacuation | 2 | | | | |
| SUBTOTAL: | | 17 | | | | |
| III. | PATIENT RIGHTS/PRIVACY/CONFIDENTIALITY | | | | | 10 Total Points |
| | ✓ Staff sign confidentiality agreements | 2 | | | | |
| | ✓ Policy/process for the "release of treatment record information" (PHI) <ul style="list-style-type: none"> • Written authorization form is required for the release of treatment records) • Identification required to ensure release to patient or authorized representative | 2 | | | | |
| | ✓ Notice of "Privacy Practices" is prominently displayed | 2 | | | | |
| | ✓ Process is in place to verify identity of an individual on the phone prior to releasing PHI | 2 | | | | |
| | ✓ An area is provided where financial, and insurance discussions will not be overheard by other patients | 2 | | | | |
| SUBTOTAL: | | 10 | | | | |
| IV. | Clinical Setting | | | | | 6 Total Points |
| | ✓ Consultation/therapy area can accommodate individual & family therapy in a confidential manner | 3 | | | | |
| | ✓ Accommodations available for group treatment modalities | 3 | | | | |
| SUBTOTAL: | | 6 | | | | |
| V. | PHARMACY | | | | | 16 Total Points |
| A. | Medication Storage | | | | | (4 Points) |
| | ✓ All medication stored in a secure manner with access limited to only authorized persons | 2 | | | | |
| | ✓ Medication Expiration dates are monitored and expired medication is discarded (includes samples) | 2 | | | | |
| B. | Prescription Pads | | | | | (4 Points) |
| | ✓ All inaccessible to patients | 2 | | | | |
| | ✓ Stored in locked drawer or closet | 2 | | | | |
| C. | Controlled Substances (if applicable) | | | | | (8 Points) |
| | ✓ Logs kept and narcotics accounted for | 2 | | | | |
| | ✓ Limited access/locked cabinet | 2 | | | | |

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| | ✓ Written procedures for narcotics/ (Only authorized personnel to dispense) | 2 | | | | |
| | ✓ Disposal of unused and/or expired narcotics | 2 | | | | |
| SUBTOTAL: | | 16 | | | | |
| VI. | RECORD KEEPING PRACTICES | 27 Total Points | | | | |
| A. | General | (27 Points) | | | | |
| | ✓ Treatment records are kept in a systematic order | 2 | | | | |
| | ✓ A treatment record is maintained for each patient | 2 | | | | |
| | ✓ Contents fastened securely | 2 | | | | |
| | ✓ Stored in secure area away from patients | 2 | | | | |
| | ✓ Identify person responsible for maintaining safekeeping of medical records | 2 | | | | |
| | ✓ Each page has patient identifying information (or assigned number) | 2 | | | | |
| | ✓ Process/process to document/update current medications | 2 | | | | |
| | ✓ Procedure/process for communicating evaluation and treatment information to the members PCP and other healthcare professionals, as appropriate. | 3 | | | | |
| | ✓ Documentation of telephone calls and follow-ups are incorporated in the medical record | 2 | | | | |
| | Records include (at a minimum) the following: | | | | | |
| | ✓ Demographic information (insurance/address/telephone/emergency contact, etc.) | 2 | | | | |
| | ✓ Form or area in record, or procedure/process for documenting treatment history, which may include clinical history, treatment plan and follow-up recommendations | 2 | | | | |
| | ✓ Allergies noted on one central location, including affirmation of "No Known Allergies" | 2 | | | | |
| | ✓ Form or area documenting patient consent for services | 2 | | | | |
| SUBTOTAL: | | 27 | | | | |
| VII. | ACCESS & AVAILABILITY | 15 Total Points | | | | |
| A. | No Show/Call Back | (2 Point) | | | | |
| | ✓ Procedure/process for documenting communication and/or attempted communication with member following a missed appointment. | 2 | | | | |
| B. | Appointment System | (6 Points) | | | | |
| | ✓ Routine Office Visit within 10 business days (Next Available Appt _____) | 2 | | | | |
| | ✓ Urgent Care within 48 hours | 2 | | | | |
| | ✓ Non-life threatening emergency within 6 hours | 2 | | | | |
| C. | After Hour Coverage | (2 points) | | | | |
| | ✓ Patients advised of after hour care arrangements and how to contact | 2 | | | | |
| D. | Telephone | (3) Points) | | | | |

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|-------------------|--|-----|-----|----|-----|-------------------------|
| | ✓ Practice has process for monitoring telephone access with standards in place <ul style="list-style-type: none"> • Callers reach a non-recorded voice within 30 seconds • Abandonment rates do not exceed 5 percent at any given time | 1 | | | | |
| | ✓ Telephone calls for appointments are triaged/screened by appropriate personnel. | 1 | | | | |
| | ✓ Policy and standards related to returning phone calls | 1 | | | | |
| E. | <i>Non-English Speaking</i> | | | | | <i>(1 Point)</i> |
| | ✓ Process for accessing interpreter services | 1 | | | | |

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|-----------|---|-----------|--|--|--|------------------|
| F. | <i>Hearing Impaired</i> | | | | | <i>(1 Point)</i> |
| | ✓ Process for communicating with the hearing impaired | 1 | | | | |
| | SUBTOTAL: | 15 | | | | |
| | TOTALS: | | | | | |

PROVIDER/PROVIDER REPRESENTATIVE NAME: _____


PROVIDER/PROVIDER REPRESENTATIVE SIGNATURE: _____

DATE: _____

BHO REPRESENTATIVE NAME: _____

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