

APPENDIX F

<b>AGENCY:</b>	<b>DATE(S) OF REVIEW:</b>
<b>REVIEWER:</b>	

SECTION I	Certification Request and BHA Status	Pass/ N/A	Fail/ INC	NOTES	PROVIDER RESPONSE
<b>A</b>	Did the agency provide a letter of Medicaid Enrollment or Medicaid ID to demonstrate existing status as a BHA-432 by August 31, 2015?				
<b>B</b>	Did the agency include a complete roster of clinical supervisors with or without NILs?				
<b>C</b>	If the roster did not list any NILs, did the agency letter explain when and the process for adding NILs?				
<b>D</b>	Are there active and appropriate level licensures noted for each of the Clinical Supervisors per the Licensing Board Lookup Registry? (LISW, LCSW, LPCC etc.)				
SECTION II	AGENCY	Pass/ N/A	Fail/ INC	NOTES	PROVIDER RESPONSE
<b>1</b>	Did the agency provide a summary of services provided by your agency (age of clients, type of interventions, specialty populations, specialty interventions, etc.). If you have identified a specialty please describe additional training and/or certification attained in according to state or national requirements/guidelines.				

2	P&P with a detailed description of your process for verifying and tracking appropriate level licensures noted for each of the Clinical Supervisors and NILs. Include time frames for these activities and specific activities (verifying on the Licensing Registry, CEU requirements for supervision, renewal dates etc.)				
3	P&P addressing record keeping process for employee/contractors files. Please include in your description the contents and maintenance of records (background checks, qualifications, transcripts, licensure, job description, written contract etc.)				
4	P&P describing the process by which the appropriate clinical supervision will be provided and documented. Address in this P&P adherence to guidelines specified per applicable licensing board or regulatory entity. Include specifics as to frequency, duration, group supervision (# of participants/supervisees allowed), individual supervision to be provided.				
<b>SECTION III</b>	<b>Clinical Practice/ Training</b>	<b>Pass/ N/A</b>	<b>Fail/ INC</b>	<b>Notes</b>	<b>PROVIDER RESPONSE</b>
5	P&P describing the ongoing education and training of NILs, to include the items below				
5a	· treatment planning (intake to discharge)				
5b	· crisis planning with consumers				
5c	· documentation (requirements)				
5d	· clinical reasoning/case formulation				

<b>5e</b>	· clinical practice (roles and responsibilities)				
<b>5f</b>	· cultural awareness				
<b>5g</b>	· trauma informed care				
<b>5h</b>	· critical incident reporting/ abuse, neglect and exploitation				
<b>5i</b>	· resource information and referral				
<b>5j</b>	· crisis management/local, state and national help/hotlines, county emergency plans and procedures				
<b>5k</b>	· boundaries with clients				
<b>5l</b>	· code of ethics as applicable from associations APA, ACA, or, NASW, state regulations, and national standards				
<b>5m</b>	· continuum of care (Termination of Care, Referral, End of life Care, advance directives, psychiatric advance directives)				
<b>5n</b>	· rendering services in alignment with applicable state laws and regulations (Medicaid and non-Medicaid funds), documentation requirements, service definitions, and CPT code allowances				
<b>5o</b>	· self-care				
<b>5p</b>	· Informed Consent and Disclosure of protected information guidelines				
<b>5q</b>	· Maintaining privacy/confidentiality				

5r	· Client Records (securing client information-record keeping)				
6	<b>P&amp;P</b> describing the ongoing evaluation of NILs and supervisors. Include in policy timeframes for evaluation and creation of a professional development plan. Describe how demonstrate competency and provide details on how you will evaluate Nils and Supervisors.				
	<b>ENROLLMENT REQUIREMENTS</b>	<b>Pass/ N/A</b>	<b>Fail/ INC</b>	<b>NOTES</b>	<b>PROVIDER RESPONSE</b>
7	Did the agency describe their understanding of ensuring clinicians have (for each item identify time frames for completion (i.e. at hire, within 30 days, within 90 days, etc.):				
7a	· CAQH				
7b	· NPI per the NPPES				
7c	· Medicaid provider status				
7d	· Rostering with MCO's				
	<b>REQUIRED DOCUMENTS</b>	<b>Pass/ N/A</b>	<b>Fail/ INC</b>	<b>NOTES</b>	<b>PROVIDER RESPONSE</b>
8a	Did the agency provide a copy of all clinical licenses (independent and non-independent)				
8b	Did the agency provide proof of clinical supervisor status from the appropriate board				
8c	Did the agency provide NIL Certificate of Liability Insurance				
8d	Did the agency provide Supervisor Certificate of Liability Insurance				

<b>8e</b>	Did the agency provide job Description for Nils (include qualifications)				
<b>8f</b>	Job Description for Supervisor (include qualifications)				
<b>8g</b>	Did the agency provide contract template (documentation of agreement with licensed clinicians to include supervisory duties and scope of services rendered).				
<b>8h</b>	Form to be used to document supervision of NILs.				
<b>9</b>	Did the agency describe the orientation process for new employees, including how employees gain a working knowledge of the agency policies and procedures. Is there an employee handbook of applicable, and/or other relevant materials? Are these reviewed annually/regularly?				
	<b>Facility</b>	<b>Pass/ N/A</b>	<b>Fail/ INC</b>	<b>NOTES</b>	<b>PROVIDER RESPONSE</b>
<b>10</b>	Did the agency describe appropriate accommodations and rooms for supervision, monitoring, and maintaining consumer confidentiality.				
<b>11</b>	Did the agency have emergency evacuation routes posted.				
<b>12</b>	Did the agency describe the process of intake, view therapy rooms, note any safety issues.				
<b>13</b>	Did the agency describe how the environment support trauma informed care (i.e. lighting, client and staff safety, and accessibility)?				
<b>14</b>	Did the agency address ADA compliance				
<b>15</b>	What are the hours of operation? Are they posted? Describe after hour services/emergency services and resources. Describe access to services.				