

BHCN QA Review Checklist

BHCN Name:

Received Date:

Reviewed Date:

| New Provider/ 1st Year Submission | | Subsequent Year Submission | |
|-----------------------------------|---|----------------------------|---|
| Complete | Program Description | Complete | Program Description |
| | 6a. Identification of Services/Practices | | 6a. Identification of Services/Practices |
| | i. Goals and Objectives | | i. Goals and Objectives |
| | 6b. Organization Chart | | 6b. Organization Chart |
| | Supervision Structure | | Supervision Structure |
| | Affiliated Associates | | Affiliated Associates |
| | NPI numbers identified | | NPI numbers identified |
| | 6c. Training Documentation | | 6c. Training Documentation |
| | Description of training program | | Description of training program |
| | | | Training Dates |
| | | | Frequency/Duration |
| | | | Location/Roster/Instructor |
| | 6d. Quality Measures | | 6d. Quality Measures |
| | <u>Effectiveness of Care</u> | | <u>Effectiveness of Care</u> |
| | i. Identify monitoring tool (i.e. CASII, LOCUS, etc.) | | i. Identify monitoring tool (i.e. CASII, LOCUS, etc.) |
| | | | Number of recipients assessed |
| | | | Number of recipients showing improvement |
| | | | Percent of recipients showing improvement |
| | ii. Copy of assessment tool | | ii. Copy of assessment tool |
| | | | Goal of assessment |
| | | | Number of treatment plans reviewed |
| | | | Findings of assessment |
| | | | Corrective Actions |
| | <u>Access and Availability</u> | | <u>Access and Availability</u> |
| | i. Identify Service Categories | | i. Identify Service Categories |
| | | | Number of appointments measured |
| | | | Measurement results |
| | <u>Satisfaction of Care</u> | | <u>Satisfaction of Care</u> |
| | i. Copy of Survey | | i. Copy of Survey |
| | | | Frequency of Survey |
| | | | Number of surveys administered |
| | | | Number of completed surveys received |
| | | | Corrective actions |
| | ii. Copy of Grievance Policy and Procedure | | ii. Copy of Grievance Policy and Procedure |
| | | | Number of grievances and complaints received |
| | | | Average response time |
| | | | Percent of grievances and complaints resolved |