

# GCBH PROVIDER PERFORMANCE REVIEW INSTRUMENT

Facility Name:	Date Form Completed:	Facility Contact:
Provider Type:    Inpatient                      Residential                      Other:		
Population Served:	Form Completed by:	Tele #:

<b>All Facilities</b>	<b>Representative Documentation</b>
<p>1. Do you maintain previously obtained accreditation or certifications (i.e. JCAHO or CARF accreditation)?</p> <p style="text-align: center;">YES    NO    N/A</p>	<ul style="list-style-type: none"> <li><b>Copy of current accreditation certificate</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>2. Do you maintain all applicable State and Federal licensures or Certifications (such as licensure, CLIA waivers and/or Medicaid) ?</p> <p style="text-align: center;">YES    NO    N/A</p>	<ul style="list-style-type: none"> <li><b>Copy of current State Licensure</b></li> <li><b>Copy of any additional Certifications</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<b>Facilities not Otherwise Reviewed by GCBH</b>	
<p>3. Do you maintain a functional Quality Improvement process</p> <p style="text-align: center;">YES    NO    N/A</p>	<ul style="list-style-type: none"> <li><b>Copy of the Current facility QM Plan</b></li> <li><b>List of QM Committee Members</b></li> <li><b>Calendar of last 12 months Committee meetings</b></li> <li><b>Copies of current PIP's</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>4. Do you maintain a functional Utilization Management Process?</p> <p style="text-align: center;">YES    NO    N/A</p>	<ul style="list-style-type: none"> <li><b>Copy of Current facility UM Plan (if combined as part of QM Plan please indicate)</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>

## GCBH PROVIDER PERFORMANCE REVIEW INSTRUMENT

<p>5. Do you maintain (when applicable) a Medical Staff services system that provides oversight to your psychiatric medical practitioners?</p> <p style="text-align: center;">YES NO N/A</p>	<ul style="list-style-type: none"> <li>• <b>Medical Staff membership list</b></li> <li>• <b>Credentialing Policy</b></li> <li>• <b>CV of Medical Director</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>6. Do you assure that services provided to consumers are delivered by qualified staff?</p> <p style="text-align: center;">YES NO N/A</p>	<ul style="list-style-type: none"> <li>• <b>Resume of Clinical Director (or if applicable Director of Nursing, Social Work and Adjunct Therapies)</b></li> <li>• <b>Supervision policy</b></li> <li>• <b>Personnel policies that assure credentials that are accurate and meet MHD standards for services being delivered</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>7. Do you maintain an ongoing Training program that meets the expectations of the State Licensure and the needs of your staff?</p> <p style="text-align: center;">YES NO N/A</p>	<ul style="list-style-type: none"> <li>• <b>Training calendars for all disciplines for the past 12 months</b></li> <li>• <b>Training policy</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>8. Do you complete Medical Care Evaluations (MCE's) if applicable?</p> <p style="text-align: center;">YES NO N/A</p>	<ul style="list-style-type: none"> <li>• <b>Copies of current MCE's</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>9. Do you provide Consumers with information about Advance Directives?</p> <p style="text-align: center;">YES NO N/A</p>	<ul style="list-style-type: none"> <li>• <b>Advance Directive Policy</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>

## GCBH PROVIDER PERFORMANCE REVIEW INSTRUMENT

<p>10. Do you provide Consumers with applicable information about their Rights and Responsibilities?</p> <p style="text-align: center;">YES   NO   N/A</p>	<ul style="list-style-type: none"> <li>• <b>Consumer Rights Policy</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>11. Do you maintain Liability Protection Insurance?</p> <p style="text-align: center;">YES   NO   N/A</p>	<ul style="list-style-type: none"> <li>• <b>Liability protection insurance policy face sheet</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>
<p>12. Do you maintain a Corporate Compliance Plan that addresses Fraud and Abuse prevention?</p> <p style="text-align: center;">YES   NO   N/A</p>	<ul style="list-style-type: none"> <li>• <b>Corporate Compliance Plan that includes Fraud and Abuse Prevention process</b></li> </ul> <p><b>Information Previously submitted to:</b> _____</p>