

(New Unlicensed Office Site Review)

ITEM	REVIEW ITEM WITH SUPPORTING CITATIONS	REVIEW GUIDELINES
1	<p>All hallways/doorways/entrances/ramps/steps/corridors shall be kept clear/unobstructed at all times, and adequate lighting/seating are provided.</p> <p>10A NCAC 27G .0304 (b) (1) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times. (5) All indoor areas to which clients have routine access shall be well- lighted.</p>	<p>Areas are not obstructed by items lying in the path of use, and overhead areas do not contain items that are within adult height limits or result in the potential of falling items. To score as "Met," no hazardous conditions are noted. Indoor lighting is sufficient for clients to engage in normal & appropriate daily activities. Adequate seating is reviewed, but not scored - this should be captured in the comment section.</p>
2	<p>Location provides physical access, reasonable accommodations, including parking, exam and waiting rooms, and accessible equipment for all members with physical disabilities or BH and I/DD needs.</p> <p>Provider Contract – The Contractor agrees to render provider services to Members with the same degree of care and skills as customarily provided to the Contractor's patients who are not members, according to generally accepted standards of medical practice. The Contractor agrees that members and non-members should be treated equitably. The Contractor agrees not to discriminate against members on the basis of race, color, national origin, age, sex, gender, LGBTQ status, or disability.</p> <p>Contractor shall ensure compliance with The Americans With Disabilities Act, Titles VI and VII of the Civil Rights Act of 1964, Section 503 and 504 of the Vocational Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and subsequent amendments and regulations developed pursuant thereto, to the effect that no person shall, on the grounds of sex, age, race, religious affiliation, handicap, national origin, sexual orientation, and transgender status be subjected to discrimination in the provision of any services or in employment practices.</p> <p>45 CFR 84.22c - Accessibility</p>	<p>Evidence: Facility Accessibility: Contracted provider facilities must be accommodating for persons with physical disabilities. Agency must be observed for handicapped parking and entrance ramps; wheelchair accommodating door widths; and bathrooms equipped with handicapped railing. If the office is located in a building that is not wheelchair accessible, the provider accommodates for the accessibility needs of the individuals in their care by making arrangements for such individuals to be seen in an alternative location where privacy is assured, or, if a provider with fewer than fifteen (15) employees finds that there is no method of complying with accessibility requirements other than making a significant alteration in its existing facilities, the provider may, as an alternative, refer the person to other providers of those services that are accessible. The provider assists the individual in choosing another provider who is able to accommodate their accessibility needs.</p> <p>If a member is seeking services and the building is not accessible, how will they accommodate? For example, refer to another agency; have a different meeting location.</p>
3	<p>Office location complies with HIPAA/Confidentiality requirements by ensuring privacy.</p>	<p>Evidence:</p> <ol style="list-style-type: none"> 1. Agency has a HIPAA Notice of Privacy Practices. 2. Ensure confidentiality in service delivery.

APSM 45-2 - Chapter 2-7, 2-8.

45 CFR 164.520] 45 C.F.R § 164.520 - Notice of privacy practices for protected health information. (a) Standard: notice of privacy practices—(1) Right to notice. Except as provided by paragraph (a)(2) or (3) of this section, an individual has a right to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and of the individual's rights and the covered entity's legal duties with respect to protected health information.(1) Required elements. The covered entity must provide a notice that is written in plain language and that contains the elements required by this paragraph.(i) Header. The notice must contain the following statement as a header or otherwise prominently displayed: "THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY."(ii) Uses and disclosures. The notice must contain:(A) A description, including at least one example, of the types of uses and disclosures that the covered entity is permitted by this subpart to make for each of the following purposes: treatment, payment, and health care operations.(B) A description of each of the other purposes for which the covered entity is permitted or required by this subpart to use or disclose protected health information without the individual's written authorization.(C) If a use or disclosure for any purpose described in paragraphs (b)(1)(ii)(A) or (B) of this section is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law as defined in § 160.202 of this subchapter.(D) For each purpose described in paragraph (b)(1)(ii)(A) or (B) of this section, the description must include sufficient detail to place the individual on notice of the uses and disclosures that are permitted or required by this subpart and other applicable law.....

45 C.F.R. § 164.530(c) - A covered entity must maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information in violation of the Privacy Rule and to limit its incidental use and disclosure pursuant to otherwise permitted or required use or disclosure. For example, such safeguards might include shredding documents containing protected health information before discarding them, securing medical records with lock and key or pass code, and limiting access to keys or pass codes.

45 C.F.R. §164.514 (d) - A covered entity must develop and implement policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of protected health information to which access is needed, and any conditions under which they need the information to do their jobs.

- a. Therapy occurs behind a closed door, and confidential information cannot be overheard by uninvolved parties.
 - b. When services are provided in the community, the agency has a written policy that addresses the protection of confidential information when services are delivered.
 - c. Confidential information is not posted.
 - d. Office location has a separate waiting area away from treatment/therapy service areas.
3. Ensure records are stored securely, ensuring confidentiality.
- a. Agency has policy on the protection & storage of records.
 - b. Agency has a policy for the protection of records - storage, security, and transporting of records.
 - c. Agency has a policy on access to records.

Scoring:

Agency must meet all elements to score as "Met."

<p style="text-align: center;">4</p>	<p>Staff receive training in confidentiality of member information.</p> <p>10A NCAC 26B .0108 ASSURANCE OF CONFIDENTIALITY (a) The area or state facility director shall make known to all employees, students, volunteers and all other individuals with access to confidential information the provisions of the rules in this Subchapter and G.S. 122C-52 through 122C-56. The facility shall develop written policies and procedures in accordance with the rules of this Subchapter and applicable statutes and provide training to all individuals with access to confidential information.</p> <p>45 C.F.R. § 164.530 HIPAA - Administrative requirements (b)(1) Standard: Training. A covered entity must train all members of its workforce on the policies and procedures with respect to protected health information required by this subpart, as necessary and appropriate for the members of the workforce to carry out their function within the covered entity. (2) Implementation specifications: Training. (i) A covered entity must provide training that meets the requirements of paragraph (b)(1) of this section, as follows: (A) To each member of the covered entity's workforce by no later than the compliance date for the covered entity; (B) Thereafter, to each new member of the workforce within a reasonable period of time after the person joins the covered entity's workforce; and (C) To each member of the covered entity's workforce whose functions are affected by a material change in the policies or procedures required by this subpart, within a reasonable period of time after the material change becomes effective in accordance with paragraph (i) of this section. (ii) A covered entity must document that the training as described in paragraph (b)(2)(i) of this section has been provided, as required by paragraph (j) of this section.</p>	<p>Evidence Review training on confidentiality of individual/member protected health information for staff who have access to the clinical records. Secure the provider's policy.</p> <p>Scoring: Provider must provide evidence of training to score as "Met."</p>
<p style="text-align: center;">5</p>	<p>Rights are posted on common area walls, including how to contact NC state offices and Disability Rights NC.</p> <p>10A NCAC 27D .0201 INFORMING CLIENTS (b) Each client shall be informed of his right to contact Disability Rights North Carolina [sic], the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities. 10A NCAC 28A .0301 INFORMING CLIENTS OF RIGHTS (a) The State Facility Director shall assure that all clients and legally responsible persons are informed of the client's rights at the time of admission or not more than 24 hours after admission [with the exceptions specifically provided for in Paragraph (b) of this Rule]. The state facility shall develop a policy which includes, but is not limited to, the following: (1) specifying who is responsible for informing the client; (2) providing a written copy of rights to clients who can read and explaining the rights to all clients; (3) documenting in the client record that rights have been explained to the client; (4) posting copies of rights and the person or office to contact for information regarding rights in areas accessible to the client. (5) describing the role of the Human Rights Committee and internal client advocate and how to utilize their services; (6) informing the legally responsible person of a minor or incompetent adult client that he may request</p>	<p>Evidence: Inspect facility to ensure contact information/numbers for North Carolina State offices are posted and correct (ex., DHHS, DMH/DD/SAS Customer Service, licensing boards, and Disability Rights North Carolina), or ask provider to show what will be posted.</p> <p>Scoring: If all offices and numbers are not correct, listed and posted, score as "Not Met."</p>

	<p>notification after any occurrence of the use of an intervention procedure as specified in 10A NCAC 28D .0203, .0204 and .0205; and (7) informing the competent adult client that he may designate an individual to receive notification, in accordance with G.S. 122C-53(a), after any occurrence of the use of an intervention procedure as specified in 10A NCAC 28D .0203, .0204 and .0205. (b) If the client cannot be informed of his rights within 24 hours after admission because of his condition or if the legally responsible person cannot be notified within 24 hours after admission, then this exception and any alternative means of implementing this right shall be documented. However, the state facility may delay notifying the legally responsible person of client rights for up to 72 hours when necessary for week-end admissions.</p>	
<p>6</p>	<p>Office Hours are posted and communicated to individuals served by the provider to include 24-hour coverage and after-hours and/or emergency services contact information.</p> <p>Provider contract with the Tailored Plan: Contractor has an obligation to arrange for call coverage or other back-up to provide services in accordance with the BH I/DD Tailored Plan's standards to ensure service accessibility. The Contractor shall:</p> <ol style="list-style-type: none"> a. Offer hours of operation that are no less than the hours of operation offered to Members or comparable to NC Medicaid Direct, if the Contractor serves only Medicaid beneficiaries; b. Make services included in the contract available twenty-four (24) hours a day, seven (7) days a week, including holidays, when medically necessary; and c. Have a “no-reject policy” for referrals within capacity and parameters of their competencies. Contractor will accept all referrals meeting criteria for services negotiated, approved by BH I/DD Tailored Plan, and offered by Contractor when there is available capacity. 	<p>Evidence: Review business hours, how individuals are notified of office hours and access to assistance after hours, process for appointments, emergencies and 24-hour coverage, in accordance with CCP 8A, 8C, and 8P. This could be a pager/cell phone or alternative number. Review outgoing message to ensure 24-hour access is communicated. Review how individuals are informed, which could be a recording or an answering service.</p> <p>No provider should have “call 911 or Mobile Crisis Management” as a part of their 24-hour emergency services coverage for behavioral health emergencies.</p> <p>Scoring: Agency must meet all elements to score as “Met.”</p> <p>24 hour after hour emergency information, behavioral health services specific. Read current guideline. Question 11 on PPR generic for reference, “Clinical Coverage Policy 8P (NC Innovations): Provision of crisis services or an arrangement with an enrolled crisis services provider is only required for the following service definitions: Community Living and Supports, and Residential Supports.”</p>