LBHC ORGANIZATIONAL TOOL

Provider Name:	Date of Review:

*1.	Based upon a random sampling of the agency's clinical records, does the provider demonstrate clinical consistency between the diagnoses listed on the WV KEPRO CareConnection© and the diagnoses documented within the clinical record?	3	2	1	0
*2.	Based upon a random sampling of the agency's clinical records, does the provider demonstrate clinical consistency between the symptoms listed on the WV KEPRO CareConnection© and the symptoms documented within the clinical record?	3	2	1	0
*3.	Based upon a random sampling of the agency's clinical records, does the provider demonstrate clinical consistency between the level of functioning listed on the WV KEPRO CareConnection© and the level of functioning documented within the clinical record?	3	2	1	0
*4.	Based upon a random sampling of the agency's records, does the provider promote the appropriate utilization (meets medical necessity) of the WV Medicaid assessment services (e.g. H0031, 90792, 90791, 96130, 96136, 96110, and T1023 HE)? • Does the provider inappropriately utilize the H0031 on a routine basis to complete the WV APS CareConnection© to obtain authorizations?	3	2	1	0
*5.	Based upon a random sampling of the agency's clinical records, does the provider promote the appropriate utilization (meets medical necessity) of service planning? • Are service plan meetings conducted at least every 90-days? (are the service plans on-time?) • If service plan meetings occur more frequent, are they a result of a critical juncture? • Are Service Plans used only when Coordinated Care Services are rendered?	3	2	1	0

*6.	Based upon a random sampling of the agency's clinical records, does the provider promote the assurance that the member attends his/her service team meeting?	3	2	1	0
*7.	Based upon a random sampling of the agency's clinical records, does the provider promote the assurance that all clinical staff (or representative thereof) that provides behavioral health services to the member attends all of the service team meetings?	3	2	1	0
*8.	Based upon a random sampling of the agency's clinical records, does the provider promote the attainment of authorizations for services that are based upon the member's current and documented assessed needs rather than the "typical" grouping of services offered to all members?	3	2	1	0
*9.	Based upon a random sampling of the agency's clinical records, does the provider obtain authorizations for services (asserting medical necessity) and then routinely not provide the service to the member?	3	2	1	0
*10.	Based upon a random sampling of the agency's clinical records, does the provider embrace the various systems of care available when providing services to members? • Utilizes the tiered services when appropriate • Moves the member to the lowest level of care when appropriate. • Refer the member to an outside source if the agency does not provide the service that the member needs	3	2	1	0
*11.	Based upon a random sampling of the agency's clinical records, do the records contain a 72-hour authorization form or an initial service plan that contains all of the following elements: (Focused services require the psychologist/physician to sign off on the diagnosis) • Is signed by a Psychologist/Physician/Approved Licensed Professional* • Member's diagnosis • Member's name & Medicaid number • Services being delivered until Master Plan	3	2	1	0
*12.	Are the credentials of staff personnel records reviewed in accordance with the Behavior Health Clinic, Rehabilitation, and Targeted Case Management Manuals? • Original University Transcripts or High School • Copies of Licenses and/or Certifications • Background Check (ie. CIB, OIG, etc.) **[WV CARES meets all requirements of this question]**	3	2	1	0

13.	Does the provider have a credentialing committee that conducts evaluations of the staff competence to provide services within their scope of practice including the evaluation of: • Experience (especially for specialized populations) • CEs relevant to staff area of competence • Internal Provider Training • Clinical Supervision • Review of Documentation (assuring issues such as Medical Necessity, member's assessed need(s), and service definition)	3	2	1	0
14.	Does the provider have a written policy for clinical supervision of all staff?	3	2	1	0
15.	Does the provider have supporting documentation to assure that Clinical Supervision is occurring as outlined within their policy for all staff?	3	2	1	0
16.	Does the provider ensure that appropriate measures of follow-up occur as a result of areas of identified within Clinical Supervision for their staff? • Is the staff receiving more frequent Clinical Supervision when identified? • Is the staff required to submit documentation for Supervisory approval when areas such as Medical Necessity, Service Definition, and Member's Assessed Need(s) are not being met? • Utilize peer review when available	3	2	1	0
17.	Does the provider link their Clinical Supervision outcomes to all staff's re-credentialing process? • After the initial credentialing, does the provider link areas identified within Clinical Supervision to re-credentialing each staff? Does the staff stay at the fully credentialed level, move to partially credentialed, etc.?	3	2	1	0

Total Score = _____ [Possible 51]

* Refer to Provider Manual for licensing requirements

* The scoring for these questions are as follows:

    3 – 100% of the documentation meets this standard

    2 – 99% to 75% of the documentation meets this standard

    1 – 74% to 50% of the documentation meets this standard

    0 – Under 50% of the documentation meets this standard