



# Organization/Facility Environmental Site Review (FESR)

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_ CAS Number \_\_\_\_\_

Reason for Review (please check one) ----- Recredentialing  Credentialing  Quality Review  Action Plan Follow-Up

**Licensing Information:**  Currently state licensed/accredited DRG Exempt: \_\_\_\_\_

**Accrediting Information**  CARF Accredited (Exp. Date \_\_\_\_\_)  JCAHO Accredited (Exp. Date \_\_\_\_\_)  
 COA Accredited (Exp. Date \_\_\_\_\_)  AOA Accredited (Exp. Date \_\_\_\_\_)

**Populations Served:**  Children (ages 11 and under)  Adolescents (ages 12 –17)  Adults (ages 18-64)  Geriatric (65 & older)

**Levels Of Care**

- Inpatient Services  23 Hour Observation/Holding Bed Program  Home Health  Pathological Gambling Services
- Inpatient (Acute) Detoxification Program  Ambulatory Detoxification  Dual Diagnosis
- Inpatient Substance Abuse Rehab Program  Intensive Outpatient Program  Respite Care
- Residential Treatment Program/RTC  Day Treatment  Outpatient Mental Health and/or Substance Abuse Clinic
- Partial Hospitalization  Treatment Group Home  EAP Services
- (1/2) Half Day Partial Hospitalization  Treatment/Therapeutic Foster Care Program  Eating Disorders Program

**Data Sources for Review**

- Policy and Procedures Manuals  Treatment record reviews  Review of emergency procedures
  - Interviews with administrators  Tour of facility/physical plant  Review of safety procedures (physical, seclusion/restraint, sharps, etc.)
  - Interviews with clinicians/practitioners  Review of QM procedures/processes  Attendance at staff, treatment planning or other meeting
  - Interviews with staff  Review of Treatment Protocols/Programs
- Other Sources: \_\_\_\_\_

Affected Account(s) \_\_\_\_\_

**Directions:**



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1. Answer each item by placing a check in the YES cell if the indicator is satisfied – if it is not satisfied place a check in the NO cell. If not applicable, place a check in the NA cell.
2. **NOTE: FOR CALIFORNIA PROVIDERS, THE ITEMS INDICATED WITH \* AND THE RESPONSE IS “NO” MAY REQUIRE A CORRECTIVE ACTION PLAN FOR PROVIDERS WHETHER OR NOT THEY MEET THE 80% THRESHOLD.**

#	CATEGORY	QUESTION	YES	NO	NA	COMMENTS
1 *	Availability	* Are emergency services available on-site or by referral 24 hours a day, 7 days a week, 365 days a year?				
2 *		* Are routine appointments available within 7 days?				
3 *		* Are urgent appointments available within 24 hours?				
4 *		* Are appointments for life-threatening emergencies available immediately?				
5 *		* Are appointments for non-life threatening emergencies seen within 6 hours?				
6 *		* Is the facility in compliance with the Americans with Disabilities Act (ADA), or is working toward compliance where practicable?				
7 *		* Does the facility have the ability to assess the waiting time for an evaluation once the member arrives?				
8**		** Does the facility offer hours of operation for TennCare enrollees that are no less than the hours of operation offered to commercial enrollees?				
9	Credentialing/ Privileging	Does the facility have policies and procedures for credentialing or privileging, recredentialing/reappointment?				
10		Does the facility document staff education, training, licensure and experience?				
11		Does the facility retain a copy of license and documentation of experience for each employee?				
12		Does the facility have a primary source verification process in place to verify licenses of staff members?				
13		Does the facility have a process in place to review Medicare/Medicaid sanctions of staff members?				
14		* Does the facility have a process in place to review any state regulated sanction of staff members?				
15		Does the facility have a process in place to review any disciplinary actions against staff members?				



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#	CATEGORY	QUESTION	YES	NO	NA	COMMENTS
16	Quality Assurance/ Management	Does the facility have a quality assurance committee (QAC) that meets on a regular basis?				
17		Does the facility have representation of key disciplines/departments on quality assurance committee (QAC)?				
18		Do formal procedures exist for diagnosis of problems, tracking resolution and monitoring for improvement?				
19		Is patient satisfaction evaluated and reported on an ongoing basis?				
20		Does the facility have a policy and procedure for evaluating patient complaints?				
21**		** Does the facility have written procedures for the provision of language interpretation and translation services for any TennCare enrollee who needs such services, including, but not limited to, enrollees with Limited English Proficiency?				
22	Clinical Operations	Are there policies and procedures for clinical standards of care developed and implemented by the facility?				
23		Are there regular meetings with clinical staff and administration to review administrative and clinical policies, procedures and other issues?				
24		Are there program specific criteria in place for admissions, continuing stay and discharge?				
25		Do programs have defined treatment philosophies and orientations?				
26		Does the staffing ratio follow the facility's policies and procedures and jurisdictional statutes, if any?				
27	Treatment Records	Does a multidisciplinary team provide treatment?'				
28		Are admission and continued stay criteria consistent with level of care and have a treatment focus?				
29		Is a comprehensive treatment plan completed within appropriate time frame for level of care?				
30		Does practitioner have opportunity to address clinical modalities specific to clinical needs of individual patients?				



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31		Is there evidence of active participation by patients in treatment planning when possible?				
32		Does the organization have policies and procedures regarding advance directives?				
33		Does the organization provide notification regarding advance directives to patients?				

#	CATEGORY	QUESTION	YES	NO	NA	COMMENTS
34		Is there evidence in treatment records that discharge or long-term care planning starts from day of admission?				
35		Does a formal system exist to assure patient follow-through on aftercare arrangements or assertive action taken if patient/guardian fails to follow-up?				
36		Does the organization demonstrate the incorporation of relevant cultural issues into its treatment program?				
37	Safety	Does each program inform members of rights and responsibilities and organizational grievance procedures?				
38		Does the organization have policy and procedure for emergency coverage?				
39		Are areas where members are seen free from physical furnishings or equipment that represent a risk/safety hazard?				
40		Does the facility have a contraband policy and procedure, especially how discoveries of illicit drugs and/or weapons are handled?				
41		Do suicide prevention/precaution protocols exist?				
42		Does the Psychiatric Residential Treatment Facility (PRTF) treating patients under the age of 21 comply with the CMS (HCFA) guidelines regarding restraint and seclusion? Review attestation letter.				
43		Are there clear policies and procedures for the use of seclusion and/or restraint, if utilized?				
44		Does staff receive initial and ongoing training in the use of seclusion and restraints, if utilized?				
45		Facility/program has policy and procedure addressing unrestricted access by patients to other areas without supervision.				



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46		If applicable, facility/program has designated smoking area and facility restricts smoking privileges to certain hours or patients will be supervised during this time. (If non-smoking facility, indicate N/A).				
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#	CATEGORY	QUESTION	YES	NO	N/A	COMMENTS
47	Appearance	Are facility and programmatic offices neat, clean and professional?				
48		Does the environment or office site (i.e., magazines, pictures, children, adult, ethnic, etc.) reflect the culture of the members served?				
49	Record Keeping	Are files containing any member information maintained in a locked and safe setting?				
50		Are member records kept in individual folder by name or identification number?				
51		Records are available, as appropriate, to other practitioners or staff at the site.				
52	Treatment Record Practices	Are forms and treatment record methods maintained in a consistent manner with the model treatment record?				
53 *		* Does the facility record meet professional standards for documentation?				
54 *	Confidentiality	Does the facility/program have a policy addressing confidentiality issues?				
55		Confidential and verbal communication is not audible to unauthorized persons.				
56		Computer screens with patient information are removed from view. N/A if no computer.				
57		Fax forms with patient information are removed from view. N/A if no fax.				
58		Mail with patient identifiable information is not visible by unauthorized persons.				
59		Other documents with patient identifiable information are not visible by unauthorized persons.				
60	Utilization Review	Are there policies and procedures for a UR/UM program?				
61		Is continued treatment review done on a calendar or diagnosis basis?				
62	Organization/ Administration	Does the organization have a clearly defined written organizational plan identifying the roles and responsibilities of leadership and the governing body?				



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#	CATEGORY	QUESTION	YES	NO	N/A	COMMENTS
63	Staffing	Does the organization have a written staffing plan including number and types of disciplines employed?				
64		Does the organization document staff training and education?				
65	Psychiatric Residency Training Programs	Are the Accreditation Council on Graduate Medical Education (ACGME) supervisory guidelines (V.B.3) followed by the program?				
66		If ACGME has identified supervisory concerns, is there a corrective action plan in place?				
67		Are patients informed of their psychiatrists' status as trainees?				
68	Medication Safety	All medications, including samples, are stored in a safe location that is not accessible to patients				
69		Does the organization/facility maintain a record of medication samples kept and distributed?				

**Not Scored:**



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#	CATEGORY	QUESTION	ADDITIONAL COMMENTS
70	Complaint Issue	<p>The substance of the complaint specified below was assessed and the findings are:  <i>(attach paper if additional space is required).</i></p> <p>No issue identified (explain/describe; _____)</p> <p>Issue identified (describe) _____</p> <p><b>If issue exists, has it been addressed?</b> Y ___ N ___</p> <p>Actions taken (describe) _____</p> <p><b>Complaint:</b> _____</p>	

71 Do you submit electronic claims to any insurer? [Yes/No] To Beacon Health Options (Beacon), formerly ValueOptions? [Yes/No]

72 Number of Beacon members treated at this location within the past year \_\_\_\_\_

73 Have you visited the Beacon website? [Yes/No]

74 Have you used Beacon's ProviderConnect™ web portal to check for member eligibility and claims status? [Yes/No]

75 [If they have filed electronically] What was the experience like?

General Comments:



## Organization/Facility Environmental Site Review (FESR)

Reviewer's Signature \_\_\_\_\_

Reviewer's Name \_\_\_\_\_  
**(Please Print)**

Reviewer's Credentials \_\_\_\_\_

Reviewer's Phone Number \_\_\_\_\_

Service Center \_\_\_\_\_

Date of Review \_\_\_\_\_

Vendor \_\_\_\_\_

\*Note: The information in this box is mandatory. If incomplete, the review will not be scored.