



Part 820 Residential Services Policies, Procedures and Methods Checklist

Provider's Name	Element
Reviewer	Review Date
1. Admission and Discharge, Including Transfer and Referral Procedures	
<input type="checkbox"/> Admission Criteria <input type="checkbox"/> Initial Determination <input type="checkbox"/> Level of Care Determination <input type="checkbox"/> Admission Decision <input type="checkbox"/> Rules and Regulations <input type="checkbox"/> Confidentiality/Voluntary <input type="checkbox"/> Anti-Discrimination	<input type="checkbox"/> Disease Assessment <input type="checkbox"/> Transfer <input type="checkbox"/> Referral <input type="checkbox"/> Discharge Criteria <input type="checkbox"/> Involuntary Discharge <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Discharge Summary
Remarks (if applicable)	
2. Treatment/Recovery Plans, Service Plans	
<input type="checkbox"/> Treatment Plan/Recovery/Service <input type="checkbox"/> Treatment Plan/Recovery Review <input type="checkbox"/> Care Coordination	
Remarks (if applicable)	
3. Staffing	
<input type="checkbox"/> Program Director <input type="checkbox"/> Psychiatrist and/or Psychiatric Nurse Practitioner <input type="checkbox"/> Medical Director <input type="checkbox"/> Health Coordinator <input type="checkbox"/> Licensed Practical Nurse (LPN) <input type="checkbox"/> LMSW/LCSW/LMHC	<input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Clinical Supervisor <input type="checkbox"/> CASAC/CASAC-T <input type="checkbox"/> Vocational Counselor <input type="checkbox"/> House Manager (if applicable)
Remarks (if applicable)	

4. Screening and Referral Procedures-Physical or Psychiatric Conditions		
<input type="checkbox"/> Medical Assessment	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Psychiatric Assessment
Remarks (if applicable)		
5. A Schedule of Fees for Services Rendered		
Remarks (if applicable)		
6. Infection Control Procedures		
Remarks (if applicable)		
7. Cooperative Agreements		
Remarks (if applicable)		
8. (a) HIV/AIDS Education, Testing and Counseling		
Remarks (if applicable)		
8. (b) The Use of Medication Supported Recovery		
Remarks (if applicable)		

9. Alcohol and Drug Screening	
Remarks (if applicable)	
10. Ordering, Procuring and Disposing of Medication, as well as Self-Administration	
Remarks (if applicable)	
11. Quality Improvement and Utilization Review	
<input type="checkbox"/> QI Committee	<input type="checkbox"/> Key Performance Measures <input type="checkbox"/> UR Process
Remarks (if applicable)	
12. Emergencies	
Remarks (if applicable)	
13. Incident Reporting and Review in Accordance with Part 836	
<input type="checkbox"/> Administration of the Incident Management Program	<input type="checkbox"/> Annual Review by the Governing Authority
<input type="checkbox"/> Recording and Reporting Procedures	<input type="checkbox"/> Overall Effectiveness
<input type="checkbox"/> Minimum Standards for Investigation	<input type="checkbox"/> Corrective Action Plans
<input type="checkbox"/> Committee Composition	<input type="checkbox"/> Periodic Training
<input type="checkbox"/> Retention of Records	
Remarks (if applicable)	

14.	Recordkeeping
Remarks (if applicable)	
15.	Educational Services for School Age Children
Remarks (if applicable)	
16.	Procurement, Storage, Preparation of Food and Nutritional Planning
Remarks (if applicable)	
17.	Records Retention
Remarks (if applicable)	

Note: This checklist is intended for internal use by applicants in preparing/reviewing policies and procedures documentation and should not be submitted with the Part 820 Residential Redesign application.