



Facility Standards Outpatient Mental Health Chemical Dependency Facility Independent Practicing Practitioners

For purposes of a site visit or credentialing site visit, a passing score is 90% and inclusive of the designated “**must pass**” categories. (*)

1. The facility and physical appearance must be generally maintained, clean and safe with adequate lighting.
2. The facility licensure must be current and appropriate from one of the following agencies, as applicable:
 - a. JCAHO Consolidated Standards or Community Mental Health Services Programs
 - b. COA- Council on Accreditation
 - c. AOA- American Osteopathic Association
 - d. CARF- Council of Accreditation for Rehabilitation Facilities
 - e. CSAS- Centers for Substance Abuse Services: In addition to one of the above, a facility must be licensed by the State of Michigan Department of Substance Abuse to provide chemical dependency services

Licensure and accreditation requirements vary per facility and may not be applicable to individual practitioners.

3. When laboratory services are performed onsite, the appropriate CLIA certification must be present.
4. Medications
 - a. Medications and solutions must be stored appropriately and labeled identifying the contents and expiration date.
 - b. Scheduled drugs must be securely locked in a cabinet/drawer/cupboard.
 - c. Scheduled drugs and samples must be signed/logged out when dispensed.
 - d. Expired medications must be purged from supplies on a routine basis.
 - e. Refrigerators must be maintained and used appropriately (medications, including vials and syringes, laboratory specimens and/or food items, must not be stored together.
 - f. All prescription and drug prescription pads must be stored in a non-public area.
5. Syringes (*)
 - a. Syringes must be stored in a non-public area.
 - b. Syringes must be disposed of in the safe and recommended manner.
6. Treatment rooms in the facility must provide privacy to ensure confidentiality.

7. Medical Record Keeping Practices (*)

- a. The medical record must be stored where access is limited to authorized personnel only and kept locked when not in use. Electronic medical records (EMR) shall be password protected and be compliant with HIPAA guidelines.
- b. Information contained in the medical record shall be treated as confidential and disclosed only with the appropriate authorization for release of information.
- c. The retention of medical records must be in accordance with HAP's retention policy: For adults retain ten years after the date of last documented activity and for children, retain until age 18 plus ten additional years.
- d. An individual medical treatment record (chart) shall be established for each patient.
- e. The medical record shall be legible and use a standardized format to organize the record to facilitate the review and retrieval of information, e.g., chronologically ordered or divided by type of information.
- f. All entries into the medical record shall be signed and dated.
- g. There is a process and appropriate documentation to ensure the review of diagnostic and other reports, and a process to ensure timely communication to patient.
- h. The medical records is available in the practitioner's office during the patient visit.
- i. The patient record and progress notes shall contain documentation appropriate to behavioral health. Refer to Medical Record Standards for Outpatient Mental Health Chemical Dependency Facility and Independent Practitioners on [hap.org\providers](http://hap.org/providers).

8. Safety

- a. Combustible items must not be stored near the furnace or water heater.
- b. Corridors and exits must be clearly marked and have adequate lighting.
- c. Corridors and exits must be clear.
- d. The facility must have access to adequate parking.
- e. The facility must provide handicap access and restroom facilities when constructed after 1972 (compliance with ADA barrier free access to care and services; and MDCH requirements, as applicable).
- f. Standard precautions (formerly known as Universal precautions) must be utilized as appropriate per recognized OSHA standards.

9. A quality management program shall be maintained and contain the information below. This information will be collected via the application process and assessed on HAP site visits and applies to facilities seeking affiliation with HAP.

- a. Program description
- b. Supporting documentation, e.g., meeting minutes
- c. Satisfaction surveys, audits
- d. Evidence of continuous quality improvement

This standard is primarily applicable to outpatient treatment facilities being credentialed as a "facility".

10. Appointment Wait-time (*): (Independent Practicing Practitioners)

- a. Routine visit within **7 days** for symptomatic and non-urgent conditions
- b. Urgent care visit in **24 hours** for serious behavioral issue