

**Office of Health Care Quality
Mobile Treatment Services Survey Tool
Edition 1/07**

Licensee Name			
Name of Surveyor		Affiliation	
Agency Contact			
Contact Number			
Type of Survey		Date of Survey	
CSA		Contact Number	
Minimum Staffing Required per 10.21.19.08			
Position	Name	Hours/week	Credentials
Program Director Mental health professional, 1/2 hr/week/individual			
Psychiatrist 1/4 hr/week/individual			
Registered Nurse 1 hr/week/individual			
Social Worker			
A Mental Health Professional Serves as tx. coordinator			
10.21.19.11 Capacity one FT treatment staff person / 12 individuals. (FT staff/census)			
Client Record Review			
client	10.21.19.04 Face-to-Face Screening by mental health professional within 10 days of referral INCLUDES: needs, strengths, resources, willingness to participate, make appointment for psychiatric eval.		
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client	10.21.19.05 Initial Psychiatrist Eval. Within 30 days of referral with Tx. Coordinator INCLUDES: Hx., Med. Review, Physical or rationale for waiver, Diagnosis and rationale, strengths ,needs , goals, level of Functioning, support system, rationale for MTS services, brief plan of care.		
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10.21.19.05 C Individual Treatment Plan (Treatment team includes: Psychiatrist, Social Worker, RN, Tx. Coordinator, client) Elements of ITP: done before 45 th day of admission , Diagnosis, Description of: behavior, needs, strengths, level of function Short and Long Term Goals that are measurable and outcome related, Transition Plan to Outpatient, Frequency /Type of Intervention, Target dates, Staff responsible.			
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10.21.19.05 C –ITP Review Min. of every 3 months Includes: description of progress toward goals, changes, statement validating need for continued MTS, signature of psychiatrist, Tx. Coordinator and Individual

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10.21.19.05 D Continuing Evaluation progress summary note at least monthly by Tx. Coordinator that includes: description of progress toward goals, changes in goals and interventions

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10.21.19.06 A Medication Services psychiatrist shall document: rationale for medication,

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explanation of benefits and side effects, order monitoring lab work and results	
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10.21.19.06 C Health Promotion and Training MTS staff shall assess the need for and document rehabilitation activities in: medication education, education in Life Skills (e.g. hygiene, ADL,s, money management, communication, nutrition, disease prevention, substance abuse prevention)

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10.21.19.06 D Interactive Therapies MTS staff shall provide therapies as specified in ITP and document in Contact Notes

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10.21.19.07 Discharge and Transitioning Treatment Coordinator shall document (i) achievement of goals (ii) anticipated need for services, readiness to participate in OMHC or appropriate outpatient service. Treatment Coordinator shall initiate authorized services before planned discharge and complete Discharge Summary per COMAR 10.21.17.07 D (3), i.e.: (a) reason for admission (b) reason for discharge (c) the individual's address (d) summary of services delivered, including frequency, duration, and progress, diagnosis, prognosis, current medications, recommendations, family and/or caretaker, signature of Psychiatrist.

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10.21.19.06 – 1 Supported Housing Services

The Program Director shall ensure that a housing needs assessment is performed by staff, and; collaborate with CSA in developing the CSA's plan for affordable, accessible housing and provide information on housing availability.

10.21.19.08 Policies and Procedures

The Program Director shall develop and the governing body shall approve a written manual that is reviewed/revised at a minimum, every 3 years that includes: mission and goals, organizational structure, Program Director duties, Individual Rights, Confidentiality, Grievance Process, Description of Program Service Plan that includes elements described in .05 of this Chapter, Admission, Transition and Discharge procedure, Medication Management procedure, Case Management Services if applicable, Individual Funds management, 24 hour On-Call and Emergency Coverage, Staff Training and Orientation, Safety and Infection Control Precautions.

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10.21.19.08 C Personnel Policies Minimum Contents of personnel file							
Name	Job Class	Resume	License	Background check	References	Orientation & Training	Driving Record
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Personnel Policy must address: Method of employee access to personnel file, Employee Rights & Benefits, Substance Abuse Policy, Ethical Guidelines for employees

10.21.19.09 Human Resource Development Minimum Training and Orientation Requirements for Direct Care Staff:
 1. Orientation to program within first week of employment. Within 3 months: 2. Individual Rights & Confidentiality.
 3. Crisis Management & Suicide Prevention 4. EEO policy 5. Overview of Service Delivery System 6. CPR/First Aid
 7. Infection Control

Staff	1	2	3	4	5	6	7

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10.21.19.10 Quality Management (QM) Plan Requirements: Reviewed by governing body at least every 3 years, Program Goals, Data Collection Methodology and staff responsible for implementation, Must evaluate: quality of care rendered to individuals, staff performance, methods of Privileging, staff development, corrective action planning.

10.21.19.10 C Risk Management Plan Reviewed by governing body at least every 3 years, Directed at minimizing incidents of: Accidents, Infections, Fires, Suicides, Unfavorable service related outcomes. Mechanism for reporting: Communicable Disease Outbreak, Allegations of Abuse/Neglect, Death of an Individual. Tracks Incident Reports and Grievances.

10.21.19.10 D Program Services Outcome Report

Prepared annually by program director and sent to governing body and CSA.
Includes: summary of QM process, analysis of consumer satisfaction survey, Data regarding # of individuals that have achieved: Symptom alleviation, employment, maintenance of housing, community involvement, social activities, and Satisfactory Transition.
Process in place to inform individuals of contents of Outcome Report.

10.21.19.11 Credentialing and Privileging Policy

Must Collect, review and verify: education, licenses or certification, professional liability insurance.
Process for granting, suspending and revoking privileges.

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