

BPA HEALTH SAFE & SOBER HOUSING VISIT

Provider Name : _____
 Visit Type: _____
 Visit Date: _____
 Follow-Up Needed: _____
 Claims Recoupment: _____

Site ID: _____
 Street/House Name: _____
 Last Visit Date: _____
 Visit Conducted by: _____
 Exit Interview With: _____

FACILITY WALK-THROUGH			
		Score	Possible
1	Size, space, and safety: The size of rooms are capable of safely housing the number of clients; the facility and outdoor areas are neat, clean and welcoming; and the facility and outdoor areas are free from safety hazards. [Scoring: worth 1 point If no concerns are noted=1, if concerns=0]		1
2	Fire Drill: Documentation of one (1) fire drill must be held at least every thirty (30) days at unexpected times and under varying conditions to simulate unusual circumstances encountered in case of a fire. Documentation includes the date and time of the drill, if problems encountered - recommendations for improvements. [Scoring: yes=1, no=0]		1
3	Community Resources: posted in a visible location and available to clients 24/7 at SSH. [Scoring: yes=1, no=0]		1
4	Weekly Facility Inspection: Must maintain an inspection log documenting weekly inspections to determine if any hazards or potential safety issues exist. The inspection log must include the dates and times of the inspections, problems encountered, and recommendations for improvement. [Scoring: evidence and utilization of an inspection log =1, no=0]		1
5	Staffing of SSH Facility: A house manager on-site a minimum of twenty (20) hours a week or a housing coordinator who is off-site but monitors house activities on a daily basis. [Scoring: yes=1, no=0. Verify with provider who is the house manager or coordinator.]		1
6	House Rules: Rules are posted/available to all clients. [Scoring: yes=1, no=0]		1
Walk-through Total:		0	6

Fill out below if conducting a chart review.

CHART REVIEW								
		CLT 1	CLT 2	CLT 3	CLT 4	CLT 5	Score	Possible
7	DHW release of information form filled out completely. [Scoring: 1 pt if all filled out correctly and 0 if any are incorrect]						0	
8	ROIs in place, completed with appropriate 42 CFR Part 2 and HIPAA language. [Scoring: 1 pt if all filled out correctly and 0 if any are incorrect]						0	
9	Sign-in sheets for each billed date of service. [Scoring: 1 pt per billed service with entry on sign-in sheet, 0 if not on sign-in sheet]						0	
Chart Total:							0	0

Comments: