

**Administrative, Quality Assurance & Corporate Compliance Regulations Checklist for Article 28 Clinics
Compiled from DOH Title 10, Part 751 Guidelines & 14 NYCRR Part 679**

Regulation	Yes	No	N/A	Comments
I. The following have been established according to the guidelines set forth in the TITLE 10, Part 751.1 through 751.7:				
A. Operator-responsible for establishing policies and management of the center in compliance with all laws, rules, and regulations.				
B. Administrator-having executive authority & responsibility for the operation of the center.				
C. Medical Director				
D. Operating Policies and procedures.				
E. Personnel Policy				
F. Medical Records Policy & Procedure, which includes the retainment of medical records (including documentation of all services and supplies, for 6 years).				
G. Medical Records Supervisor/Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. Clinic visit-rate based-same rate for all services.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Only one claim per day billed, regardless of the number of services provided.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No billing for groups.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. Non-Allowable Clinic Services – Generally NOT reimbursable in the Article 28 Clinic: collateral services, nursing, medical social work, wheelchairs and rehab services. (Wheelchairs/DME are billed through the Physiatrist).				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV. Contract Clinician Organizations				
A. Article 28 clinic provides oversight of contract clinicians/contract, contract clinician organizations and must be documented by the agency.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Persons employed by the agency will deliver a significant proportion of clinical services vs. contract clinicians.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The clinic’s program & policy manual must describe the plan to provide oversight, and specify how employed staff will oversee the development of all clinic plans of care and updates completed by contract clinicians.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. In regard to contract clinicians, the agency must log in a monitoring report:				
1. the type/frequency/&location of services with a sign-in/sign-out log (or track with the contractor billing vouchers).				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Regulation**Yes****No****N/A****Comments****2**

2. A log of supervisory visits by staff directly employed by the agency to provide oversight for contract clinicians.

C. The agency retains full authority of what services will be delivered, along w/the amount, frequency & length of time the services will be provided. This authority may not be delegated.

D. The agency must retain the authority to adopt or enforce policies governing services delivered by the clinic, or by any part or organization hired or under contract to provide services.

E. The agency may not transfer ownership or relinquish control of ledger books, records, and/or supporting documents

F. The agency may incur debts or liabilities & enter into contracts; however the agency may not allow another party or organization to incur debts or liabilities, or enter into contracts on their behalf.

G. The agency must not allow any part of an organization providing contract services to do any marketing or advertising for or on behalf of the clinic.

V. Clinic QA Plan MUST be supervised by the Medical Director

A. The QA Plan must be a planned & systematic process for monitoring and assessing:

1. the quality & appropriateness of treatment,

2. the clinical performance of staff,

3. and specify a written plan describing the program's objectives, organization, responsibilities of all participants, scope of the program and procedures overseeing the effectiveness of monitoring, assessing and problem solving activities.

B. The QA process shall define methods for the identification and selection of clinical and administrative problems to be reviewed.

C. The QA process shall include review criteria developed in accordance with current standards of professional practice for monitoring and assessing patient care and clinical performance.

D. The QA process must include regularly scheduled reviews of charts, patient complaints and suggestions, reported incidents and other documents pertinent to problem identification;

Regulation

Yes

No

N/A

Comments

3

1. along with documentation of all QA activities, e.g. findings, recommendations, and actions taken to resolve problems,

2. and provide for timely implementation of corrective actions and periodic assessments of the results of such actions.

3. The scope of clinical and administrative problems selected should reflect the needs of the population being served.

E. Administrative staff and health care professionals from each discipline shall participate in the QA process.

F. The findings and recommendations shall be reported to the operator by the medical director.

VI. Clinic Administration
A. The Clinic Administrator must be directly employed by the agency that holds the Article 28 Clinic operating certificate. In addition, the Clinic Administrator must meet DOH standards in regard to educational and experiential requirements.

B. The clinic administrator, the medical director, and/or the medical director designee of an Article 28 Clinic must not have interests that could materially affect his/her judgment.

VII. Patient Rights
A. Policies and procedures regarding patient rights shall be implemented according to the guidelines listed in DOH Part 751.9

B. Patients Rights must be posted in patient care areas along w/hours of operation & notices of practices.

C. Patient Rights must be reviewed with each patient, and/or their representative or advocate who signs and dates a copy to be placed in the patient's file. The patient receives a copy, as well.

D. Patients, family members, and care givers are offered required immunizations and PPDs, unless they already have received these.

VIII. All reportable incidents are to be handled according to the procedures outlined in DOH Part 751.10

Regulation**Yes****No****N/A****Comments**

4

IX. Professional Services – All individuals providing health care services are licensed, as required, and have all required immunizations (P,D,M,M,R), current PPD (w/in the last 12 mos.), and have passed a criminal background check).

A. Health care services are provided according to current standards of professional practice and HIPAA Regulations.

B. Health care professionals are trained & participate, as appropriate, in all QA designated policies and procedures.

C. There is a health care professional designated to be responsible for the direction of each professional service and the service is within their scope of practice.

D. A qualified OT or PT provides on site supervision for COTAs and PTAs. OTs and PTs supervise no more than 4 COTAs or 4 PTAs.

E. An OT or a PT countersigns all reports written in the medical record by COTAs or PTAs.

X. Physician's Assistants, Specialist's Assistants, & Nurse Practitioners: Services provided by these clinicians shall be in accordance with TITLE X, Parts 94 and 707 along with any other applicable regulatory guidelines

XI. Diagnostic and Therapeutic Radiology (For The CFD, this pertains to dental x-rays only).

A. A physician is responsible for the direction of this service.

B. The services of a qualified specialist in radiology, as defined in Title X part 700.2, are provided or arranged for, as needed.

C. The dentist orders and interprets the dental x-rays.

D. Safety training occurs as required and safety precautions and procedures are in place.

E. All equipment is inspected and maintained per established regulations.