

**BEHAVIORAL HEALTH PROVIDER CERTIFICATION UNIT
CRISIS STABILIZATION UNIT
CERTIFICATION REVIEW TOOL**

DBHDD CERTIFICATION REQUIREMENTS FOR CSUS	POLICY	PRACTICE	REVIEW ELEMENT/COMMENTS
OPERATIONAL SCOPE OF SERVICES Ref. 01-328			
A CSU is required to have a detailed description of the scope of services under which the CSU operates, and to deliver services in accordance with that scope of services.			
1. The CSU describes its capacity to serve both voluntarily admitted individuals and involuntarily admitted;			
2. The CSU clearly states in its policy that it is not a treatment facility as defined in O.C.G.A. 37-3-1-(18) and has not been designated as a treatment facility under O.C.G.A. 31-7-80;			
3. The services offered within the CSU are provided in a community based setting, and are described as crisis residential services rather than inpatient or hospital level of care services;			
4. The CSU does not advertise or represent itself as a hospital, nor does it bill for hospital or inpatient services;			
5. The CSU is exempt from any requirement of Georgia's Certificate of Need (CON) program.			
6. The facility pursues with due diligence operating agreements in writing, with one or more healthcare providers, to provide care that is beyond the scope of its services;			
7. Annual length of stays are restricted: i. Adult CSUs does not exceed eight (8) calendar days in crisis beds; ii. C&A does not exceed fourteen (14) calendar days.			
8. The CSU reports census and length of stay data as required to DBHDD for both crisis and where applicable, transitional beds;			
9. The CSU gives priority consideration to serving those individuals without private insurance;			
10. The CSU does not refuse service to receive, evaluate or stabilize any individual who meets criteria for services as defined in O.C.G.A. Sec. 37-1-29.			
11. The CSU does not operate solely as a 24 hour residential service offering detoxification;			
12. The C&A CSU is not available for court ordered placement for the sole purpose of temporary placement.			
PROGRAM DESCRIPTION Ref. 01-329			
Each CSU shall have a description of services which shall clearly state the following:			
1. The CSU is designed to serve as a first line community based alternative to hospitalization, offering psychiatric stabilization and detoxification services on a short term basis.			
2. Target population is adults (18 years or older) who meet admission criteria for the CSU. For child and adolescents, individuals aged five (5) through seventeen (17) requiring psychiatric or behavioral stabilization. Individuals may			

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also have other co-occurring diagnoses.			
3. The physician or psychiatrist shall be on call 24-hours a day and shall make rounds seven days a week. The physician is not required to be on site 24 hours a day; however, the physician must respond to staff calls immediately (delay not to exceed an hour).			
4. The CSU shall provide emergency receiving, screening, and evaluation services 24-hours a day, 7 days a week and shall have the capacity to admit and discharge seven days a week.			
5. The CSU shall have policies and procedures for identifying and managing individuals at high risk of suicide or intentional self-harm.			
6. The CSU and any associated CSC and /or Temp Obs have policies and procedures for identifying and managing individuals who meet the diagnostic criteria for Substance Dependence Disorder.			
7. The CSU has a full time position classified as a nursing administrator. a. The CSU has a registered nurse present within the CSU twenty-four hours a day, seven days a week who is the charge nurse; b. For every thirty (30) CSU beds in an adult CSU there is one (1) RN present at all times; c. For every sixteen (16) CSU beds in a C&A CSU, there is one (1) RN present at all times.			
8. Staffing the CSUs is as follows: a. Adult CSUs should have at least two (2) nursing staff present at all times, including a charge nurse. If the charge nurse is also the APRN, he/she may not simultaneously serve as the assessable physician during the same shift period; b. In Adult CSUs the ratio of nursing staff to individuals is not less than 1:8; c. If a nursing staff is assigned in a 1:1 role, he/she cannot be counted in the 1:8 ratio; d. C&A CSUs must have at least three (3) staff present at all times, including a charge nurse; e. There are not more than four(4) individuals to every one(1) staff; f. If nursing staff serves in a 1:1 role, he/she cannot be counted in the 4:1 ratio			
9. Program offerings for the CSU are designed to meet the biopsychosocial stabilization needs of each individual, and the therapeutic content of the program (group therapy/training, individual therapy/training, education support, etc.) are annually approved by a licensed/certified clinician. This content is captured in a master file which has the licensed clinician's approval, signature and date of review.			
10. The CSU designates a specific number of beds which may be used as crisis beds or as transitional beds, with DBHDD approval.			
EVALUATIONS AND ADMISSIONS			
1. An initial screening for risk of suicide or harm to others is conducted for each individual presenting for evaluation.			
2. Staff shall conduct a search of the individual, his or her clothing and all personal effects before admission to the unit.			
3. Personal searches of individuals (e.g. strip searches) are to be performed only for cause and shall be ordered by the physician. The rationale for the personal search must be clearly documented in the order. Sequential steps of the search, including documentation of staff involved by name and title, must be			

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recorded in the progress notes section of the clinical record. Mandatory removals of clothing or standing orders for personal searches are not permitted.			
4. A physician, advanced practice registered nurse or physician's assistant must assess each individual within 24 hours of admission, and document appropriate orders for care.			
5. The CSU does not admit individuals presenting with issues listed under "Exclusion Criteria" according to Medical Evaluation Guidelines and Exclusion Criteria for Admission to State Hospitals and Crisis Stabilization Units, 03-520.			
6. The physician shall order clinically appropriate levels of observation of the individual, taking into account the initial physician or nursing assessment.			
PROVISION OF INDIVIDUALIZED CARE Ref. 01-331			
1. Physician, at a minimum: a. Conducts the initial assessment of the individual; b. Documents the rationale for medications prescribed to each individual; c. Assesses the individual's response to care and services provided; d. Assesses the individual risk for suicide; and e. Conducts an assessment of the individual at the time of discharge.			
2. The Child and Adolescent CSU ensures that a Licensed Clinical Social Worker or Licensed Professional Counselor assesses the individual within 48 hours of admission.			
3. The Individualized Resiliency Plan for a child or adolescent, or the Individualized Recovery Plan for an adult, is developed and written within seventy-two (72) hours of admission on the basis of assessments conducted by the physician, registered nurse, and professional social work or counseling staff.			
4. The Individualized Resiliency Plan or the Individualized Recovery Plan is reviewed at a minimum every seventy-two (72) hours by the treatment team to assess the need for the individual's continued stay in the CSU.			
5. Discharge summary information is provided to the individual at the time of discharge and includes: a. Criteria describing evidence of stabilization and discharge planning; b. Significant findings relevant to the individual's recovery (strengths, needs, preferences); c. Specific instructions for ongoing care; d. Individualized recommendations for continued care to include recovery supports and community services (if Indicated); and e. Contact information on acquiring access to community services.			
DOCUMENTATION OF CARE Ref. 01-332			
1. The CSU shall maintain a clinical record for each individual, which may be recorded manually or electronically. The clinical record shall contain chronological information on all matters relating to the admission, care and treatment, discharge and legal status of the individual.			
2. The CSU maintains a record of evaluation for admission and outcome of the evaluation, including the date, time, name and credentials of the professional conducting the evaluation.			
3. The CSU maintains legal status documents for admission and continued stay.			
4. The CSU maintains documentation of legal guardianship, whenever			

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applicable.			
5. The C&A CSU ensures documentation of consent for services by the legal guardian.			
6. The CSU maintains assessments, to include psychiatric, physical health, nursing, psychosocial status and physician orders.			
7. The CSU ensures every order given by telephone is received by an RN or LPN and is recorded immediately with the ordering physician's name, and is reviewed and signed by the physician within twenty four (24) hours.			
8. The CSU ensures documentation by the physician of the individual's response to care, including the rationale for changes in orders or levels of observation.			
9. The CSU documents the location and type of treatment or education provided, including the date, time of treatment or education, the name and credentials of the professional or other staff providing the service, and the response to treatment by the individual.			
10. The CSU documents evidence of the individual's progress toward stabilization and recovery, or lack thereof.			
11. The CSU documents medical testing, medical findings, and medical care needs of interventions provided.			
12. The CSU ensures documentation at least once per day by an RN as to the status of the individual.			
13. The CSU ensures documentation of events or incidents that affect care and treatment, including the individual's response.			
14. The CSU maintains a record of implementation of emergency safety interventions of last resort (seclusion or restraint).			
15. The CSU documents the name, title and credentials of staff providing care and treatment.			
16. The CSU documents discharge notes and aftercare plans, including the individual's status at discharge, ongoing needs, aftercare plan and the date, time and method of discharge.			
PROTECTION AND SAFETY OF THE INDIVIDUAL AND OF OTHERS Ref. 01-333			
1. The CSU shall have policies and procedures regarding authorized entry to or exit between and from the facility services.			
2. Protect and respect individual's rights and privacy while conducting searches.			
3. Except as otherwise provided by law, weapons are prohibited at the CSU. The facility posts notices regarding the prohibition of weapons at all entrances and has written protocols addressing the same.			
4. The CSU develops and implements policies and practices, consistent with DBHDD policy, that describe interventions to prevent crisis and minimize incidents when they do occur, that are organized in a least to most restrictive sequence.			
5. The CSU exercises control of potentially injurious contraband items; and such control includes, but may not be limited to: a. Prohibition of flammables, toxins, ropes, wire clothes hangers, sharp-pointed scissors, luggage straps, belts, knives, shoestrings, or other potentially injurious items;			

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b. Management of housekeeping supplies and chemicals, including procedures to avoid access by individuals during use or storage. Whenever practical , supplies and chemicals are non-toxic or non-caustic; c. Safeguarding use and disposal of nursing and medical supplies including drugs, needles and other "sharps" and breakable items.			
6. The CSU shall develop and implement policies and practices for use of seclusion or restraint that are consistent with Federal and State laws, and Federal and State Rules and Regulations. State operated CSUs adhere to Seclusion and Restraint, 03-510.			
7. The CSU shall develop and implement internal policies and practices for implementing suicide preventions addressing: assessments, staffing, levels of observation and documentation.			
8. Other high risk behaviors such as assaultive behaviors shall be addressed in the CSU policies and procedure.			
PHARMACY SERVICES AND MANAGEMENT OF MEDICATION Ref. 01-334			
Policies and procedures will guide the safe practice and effective use of Medications			
1. Medication and medical care shall be administered upon direct order from a physician or psychiatrist, and orders for medication and care shall be written and signed by the physician or psychiatrist.			
2. The CSU must ensure access to pharmacy services for prescription medication within eight (8) hours of physician's order.			
3. Stat medications not maintained in the CSU must be available for administration within one hour of the order to give medication.			
4. Pharmacy services are licensed and under the direct supervision of a Registered Pharmacist or contracted with a licensed pharmacy operated under a pharmacist.			
5. Medications shall be used solely for the purpose of providing effective treatment and protecting the safety of the individual and other persons and shall not be used as punishment or for the convenience of staff or as chemical restraint.			
6. There are no standing orders for psychotropic medication.			
7. Every order given by telephone shall be received by an RN or LPN, and shall be recorded immediately with the ordering physician's name, and shall be signed by a physician within 24 hours. Such telephone orders shall include a progress note that an order was made by telephone, and the content of, justification for, and the time and date of the order.			
8. Medication management policies and procedures shall follow Federal and State Laws, Rules and Regulations, and shall direct the management of medication ordering, procurement, prescribing, transcribing, dispensing, administration, documentation, wasting or disposal and security, to include the management of controlled substances, floor stock, and physician sample medications.			
9. There shall be documented oversight by the Medical Director for the accounting and dispensing of sample medications.			
10. The CSU shall develop a policy on informed consent on medication, including the right to refuse medication			

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11. The CSU shall follow the Department's policies and procedures for Informed Consent and Involuntary Administration of Psychotropic Medication.			
12. There shall be a process to identify, track and correct deviations in medication prescribing, transcribing, dispensing, administration, documentation, or drug security of ordering or procurement of medication that results in a variance.			
13. The CSU shall develop and implement policies and procedures that describe actions to follow when drug reactions and other emergencies related to the use of medications occur, and emergency medical care that may be initiated by a registered nurse in order to alleviate a life threatening situation.			
14. The CSU shall conduct daily checks and maintain temperature logs for all medication room refrigerators. Temperatures for the refrigerator shall be set between 34°F to 41°F (1°C to 5°C).			
LABORATORY SERVICES Ref. 01-335			
1. Laboratory work and other diagnostic procedures deemed necessary shall be performed as ordered by the physician or psychiatrist.			
2. Any CSU that processes laboratory tests on –site provides documented evidence of a current Clinical Laboratory Improvement Amendment waiver (CLIA).			
FOOD SERVICES Ref. 01-336			
All CSU food service operations shall comply with current federal and state laws and rules concerning food service and shall include:			
1. At least three (3) nutritious meals per day shall be served.			
2. Nutritious snacks shall be available to each individual.			
3. No more than 14 hours may elapse between the end of an evening and the beginning of a morning meal.			
4. Therapeutic diets shall be provided when ordered by the physician.			
5. Under no circumstances may food be withheld for disciplinary reasons.			
6. The CSU must have sufficient designated area to accommodate meal service. This area may double as a group or activity area.			
7. To prepare food on site, the CSU must have a satisfactory service permit score. A copy of the current food service permit must be on file in the CSU.			
8. The CSU may utilize meal preparation services from an affiliated or contracted entity with a current food service permit. There must be a formal contract between the CSU and the contracted food entity containing assurances that the contracted food entity will meet all food service and dietary standards imposed by this rule.			
9. If the CSU elects to have meals prepared off-site, the CSU will have a modified kitchen that includes a microwave, a refrigerator, an ice maker and clean-up facilities.			
10. The CSU must maintain a daily temperature log for the freezer(s) and refrigerator(s). Temperatures for the refrigerator shall be set between 34°F and 41°F (1°C to 5°C) and the freezer temperature should be set between 0°F and 10°F (-17°C to -15°C).			

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11. Foods, drinks and condiments shall be dated when opened and discarded when expired.			
12. Each CSU has seating capacity to reflect the licensed capacity, although individuals may eat or be served in shifts during daily operations.			
13. Each CSU maintains a three day supply of non-perishable emergency food and water at all times.			
INFECTION PREVENTION AND CONTROL Ref. 01-337			
1. Standard I Precautions are defined and the use of personal protective equipment when handling blood, body substances, excretion and secretions are outlined:			
2. Proper hand washing techniques are outlined.			
3. Hand washing facilities are provided in both the kitchen and the bathroom areas and include hot and cold running water, soap dispensers, disposable towels and/or hand blowers			
4. Proper disposal of biohazards, such as needles, lancets, scissors, tweezers, and other sharp instruments.			
5. Management of common illness likely to be emergent in the particular service such as, but not limited to: a. Methicillin- resistant Staphylococcus Aureus(MRSA) b. Colds c. Influenza d. GI virus e. Pediculosis and tinea pedis			
6. Special procedures to manage infectious disease including but not limited to: a. Tuberculosis b. Hepatitis B c. HIV d. AIDS			
7. In relation to carriers of an infectious illness; a. Transfer and release of confidential information to select units and direct care staff are on a need to know basis. b. Handling and maintenance of individual care equipment is described.			
8. The Infection Control Risk Assessment and plan is reviewed annually for effectiveness and revised, if necessary.			
9. In relation to individuals who are carriers of infectious illness, the transfer and the release of confidential information to select unit medical and nursing staff on a need to know basis is addressed.			
10. There are written hygienic practices and procedures regarding: a. Management of linens and minimizing healthcare-associated infections, including: i. Collection, sorting, transport, washing and storage of soiled linens. The practices are based upon a cited expert source (such as the U.S. Centers for Disease Control and Prevention) and updated annually to ensure the procedures reflect evolving standard practice. b. At a minimum, the facility: i. Has immediately available a quantity of clean bed linens and towels, etc. essential for the proper care of individuals at all times; and ii. Has collection, sorting and cleaning procedures which are designed			

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to prevent contamination of the environment, individuals served and personnel.			
RIGHTS AND RESPONSIBILITIES OF INDIVIDUALS Ref. 01-338			
The CSU shall safeguard the rights of individuals treated pursuant to applicable state laws and rules and regulations.			
1. During admission or orientation to the CSU, each individual receives a written statement of his or her rights and responsibilities. Receipt of this information is documented in the clinical record and validated by the signature of the individual. If the individual is unable or unwilling to sign it is documented in the clinical record.			
2. The CSU informs the individual (or the individual's legal guardian, if any) in writing of any changes in rights and responsibilities.			
3. The C&A CSU safeguards the rights of individuals treated pursuant to applicable state laws, rules and regulations.			
4. It is the expectation that legal guardians of minors are informed partners in the assessment and treatment of individuals. An individual under the age of 18 is also an informed participant in his or her assessment and treatment. Although a minor's consent is not legally mandated, it is encouraged and promoted in every treatment element.			
3. The CSU shall designate and empower at least one person employed or affiliated with the CSU to serve as a Human Rights Officer (HRO). The HRO must, to the extent possible, not have any duties that may conflict with his or her responsibilities as a HRO.			
CONFIDENTIALITY Ref. 01-339			
1. The CSU shall have records management policies, procedures and practices to manage and to protect the confidentiality and protected health information of individuals' records to include electronic records			
2. The CSU's records management policies shall support secure, organized records and shall be consistent with all applicable policies and procedures and federal and state laws and regulations.			
3. The CSU maintains individual rights regarding the individual's confidential and protected health information.			
4. The CSU confirms that each individual is given Notice of Privacy Practices information regarding confidentiality of the individual's protected health information that complies with the requirements of Health Insurance Portability and Accountability Act (HIPAA).			
5. The CSU develops policies, procedures and practices that are compliant with the requirements of HIPAA.			
6. CSUs ensure that the clinical record information about an individual contained in incident reports and any documents that are not part of the clinical record, and all information about an individual whether oral or written and regardless of how stored, is kept confidential.			

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<p>7. Unless authorized by a valid written authorization signed by the individual or by applicable law, CSUs do not:</p> <ul style="list-style-type: none"> a. Confirm or deny whether an individual is receiving or has received services from the CSU; or b. Disclose any confidential or protected health information regarding the individual. 			
<p>DOCUMENTATION OF LEGAL STATUS Ref. 01-340</p>			
<p>1. Legal status and record must be clearly visible within the clinical record to include:</p> <ul style="list-style-type: none"> a. Clinical basis for admission. b. Voluntary /Involuntary status including dates, times, and signatures. c. Clinical basis for continued admission d. Documentation of the assessment of the individual's capacity to understand and exercise the rights and powers of voluntary admission. 			
<p>2. Where specific DBHDD legal forms exist the CSU documents any of the above mentioned actions on those forms.</p>			
<p>PERFORMANCE IMPROVEMENT PLAN AND ACTIVITIES Ref. 01-341</p>			
<p>1. The performance Improvement Plan addresses and ensures a comprehensive integrated review of all services and practices. The plan specifically addresses practices including, but not limited to:</p> <ul style="list-style-type: none"> a. High risk situations and special cases (such as suicide, death, serious injury, violence and abuse of any individual) are reviewed within twenty four (24) hours; b. Medical emergencies; c. Medication variance; d. Infection control; e. Emergency safety interventions including and instances of seclusion or restraint; and f. Environmental safety and maintenance, including an environment scan which assesses risk for individuals served by or working in the CSU facility and also assesses identified strategies and subsequent plans for mitigating those risks; g. Clinical outcome measures as indicated in Child and Adolescent CSUs. 			
<p>2. The CEO and governing body evaluates the CSU's effectiveness in improving performance.</p>			
<p>3. The performance Improvement Plan uses performance measures and data collection that continually assess and improve the quality of the services being delivered;</p>			
<p>4. The CSU has a performance improvement committee which submits a quarterly report to the nursing administrator, medical director, agency CEO, and governing body for their review and appropriate action, and such appropriate action is timely taken.</p>			
<p>ENVIRONMENT OF CARE Ref. 01-342 See Environmental Review Check</p>			
<p>1. The CSU has a policy in effect to address locking doors in bedrooms and bathrooms which will address an individual's privacy and safety and which addresses staff access at all times to supervise and monitor that individual's clinical status and safety.</p>			

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2. The CSU has written risk management protocols in place to address situations in which an attempt might be made to prevent access to any area of the CSU.			
3. The CSU has policies and procedures to routinely check and document the hot water temperature at various outlets throughout the CSU and to correct any variance from the standard temperature if needed.			
4. The CSU has written policies and procedures for the provision of or arrangement for, services for individuals with physical disabilities (including those with sensory impairments) in compliance with all federal and state rules and regulations, and DBHDD policies.			
5. The CSU may submit a Risk Mitigation Plan to DBHDD for approval, which addresses a particular requirement and related protocol for safety management. This is submitted at the time of certification review and annually thereafter.			
FIRE PREVENTION AND SAFETY REQUIREMENTS Ref. 01-343			
1. Each CSU shall have an emergency fire and disaster plan that includes the following: <ol style="list-style-type: none"> a. Protocols for and documentation of practice of monthly fire drills rotated so that all shifts have had at least one drill quarterly; b. Disaster drills protocols, such as floods, tornados and hurricanes, are practiced at least quarterly; c. Directions for evacuation of the CSU utilizing posted evacuation routes; d. Preparation of the individuals for evacuation; e. Documentation of monthly fire equipment inspection; f. Provision for annual review and revision of the Fire and Emergency Safety Plan; g. Procedures for training staff on all emergency and disaster drills; h. Documentation of fire drills including time taken to complete the drills and follow-up recommendations for drills that are un-satisfactorily completed. <ol style="list-style-type: none"> i. Annual inspections of other safety mechanisms such as sprinklers, smoke alarms, emergency lights, kitchen range/hood, etc. and documentation of all such inspections. 			
2. The CSU shall comply with all federal and local fire safety standards. Local fire codes with more stringent standards or additional requirements shall take precedence over the minimum requirements set forth in this rule.			
HUMAN RESOURCES Ref. 01-344			
1. The CSU shall develop and implement policies and procedures that address the hiring, training, promotion and termination of staff.			
2. The CSU shall have procedures for verifying licenses credentials, experience and competence of staff.			
3. The CSU shall define the responsibilities, qualifications, and competencies of staff for all positions.			
4. Paraprofessionals working in mental health, addictive diseases and co-occurring disability services must complete the standard training requirements for paraprofessionals.			
5. The CSU shall comply with all applicable laws, rules and regulations governing criminal history records checks.			
6. The CSU shall ensure that the type and number of professional staff attached			

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<p>to the unit are:</p> <ul style="list-style-type: none"> a. Properly licensed or credentialed in the professional field as required; b. Present in numbers to provide adequate supervision to staff; c. Present in numbers to provide services, supports, care and treatment to individuals as required; d. Experienced and competent in the profession they represent; and e. Trained in Basic Cardiac Life Support (BCLS) and First Aid; shall be on duty at all times. In addition, staff trained in the use of the Automated External Defibrillator (AED) equipment shall also be on duty. 			
<p>7. The CSU shall have processes for managing personnel information and records.</p>			
<p>8. The CSU ensures that, prior to direct contact with individuals, all staff, volunteers, and contractors are trained and show evidence of competence in their respective areas as defined in Provider Manual for Community Behavioral Health Providers, 01-112.</p>			
<p>9. The CSU ensures that within sixty (60) days of providing direct care to individuals, all staff, volunteers and contractors receive training in their assigned duties as defined in the Provider Manual for Community Behavior Health Providers, 01-112.</p>			
<p>10. The CSU has documentation of an annual training plan that ensures that each and every staff member who delivers therapeutic content is trained annually in at least one (1) clinical/programmatic content topic related to the delivery of care.</p>			
<p>11. The CSU ensures that all employees are tested for tuberculosis prior to direct contact with individuals and are retested at least annually.</p>			
<p>12. The CSU ensures there is full documentation showing implementation of this policy for all staff attached to the CSU.</p>			
<p>TRANSPORTATION Ref. 01-345</p>			
<p>1. The CSU shall assist in the coordination of necessary transportation through transfer and/or discharge to community based services.</p>			
<p>2. The CSU shall provide transportation in compliance with the DBHDD Provider Manual for Community Behavioral Health Providers for individuals in transitional beds who are otherwise unable to access services in the community while in transitional status.</p>			
<p>3. The C&A CSU assists in the coordination of necessary transportation through transfer and/or discharge to assure the C&A individual's safe passage to the appropriate destination.</p>			
<p>COMPLAINT REPORTING AND INCIDENT INVESTIGATIONS PROCEDURES Ref. 01-346</p>			
<p>1. The CSU policies, procedures, and other standards of operation recognize and permit that:</p> <ul style="list-style-type: none"> a. Investigations are conducted to ensure compliance with all applicable laws and DBHDD policy; b. DBHDD representatives are authorized to enter the premises at any time to conduct surveys or investigations; c. DBHDD has complete access to, including but not limited to, authorization to examine and reproduce any records required to be maintained in accordance with DBHDD contracts, agreements, standards, laws, and 			

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<p>policy;</p> <p>d. DBHDD maintains the confidentiality of records which its inspects in the course of investigations, as specified by Federal and State law;</p> <p>e. DBHDD is authorized to conduct announced or unannounced on site-reviews at its discretion at any time, or as part of the investigation of complaints or incidents.</p>			
<p>2. CSUs comply by:</p> <p>a. Reporting critical incidents to DBHDD in compliance with Reporting and Investigating Deaths and Critical Incidents in Community Services, 04-106;</p> <p>b. Forwarding a copy of each critical incident report to DBHDD's BHPC Unit on the same day that the critical incident is file;</p> <p>c. Using internal mechanisms to document, investigate and take appropriate action for complaints and incidents which are not required to be reported to DBHDD;</p> <p>d. Posting in a visible area within the CSU premises the procedures for a person to file a complaint directly to DBHDD;</p> <p>e. As soon as possible after any serious occurrence (including, but not limited to, a critical incident) involving a minor who is receiving services from a C&A CSU, and in no case later than 24 hours after the serious occurrence, the C&A provides notices of the serious occurrence to the parent(s) or guardians(s) of each minor involved in the serious occurrence.</p>			
<p>3. DBHDD issues written findings of any investigation within fourteen (14) days and may result in the following:</p> <p>a. A Corrective Action, which is submitted within a 30 day period;</p> <p>b. Prohibit admissions to the CSU for a defined period of time;</p> <p>c. Temporarily suspend the CSU certificate upon findings of significant risk to the health and safety of individuals; or</p> <p>d. Revoke the CSU Certification.</p>			