

BCAT Certified Organization Level for Rehabilitation Companies

Initial Application Form

Mansbach Health Tools, LLC (MHT) provides a pathway for providers of rehab services to achieve excellence and mastery in the provision of memory care to their clients using the BCAT Approach. MHT recognizes three levels:

- *Bronze* – a commitment to quality and integration of the BCAT Approach to memory care
- *Silver* – demonstrated excellence in applying the BCAT Approach to memory care
- *Gold* – demonstrated mastery in applying the BCAT Approach to memory care

To apply for a BCAT Certified level, complete this application and submit it to Mansbach Health Tools, LLC at: 7067 Columbia Gateway Drive Suite 180 Columbia, MD 21046.

Section I: IDENTIFYING INFORMATION

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Website: _____

Names of Pertinent Primary Officers:

Name	Title	Email	Phone(s)

Please provide the *primary* contact information of the person who will be working directly with MHT on certification.

Name: _____ Title: _____

Email: _____ Phone: _____

SECTION II: BCAT CERTIFICATION LEVEL

Indicate which certificate level you are applying for:

Bronze

Silver

Gold

SECTION II: BACKGROUND OF THE ORGANIZATION

1. Please check the box which indicates the number of years the organization has been providing rehabilitative services.

<input type="checkbox"/>	<5 years	<input type="checkbox"/>	6 – 10 years	<input type="checkbox"/>	11 – 15 years	<input type="checkbox"/>	15+ years
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2. Please check the box(es) which indicate the services the organization provides.

Skilled Physical Therapy	Skilled Occupational Therapy	Skilled Speech Therapy	Skilled Nursing
Respiratory Therapy	Safe Driving Services	Pulmonary Rehab	Cardiac Rehab
Restorative PT/OT/SLP	Medical Social Work Services		

Other (Please describe):

3. Please check the box(es) that indicate the employment status of your staff. Additionally, please select the box that identifies the total number in each category. If you select both employees and contractors, please explain below.

Status	<20	20-99	100-249	250-999	1000-2499	2500-4999	≥5000
Full-time Employees							
Part-time Employees							
1099 Contractors							

4. Please indicate the geographic area(s) in which your organization provides care.

5. Please identify the pre-hire expectations the organization has for employees by checking the appropriate box(es):

Initial Interview	Second Interview
Require Resume	Require Letters of Recommendation
Criminal Background Check	Other: _____

6. Please check the box(es) to indicate the payer groups the organization serves.

Private Pay	Commercial Insurance	Medicare	Medicaid
Long-Term Care Insurance	Veterans (VA)		
Other (Please describe):			

7. If your organization Medicare certified, please indicate the year when the initial certification was approved. _____

8. Is your organization licensed by the state?

Yes	Which one(s)?
No	

9. Please describe any other certifications the organization maintains. (e.g., JCAHO, etc.)

SECTION III: QUALITY INDICATORS

Complete the following table by describing specific roles / responsibilities of provider disciplines.

Discipline	Evaluation Services	Treatment Services
PT		
PTA		
OT		
OTA		
SLP		
Resp Therapy		
Other		

1. Do you provide literature explaining your services to potential patients?

Yes	Which one(s)?
No	

2. Do you furnish patients with a “Patient Bill of Rights” or similar document?

Yes	Which one(s)?
No	

3. Do you require specific qualifications, certifications, experience, or prior training before you hire staff?

Yes	Which one(s)?
No	

4. How do you train staff?

Internal In-person Group Courses	Self-Paced Reading Modules	External In-person Group Courses	Digital Classes
Internet Courses	Internal One to One Courses	External One to One Courses	Hands-On Demo
Other (Please describe):			

5. How many hours of training do you provide *before* staff begin working with clients?

6. How many hours of annual training are required of staff as part of their ongoing education?

7. Do you have an Employee Manual or written policies and procedures shared with staff?

Yes	Explain how it's provided:
No	

8. Are your staff bonded or insured?

Yes	Company or Employee Provided?
No	

9. Do therapists consult with patients' physicians and healthcare providers?

Yes	Explain:
No	

10. Do therapists consult with family members?

Yes
No

11. How does your staff provide patient and/or family a copy of your HIPAA Notice of Privacy Practices?

Yes	Explain:
No	

12. Do you include the patient/family in developing the plan of care?

Yes	Explain:
No	

13. Is the patient's course of treatment or care documented and updated, detailing specific tasks to be carried out by all staff who participate in care?

Yes	Explain:
No	

14. Do you educate family members regarding the care you provide?

Yes	Explain:
No	

15. Do staff directly involved in care have an assigned supervisor?

Yes	How is one assigned?
No	

16. How do you resolve and follow-up disagreements, complaints, and disputes with the patient and family?

17. How do you ensure patient confidentiality?

18. Are you currently using memory or cognitive screening tools or tests? If yes, please provide detail?

Yes	Explain:
No	

19. Are you currently using memory or cognitive treatments? If yes, please provide detail?

Yes	Explain:
No	

SECTION IV: ACKNOWLEDGEMENTS

By signing below, I certify the responses in this application are true and accurately represent the actual policies, procedures, and practices in the organization.

Print Name: _____

Date: _____

Signature: _____

Title: _____