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.

☐	<5 years	☐	6 – 10 years	☐	11 – 15 years	☐	15+ years

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 Cours ☐	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: _____