

# PNMI IMD Assessment

## IMD Assessment to be Completed by DHHS Staff

**Name of DHHS Staff Completing Form:** [Click here to enter text.](#) **Date:** [Click here to enter text.](#)

**Provider Name:** [Click here to enter text.](#)

**Provider Type (Appendix):** [Click here to enter text.](#)

**Provider Specialty:** [Click here to enter text.](#)

**Provider Address:** [Click here to enter text.](#)

**Contact Phone:** [Click here to enter text.](#)

**Name and Title of Provider Contact: (If applicable):** [Click here to enter text.](#)

**Number of PNMI Beds:** [Click here to enter text.](#)

**Number of Sites for PNMI services:** [Click here to enter text.](#)

**Estimated Percent of total population with a primary mental health diagnosis:** [Click here to enter text.](#)

**Description of PNMI population served (i.e. elderly, mentally ill etc.):** [Click here to enter text.](#)

**Does the Provider have multiple service locations:**  Yes  No

**If "YES" PLEASE BE SURE TO COMPLETE DETAIL CHART ON Page #3.**

**SECTION 1: Please complete this section to determine if the agency should be assessed as having a separate component (site) or as a single entity:**

**Does the agency have more than one service location?**  Yes  No  Not Applicable

1. Are the components (sites) of the agency certified as different types of providers? i.e. NFs and hospitals.

Yes  No  Not Applicable

[Click here to enter text.](#)

2. Are all components (sites) controlled by one owner or one governing body?

Yes  No  Not Applicable

[Click here to enter text.](#)

3. Is one chief medical officer responsible for the medical staff activities in all components (sites) ?

Yes  No  Not Applicable

[Click here to enter text.](#)

4. Does one chief executive officer control all administrative activities in all components (sites) ?

- Yes       No       Not Applicable

[Click here to enter text.](#)

5. Are any of the components (sites) separately licensed?

- Yes       No       Not Applicable

[Click here to enter text.](#)

6. Are the components (sites) so organizationally separate that it is not feasible to operate as a single entity?

*\*\*Please answer a, b & c in response to this question\*\**

a. Does each component (site) have separate administrative staff?

- Yes       No       Not Applicable

[Click here to enter text.](#)

b. Does each component (site) have a separate Executive Director, Chief Operating Officer, Chief Executive Officer or Finance Director?

- Yes       No       Not Applicable

[Click here to enter text.](#)

c. Does each component (site) have a separate central office building?

- Yes       No       Not Applicable

[Click here to enter text.](#)

7. Are the components (sites) so geographically separate that it is not feasible to operate as a single entity?

*\*\*Please answer a & b in response to this question\*\**

a. Are the components (sites) located within the same county:

- Yes       No       Not Applicable

[Click here to enter text.](#)

b. Are the components (sites) more than 50 miles away from each other?

- Yes       No       Not Applicable

[Click here to enter text.](#)

c. Are the components (sites) abutting, adjacent, or contiguous with each other?

- Yes       No       Not Applicable

[Click here to enter text.](#)

8. Are two or more of the components (sites) participating under the same provider category (such as NFs)?

- Yes       No

a. If **NO**, go onto next question

b. If **YES**, can each component (site) meet the conditions of participation independently?

- Yes       No

9. Is the facility (agency) licensed as a psychiatric facility?

- Yes       No

10. Is the facility (agency) accredited as a psychiatric facility?

Yes     No

***SECTION 2: Please complete the following section if the agency has more than 16 beds and there is more than one location.***

| <b>Please list each of the Service Locations and answer the questions for each:</b>         | Site: Click here to enter text. |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 11. Number of total beds  | Click here to enter text.       |
| 12. Number of beds designated for PNMI  | Click here to enter text.       |
| 13. Does this site provide services to mentally ill persons?                                | Click here to enter text.       |
| 14. Is the site under the jurisdiction of the State's mental health authority?              | Click here to enter text.       |
| 15. Does the site specialize in providing psychiatric/psychological care and treatment?     | Click here to enter text.       |
| 16. Do more than 50% of staff have specialized psychiatric/psychological training?          | Click here to enter text.       |
| 17. Do more than 50% of patients receive psychopharmacological drugs?                       | Click here to enter text.       |
| 18. Are goals related to treating a mental health disorder included in the treatment plans? | Click here to enter text.       |
| 19. Are more than 50% of staff hours dedicated to treating a mental health disorder?        | Click here to enter text.       |

**(Use Additional Pages as necessary for Agencies with more sites)**

**SECTION 4: Substance Abuse Facilities Only**

20. Does the treatment provided in the facility follow a psychiatric model? i.e. any model that focuses on psychiatric ailments and does not rely on a peer counseling model (i.e. Alcoholics Anonymous)  
 Yes             No
21. If yes, is this treatment provided by medically trained and licensed personnel?  Yes     No
22. Are services Psychological in nature? i.e. do the services provided target psychological functions and/or address psychological diagnoses?  
 Yes             No
23. Is the facility limited to services based on the Alcoholics Anonymous model? i.e. they rely on peer counseling and meetings to promote group support and encouragement, and they primarily use lay persons as counselors.  
 Yes             No