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## Required Facility Information

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The following must be submitted with your application:

1. Table of Organization. Please specify the number of full time equivalents in each position.
2. Job descriptions for each of the positions identified in the Table of Organization.
3. Evidence verifying that professionals to be utilized are currently licensed and/or certified in Idaho, as applicable.
4. Evidence of the establishment of a Human Rights Committee.
5. Contracts for physician, dentist, optometrist/ophthalmologist, registered nurse, licensed practical nurse, pharmacist, occupational therapist, physical therapist, speech language pathologist, audiologist, registered dietician, and any other contracted services.
6. A sample client record, either actual or simulated, that reflects the policies and procedures used by the facility. Please ensure the forms to be used are actually completed with real or fictitious information.
7. Policies and Procedures, sufficient to meet all eight Conditions of Participation, including:
  - Identifying who constitutes the governing body and how they will exercise general policy, budget, and operating direction over the facility **(W102 – W121)**.
  - Ensuring client rights are upheld and preventing abuse, neglect and mistreatment such that clients are protected from harm **(W122 – W157)**. This includes confidentiality and release of client information (W110 - W113), admissions and discharges (W198 - W205), and clients' financial affairs (W140 - W142).
  - Providing qualified and sufficient staff to meet clients' needs **(W158 – W194)**.
  - Providing Active Treatment services to meet clients' needs **(W195 – W265)**.

- Identifying acceptable staff conduct and managing clients' maladaptive behavior (**W266 – W317**).
- Providing Health Care services to meet clients' needs (**W318 – W394**) including control, storage, and distribution of medication (W367 – W392).
- Providing a safe, sanitary and appropriate physical environment (**W406 – W458**) including structural preventative maintenance of the facility (W407- W435) and fire and disaster preparedness (W438 - W451).
- Providing Dietary services to meet clients' needs (**W459 – W489**).

*\*\*\* For additional information related to these policies and procedures, please refer to the federal regulations as indicated above.*

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