

BCAT Certified Organization Level for Long-Term Care Facilities

Initial Application Form

Mansbach Health Tools, LLC (MHT) provides a pathway for providers of Long-Term Care services to achieve excellence and mastery in the provision of memory care to their residents 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: _____

Community Type: CCRC Skilled Nursing Facility Assisted Living

Other: _____

Is your facility part of a larger healthcare system? Yes No

If so, name: _____

Names of 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 III: BACKGROUND OF THE ORGANIZATION

1. Please check the box which indicates the number of years the organization has been operating.

<5 years

6 – 10 years

11 – 15 years

15+ years

2. Please check the box(es) which indicate the services your organization provides.

Skilled Nursing	Skilled Physical Therapy	Skilled Occupational Therapy	Skilled Speech Therapy
Dialysis	Bariatric	Restorative Therapy	Respiratory Therapy
Behavioral Health	Dementia Care Program	Cardiac Management	Hospice

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
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Full-time Employees
 Part-time Employees
 1099 Contractors

Description of Employment Status:

4. Please indicate the primary 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)

SECTION III: QUALITY INDICATORS

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

Yes Which one(s)?

No

2. Do you furnish residents 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
Demonstration

Other (Please describe):

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

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. Are nurses or therapists required to evaluate resident's needs prior to admission?

Yes Explain:

No

10. Do nurses or therapists consult with clients' physicians and healthcare providers prior to admission?

Yes Explain:

No

11. Do nurses or therapists consult with family members prior to, or upon, admission?

Yes

No

12. Do you include the resident and/or family in developing the plan of care?

Yes Explain:

No

13. Is the resident'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 resident and family?

17. How do you ensure resident 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 enhancing activities? If yes, please provide detail.

Yes Explain:

No

20. Do you have a dementia program? If yes, please select the type and explain below.

Yes Locked Dementia Unit Unlocked Dedicated Unit Program without Walls

No Explanation of Dementia Program:

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: _____

MHT reviews applications on a rolling basis (first come, first serve). We are currently able to review and respond to applications within 30-days of receiving submissions.