

QI-86 Corrective Action Needed On Chart Reviewed at QM

Program Manager: Please have staff make necessary corrections and return this form to the QI office no later than two weeks from date of QM Report

Client Name:

Client ID:

Program Name:

Chart Review Date:

Staff Name:

Supervisor:

Item(s) Needing Attention:

Assessment

Client Plan

Progress Notes

Other:

Disallowed Billing Dates:

(Disallowances for Missing Dx, Plan or Assessment will be taken care of by PMU. Any for other reasons need to be submitted by Supervisor)

Chart Reviewer:

Program manager or supervisor: Please have staff complete the following to bring documentation into compliance (see QM Review Sheet for explanation & comments).

Manager/Supervisor and Staff: Please sign below verifying that corrections have been completed. Scan and email a copy to MHB-QI_QA@co.humboldt.ca.us **If you have questions regarding this corrective action, please contact QI at the same email above.**

Staff:

Date:

Manager/Supervisor:

Date:

Verification of Correction Reviewed:

QIC Signature:

Date: