

Client Name:

Client ID:

Program:

Clinician Name:

Clinician's Supervisor:

Episode Opening Date:

Assess. Due:

Tx Plan Due:

Legal

- 1. Informed Consent for Services complete and current(Form 1012, 1195 or 1009)? Yes No N/A
- 2. Informing materials form signed (Form 1196 or Voter Reg., Adv Dir., MC Notice, Providers, Prob Res. NOPP)? Yes No N/A
- 3. Release of Information signed? Yes No N/A

Assessment

- 4. Presenting Problem/Symptoms adequately supports diagnosis? Yes No N/A
- 5. Medical Necessity describes functional impairment due to diagnosis? Yes No N/A
- 6. Signed by Clinician/LPHA? Yes No N/A
- 7. Completed on-time (within 60 days or before annual assessment due date)? Yes No N/A
- 8. All elements complete/addressed? Yes No N/A

Client Plan

- 9. a. Goal #1 addresses functional impairment directly related to diagnosis? Yes No N/A
- b. Goal #1 is observable / measurable with baseline and target? Yes No N/A
- c. Goal #1 Interventions indicate frequency and duration of service? Yes No N/A
- d. Goal #1 Staff Interventions directly related to goal objectives? Yes No N/A
- 10. a. Goal #2 addresses functional impairment directly related to diagnosis? Yes No N/A
- b. Goal #2 is observable / measurable with baseline and target? Yes No N/A
- c. Goal #2 Interventions indicate frequency and duration of service? Yes No N/A
- d. Goal #2 Staff Interventions directly related to goal objectives? Yes No N/A
- 11. Signed by client/parent, & clinician/LPHA? Yes No N/A
- 12. If integrated plan, signed by prescriber (or if separate Rx Plan)? Yes No N/A
- 13. On-time for Initial? Yes No N/A
- 14. On-time for Annual update (or when clinically indicated)? Yes No N/A

Progress Notes

- 15. Includes basic FIRP elements? Yes No N/A
- 16. Addressed goals and interventions listed on the client plan? Yes No N/A
- 17. Each note has date, total billable time in minutes, service, location, and name printed with title, signed and titled Yes No N/A
- 18. Group/Multiple Practitioner Services note addresses Medical Necessity of services provided and contribution of each staff member Yes No N/A

CANS (if applicable)

- 19.If Client is between ages of 0-21, is there a CANS completed at the beginning of episode open date? Yes No N/A
- a. Is there a CANS completed every six months thereafter? Yes No N/A

Utilization Management If any of these are marked "no", QI will review (give a 2nd opinion). If "no" is upheld, Supervisor should provide staff with consultation to address the area of identified concern. Please use the Comments section if there is any further clarification needed.

- 20. Does the documented functional impairment justify the level of services provided? Yes No N/A
- 21. Does the documented functional impairment justify the quantity of services provided? Yes No N/A

22. Does the documented functional impairment justify the type of services provided?	Yes	No	N/A
23. When progress notes indicate a change in the client's needs/progress toward treatment goals, were interventions adapted to address these changes?	Yes	No	N/A
24. Do interventions build on identified strengths?	Yes	No	N/A
25. Are natural resources being utilized?	Yes	No	N/A

Comments/Strengths/Recommendations

If you have questions regarding this chart review, please call the reviewer that performed the chart review.

Reviewer:

Date: