

Regulatory Compliance

Provider Name:

Chart Review	
1. Chart ID	
2. Clinician 1	
3. Clinician 2	
4. MD	
5. Reviewer	

Medical Necessity	Yes	No	N/A
6. 5-axis diagnosis from current DSM & primary diagnosis is "included."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Documentation supports primary diagnosis(es) for tx.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Impairment Criteria: Must have one of the following as a result of dx			
8A. Signif. impairment in important area of life functioning, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Probable significant deterioration in an important area of life functioning, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8C. Probable the child won't progress developmentally, as appropriate, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8D. If EPSDT: MH condition can be corrected or ameliorated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Intervention Criteria: Must have: 9A and 9B, or 9C, or 9D			
9A. Focus of proposed intervention: Address condition above, and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9B. Proposed intervention will diminish impairment/prevent signif. deterioration in important area of life functioning, and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9C. Allow child to progress developmentally as appropriate, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9D. If EPSDT, condition can be corrected or ameliorated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Necessity: Must have both 10 and 11			
10. The mental health condition could not be treated by a lower level of care? (true = yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The mental health condition would not be responsive to physical health care treatment? (true=yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Informing Materials:			
12. Informing Materials signature page is signed annually (Tx Consent, Free.Choice, Conf/Priv., BenefProblemRes., HIPAA/HiTech, AdvDir.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Releases of information, when applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Informed Consent for Medication(s), when applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs:			
15. Client's cultural/comm. needs noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Client's cultural/comm. needs addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Client's physical limitations are noted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Client's physical limitations are addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chart Maintenance			
19. Writing and signatures are legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Admission date is noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Clinical record filing is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Client identification on each page in clinical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Discharge/termination date noted, when applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Face Sheet info, esp. emergency contact info prominent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Med Order Sheet ("pink sheet")			
Med Log updated at each visit, and with: (i.e. 4/8/10; Seroquel; 200mg; 1 po QHS; Marvin Gardens, MD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Drug name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Drug Strength/Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Instructions/ Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Signatures/Initials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment:			
30. Initial Assessment done by 30 days of episode opening date. (FSP/Brief Service by 60 days; Level 3 by 4th visit.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Psychosocial history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Presenting problems & relevant conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Risk(s) to client and/or others assessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Client strengths/supports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. MHP MD Rx's: Doses, initial Rx dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/adverse reactions/sensitivities or lack thereof			
36. Noted in chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/adverse reactions/sensitivities or lack thereof			
37. Noted prominently on chart's cover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Relevant medical conditions/hx noted & updated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Mental health history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Relevant mental status exam (MSE).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Past/present use: Tobacco, alcohol, caffeine, illicit/Rx/OTC drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Youth: Pre/perinatal events & complete dev. hx.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Annual Community Functioning Evaluation (ACFE) N/A for FSP/Brief Service Programs & Level 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Plan:	Yes	No	N/A
44. Initial Client Plan done by 60 days of episode opening date. (Level 3 by 4th visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Plan reviewed every 6 months from opening episode date. (N/A=FSP/Brief Svcs.) (Level 3 from first f-to-f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Client Plan revised/rewritten annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Plan revised when significant change (e.g., in service, diagnosis, focus of treatment, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Client Plan is consistent with diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Goals/Objectives are observable or measureable with timeframes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Plan identifies proposed interventions & their frequency to address identified impairments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Updates Ct. strengths, Dx & special needs, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Risk(s) to client/others have plan for containment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Plan signed/dated by LPHA (if licensed, use desig.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Plan signed/dated by MD, if provider prescribes MH Rx.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Coordination of care is evident, when applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Plan signed/dated by client, or documentation of client refusal or unavailability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Plan signed/dated by legal rep., when appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Plan indicates client was offered copy of Plan or client may obtain copy on request (may be in informing materials).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Plan contains Tentative Discharge Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Progress Notes:			
60. There is a progress note for every service contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Correct service/code,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Date of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Amount of time. (Level 3 n/a - Location & Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Notes for Ct encounters incl. that day's eval/ behavioral presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Notes for Ct. encounters incl.that day's Staff Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Notes for Ct. encounters incl. that day's Ct. response to Intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Notes for Ct. encounters incl. Ct &/or Staff f/u plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Group service notes include # clients served/on behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Services are related to Client Plan's goals/objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Unresolved issues from prior services addressed, if app.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Signed/dated + title/degree/lic. (if lic., use designation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Completion line at signature (n/a for electronic notes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Service provided while Ct. was Not in lock-out setting, IMD, or Jail.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Service provided was NOT SOLELY transportation, supervision, academic, vocational, or social group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. The activity was NOT SOLELY clerical, payee related, or voicemail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Progress note was written within one working day of the date of service, and if needed, finalized within 5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Progress note documents the language that the service is provided in, as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Progress note indicates interpreter services were used, and relationship to client is indicated, as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer: _____ Date: _____