

CQRT Checklist for Fee For Service Providers

Client Name:	Client PSP#:
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Review Components

Informing Materials/Consents	Yes	No	N/A	Chart Status
1. Informing Materials page is signed/initialed and on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved <i>No major changes or coaching needed</i> <input type="checkbox"/> Approved with Coaching <i>No major changes needed but reviewer sees opportunity for growth and provides coaching</i> <input type="checkbox"/> Not approved <i>Changes must be made and the chart needs to be reviewed again during the next CQRT</i>
Assessment & Medical Necessity	Yes	No	N/A	
2. Required assessment (including all components) is present and signed by staff with credentials to do so. If not present, reason for delay is noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The Client's physical limitations, cultural and communication needs, or lack thereof, are noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Documentation of coordination of care is present, anywhere in the chart, as clinically appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. PSC35 is present or documentation of parent refusal/lack of response is in chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. MH diagnosis or suspected diagnosis (includes Z codes) is present. If suspected or Z code is used, notes indicate efforts to clarify the diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Meets Access Criteria and/or Medical Necessity. Resource: ACBH Screening Tool for Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. If risk (DTS/DTO/Other high risk) occurred in the past 90 days, there is a comprehensive risk assessment and safety plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Problem List	Yes	No	N/A	
9. A Problem List is present, appropriately updated and supported by the documentation in the chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Progress Notes (spot check 3-5)	Yes	No	N/A	
10. The progress note was signed (or electronic equivalent) by the person(s) providing the service and the service provided was within the scope of practice of the person delivering the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Progress notes describe how interventions address beneficiary's mental health needs or Social Determinants of Health and planned action steps. If non-reimbursable services were provided, the note clarifies that the time was not claimed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Notes for services involving one (1) or more providers, include: a) Total number of providers and their specific involvement in delivering the service, b) Time involved in delivering the service for each provider (includes travel and documentation); c) Total number of beneficiaries participating in the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. For Case Management services, there is a care plan present in a progress note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments (Include action plan or corrections made if problems were identified)				
Reviewer Name:				
Reviewer Signature:				
Date:				