CHART REVIEW TOOL

For use by Directly-Operated Agencies in IBHIS

Date of Chart Review: _____
Service Area: _____
Client ID: _____
Primary Contact: _____
Review Period: _____

Type of Review: ☐ Newly Active Client ☐ Annual Treatment Plan Month
Program of Service: _____
Client Name: _____
Primary Program of Service: _____
Date of Most Recent Billable Service: _____

REQUIREMENT	FINDING	CORRECTIVE ACTION PLAN
Client Access, Consents and Acknowledgments		
1. Is a Consent for Services on file?	☐ Yes ☐ No	
2. Is an Advanced Health Care Directive Acknowledgment on file? (NA if client is under 18)	☐ Yes ☐ No ☐ NA	
3. Is a Beneficiary Acknowledgment on file?	☐ Yes ☐ No	
4. Is an Acknowledgment of Receipt on file?	☐ Yes ☐ No	
5. Does the client/collateral have a preferred language other than English?	☐ Yes ☐ No Language: _____	
6. Does the client/collateral have any cultural considerations and/or special service needs (eg hearing, visual, transportation accommodations)?	☐ Yes ☐ No	
Assessment		
7. Is there a Full Assessment/Initial Assessment on file?	☐ Yes ☐ No Date: _____	
8. Has client returned for services after services were terminated? 8a. If yes, is there a Returning Client Assessment on file?	☐ Yes ☐ No ☐ Yes ☐ No Date: _____	
9. Has client been in services for 3 continuous years since the last assessment? 9a. If yes, is there a Continuous Client Assessment on file?	☐ Yes ☐ No ☐ Yes ☐ No Date: _____	
If NO to #7, 8 or 9, staff must be instructed to complete the assessment immediately.		
10. Are all sections of the most recent assessment complete based on the type of most recent assessment? (See Page 4)	☐ Yes ☐ No	
11. Is the Substance Use/Abuse Assessment complete, if indicated by the Full Assessment?	☐ Yes ☐ No	
12. Is the current diagnosis supported by information in the Assessment?	☐ Yes ☐ No Initials of Staff w/in Scope: ____	
If NO to #12, staff must be required to correct the disconnect and/or complete necessary documentation immediately.		

REQUIREMENT	FINDING	CORRECTIVE ACTION PLAN
13. Medical Necessity: Does the client have an included diagnosis?	☐ Yes ☐ No Primary Dx: _____	
14. Medical Necessity: Are impairments in life functioning and their relationship to the client's mental health symptoms/ behaviors documented?	☐ Yes ☐ No Initials of Staff w/in Scope: ____	
If NO to #13 or #14, claiming must be immediately discontinued and services not claimed to Medi-Cal.		
Consent for Medications		
15. Is the client being prescribed medications? 15a. If yes, is there a current Outpatient Medication Review on file listing each type medication prescribed?	☐ Yes ☐ No ☐ Yes ☐ No	
Client Treatment Plan		
16. If treatment services have been provided, is there a current/active Client Treatment Plan on file?	☐ Yes ☐ No Date: _____	
If NO to #16, complete and date at next client contact.		
17. Are the objectives in the Client Treatment Plan related to the symptoms/behaviors or impairments that are identified in the Assessment?	☐ Yes ☐ No	
If NO to #17, staff must be required to correct the disconnect immediately (i.e., add to assessment, rewrite/add objective to the Client Treatment Plan)		
18. Is there a SMART (specific, measureable, attainable, realistic, and time bound) objective associated with each type of service (e.g. MHS, TCM, MSS) provided or expected to be provided?	☐ Yes ☐ No	
19. Are there specific interventions and modality (e.g. individual therapy, group rehab) identified for the types of services checked? 19a. Is the frequency of each type of service documented?	☐ Yes ☐ No ☐ Yes ☐ No	
20. Is there an AMHD signature present for all objectives?	☐ Yes ☐ No	
21. For medication support interventions related to prescriptions, is there an MD, DO, and/or NP signature present?	☐ Yes ☐ No	
22. Has the client/representative signed the DMH Client Treatment Plan? **22a. If not, is there a documented reason for the lack of signature?**	☐ Yes ☐ No ☐ Yes ☐ No	
If NO to #20, #21, and #22b, claiming must be immediately discontinued until signature(s) and/or appropriate documentation is in place.		
23. Was the client offered a copy of the DMH Client Treatment Plan?	☐ Yes ☐ No	
24. Was the Client Treatment Plan interpreted in the client's preferred language? (See #5 for preferred language)	☐ Yes ☐ No	

CHART REVIEW TOOL

For use by Directly-Operated Agencies in IBHIS

REQUIREMENT	FINDING	CORRECTIVE ACTION PLAN
Progress Notes		
25. Is there a Final Progress Note for each claimed service for the review period?	☐ Yes ☐ No	
If NO, progress notes must be finalized immediately or services deleted from Medi-Cal immediately.		
26. Was each service provided in the client/collateral's preferred language? (See #5 for preferred language)	☐ Yes ☐ No	
27. Was there documentation that any cultural considerations/special needs were addressed if present (See #6 for cultural/special needs)?	☐ Yes ☐ No	
28. Is the Procedure Code accurate for the service documented? (e.g. was the SC modifier used for telephone services?)	☐ Yes ☐ No	
29. Are all data element fields appropriately completed? (e.g. date of service, program of service, face-to-face/other time, total duration)	☐ Yes ☐ No	
30. Is there a staff intervention noted that is a Service Component for the type of service? (Vocational, socialization, recreational, clerical, transportation and person care services are NOT Service Components) (See Page 4)	☐ Yes ☐ No	
31. For treatment services, does the service relate back to the Client Treatment Plan?	☐ Yes ☐ No	
If NO to #29 and #30, then these services should NOT be claimed to Medi-Cal.		
32. For any service involving multiple staff, is the intervention of each staff identified?	☐ Yes ☐ No	

SIGNATURE(S) OF REVIEWER(S)

Reviewer's Signature/Discipline/Title	Printed Name of Reviewer	Date
Reviewer's Signature/Discipline/Title	Printed Name of Reviewer	Date

CORRECTIVE ACTION PLAN (if applicable)

Reviewed Correction Action Plan with Primary Contact/other responsible party: ☐ Yes ☐ No Verified completed/resolved Corrective Action Plan: ☐ Yes ☐ No

Supervisor's Signature/Discipline/Title	Printed Name of Supervisor	Date

Comments:

CHART REVIEW TOOL

For use by Directly-Operated Agencies in IBHIS

REQUIREMENTS

Full Assessment	Returning Client Assessment	Continuous Client Assessment
• Assessor information (LACDMH Requirement) • Identifying information and Special Service Needs • For Children – Biological Parents, Caregivers and contact information (LACDMH Requirement) • Presenting Problems • Client Strengths • Mental Health History • Risks • Medications • Substance Exposures/Substance Use • Medical History - Allergies • Relevant conditions and psychological factors affecting the client's physical and mental health • Mental Status Examination • Complete 5 Axis Diagnosis from current DSM • Signature of a staff person allowed to perform a Psychiatric Assessment – Name, signature, discipline/title, identification number & date	• Precipitating Events/Reason for referral • Current symptoms/Behaviors • Impairments of Life Functioning • Client's Strengths • Updates/Changes to - Mental Health History - Medications - Substance Use - Medical - Psychological History - Developmental History (for children) • Mental Status Examination • Complete 5 Axis Diagnosis or verification of the existing 5 Axis Diagnosis • Diagnostic Summary • Staff signature, discipline/title, identification number & date	• Current Symptoms/Behaviors • Impairments in Life Functioning • Client's Strengths • Updates/Changes to - Mental Health History - Medications - Substance Use - Medical - Psychological History - Developmental History (for children) • Mental Status Examination • Complete 5 Axis Diagnosis or verification of the existing 5 Axis Diagnosis • Diagnostic Summary • Staff signature, discipline/title, identification number & date

SERVICE COMPONENTS

- Assessment (for MHS) – Evaluation of client's current mental, emotional or behavioral health; includes one or more of the following: mental status determination, analysis of clinical history and relevant biopsychosocial and cultural issues, diagnosis, and the use of testing procedures
- Assessment (for TCM) – Comprehensive evaluation and periodic reevaluation of need for assistance in accessing medical, educational, social or other services; includes taking history, reviewing records, gathering information from family members and professional providers, and evaluating adequacy and availability of support network, living arrangements, financial and employment status, and training needs
- Collateral – Services to client's significant support person(s) in effort to support client in achieving client treatment plan goals; includes consultation and/or training of collateral to help client, teaching the impact of mental illness on client, and family counseling to improve functioning of the client.
- Evaluation of Clinical Effectiveness and Side Effects
- Evaluation of Need for Medication
- Medication Education – Includes instruction in the use, risks and benefits of, and alternatives for, medications
- Monitoring and Follow Up – Activities to ensure the client treatment plan related to other needed services and supports is appropriately implemented and adequately addresses the client's needs; includes adjusting the client treatment plan and associated services
- Obtain Informed Consent
- Plan Development – Development of client treatment plans, approval of client treatment plans and monitoring client's progress.
- Referral (for CI) – Linkage to other needed services and supports
- Referral and Related Activities (for TCM) –Linkage, coordination and arrangement to other needed services and supports; identify, assess and mobilize resources to meet client needs (consultation and intervention on behalf of the client); placement or evaluation of appropriateness of living arrangement to address mental health condition
- Rehabilitation – Assistance in restoring, improving and/or preserving skills to enhance self-sufficiency or self- regulation in life domains relevant to the mental health needs of the client
- Therapy –Therapeutic intervention primarily focused on symptom reduction and restoration of functioning; includes application of cognitive, affective, verbal or nonverbal strategies