

## CHART REVIEW CHECKLIST – DAY PROGRAMS SUPPLEMENT

For Review of Legal Entity (LE) Contract Provider Clinical Records

<b>Date of Review:</b> _____ <b>LE Name:</b> _____ <b>LE Number:</b> _____				
<b>Provider Number:</b> _____ <b>Name of Reviewer:</b> _____				
<b>Client ID or Assigned # for Redacted Record:</b> _____ <b>Review Period:</b> Start Date _____ End Date _____				
REQUIREMENT	YES	NO	N/A	COMMENTS
1. For Day Treatment Intensive (DTI) clients there is a written weekly schedule that includes Process Groups, Skill-building groups, and Adjunctive Therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. For DTI clients the written weekly schedule identifies when and where the service components will be provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. For DTI clients the written weekly schedule specifies the program staff who will be providing the service components including their qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. For DTI clients, there is documentation of the provision of psychotherapy in the progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. For DTI and Day Rehabilitation (DR) clients, there were daily progress notes that included the total number of hours and minutes client attended each day	<input type="checkbox"/>	<input type="checkbox"/>		
6. For DTI and DR clients, there is monthly documentation of one contact with a family member, caregiver, or significant support person for an adult, or the legally responsible adult for a child/youth	<input type="checkbox"/>	<input type="checkbox"/>		
7. For DTI and DR programs, there is a written Program Description that described activities of each service and included all required services	<input type="checkbox"/>	<input type="checkbox"/>		

