

SUPPLEMENTAL CRTP CHART REVIEW TOOL

Last Revised 12/02/2025

For Review of Crisis Residential Treatment Provider (CRTP) Clinical Records, in Addition to Full Chart Review Tool

Date of Review: _____	Legal Entity Name: _____	Legal Entity Number: _____		
Provider/Program Name: _____	Provider Number _____	Name of Reviewer: _____		
Client ID or Assigned # for Client Record: _____	Review Period: Start Date _____		End Date _____	
REQUIREMENT	YES	NO	N/A	COMMENTS
Assessment/ Diagnosis				
1. The mental health assessment was completed: a) For children under the age of 21, immediately after arrival and signed within 24hrs of admission. b) For adults (age 21+), within 72hrs of admission.				
2. The mental health assessment includes social support skills, current psychological, educational, vocational, other functional limitations and/or skill building (e.g., meal planning, budgeting skills).				
3. A suicide risk assessment was completed at admission and updated as clinically indicated, with evidence of constant visual observation for any client presenting with passive suicidal ideation?				
Care/Treatment Plans				
1. The care plan was reviewed and signed: a) If for a child/youth under the age of 21, within 24hrs of admission.				
2. The care plan contained all the following elements: statement of specific treatment needs and goals, description of specific services to address identified treatment needs, anticipated length of stay needed to accomplish identified goals, and methods to evaluate the achievement of these goals.				

SUPPLEMENTAL CRTP CHART REVIEW TOOL

Last Revised 12/02/2025

For Review of Crisis Residential Treatment Provider (CRTP) Clinical Records, in Addition to Full Chart Review Tool

REQUIREMENT	YES	NO	N/A	COMMENTS
3. There is documentation in the clinical record that the care plan is reviewed at least once a week by the CRTP staff and client. *NA, if client was discharged prior to weekly review period.				
4. When appropriate, the CRTP arranged for clients to attend community programs, which could not be met by the facility. a) If so, these needs were identified in the treatment/rehabilitation plan.				
Progress Notes				
1. At minimum, there is one daily progress note for each date the client was in the program, documenting the specific services provided by CRTP staff. a) If yes, do the daily notes clearly support the clinical relevance of the client's participation in the CRTP?				
2. Do the daily notes include specific services provided, observations of client's behaviors, interventions related to target behaviors, client's participation and response to each service provided?				
Medication Support Services				
1. A psychiatric medication consultation was completed by a Psychiatrist: a) For children under the age of 21, within 24hrs of admission. b) For adults (age 21+), within 72 hours of admission. If the requirement is not met, is there documentation supporting the delay?				
Discharge				
1. There was a written discharge summary prepared by CRTP staff and the client that included an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans.				

SUPPLEMENTAL CRTP CHART REVIEW TOOL

Last Revised 12/02/2025

For Review of Crisis Residential Treatment Provider (CRTP) Clinical Records, in Addition to Full Chart Review Tool

ADDITIONAL COMMENTS/NOTES