FULL CHART REVIEW TOOL

Last Revised 3/16/2026

For Review of LACDMH Directly Operated and Contracted Provider Clinical Records

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 *(Please see Organizational Provider's Manual, Ch. 1 – Assessment, Needs Evaluation, Co-Occurring Disorders; LACDMH Policy 302.01, 302.03, 302.13, 305.01, 312.01, 401.02, 401.03)*				
1. Contained a current assessment covering all 7 of the required assessment domains.				
2. The Assessment contains information that reasonably supports the beneficiary's entry into the SMHS system.				
3. Contained a mental health related diagnosis (e.g., Bipolar Disorder...) or suspected mental health disorder (e.g., depression…)				
4. Does the clinical documentation identify any co-occurring disorders and integrate their impact into the client's assessment, diagnosis, and treatment planning?				
5. There was documentation/information in the clinical record indicating that the client has a clinical need for ICC and/or IHBS services. a) If yes, ICC and/or IHBS services were initiated and documented. i. If ICC and/or IHBS services were indicated but not provided, this was clearly addressed in the chart.				
6. Contained the complete signature(s) of staff allowed to perform a Psychiatric Diagnostic Assessment.				
7. Included a co-signature when documented by a student of a discipline allowed to perform a Psychiatric Diagnostic Assessment.				
8. Dates for when the Assessments were finalized were clear.				
9. For clients ages 21 and over, documentation includes an evaluation of the client's functioning and ancillary needs to support determination of the need for TCM services, when required (i.e., at time of Initial Assessment, annually for existing clients receiving TCM, or whenever new TCM needs arise).				

REQUIREMENT	YES	NO	N/A	COMMENTS
10. For clients under the age of 21, contained a Child and Adolescent Needs and Strengths (CANS) when required (i.e. at time of Initial Assessment, an existing client turns 6 years old, every 6 months, at discharge).				
11. For clients between the ages of 3 and 19, contained a Pediatric Symptom Checklist (PSC-35) when required (i.e. at time of Initial Assessment, every 6 months, at discharge).				
12. For clients ages 21 and over, contained the Level of Care Utilization Scale (LOCUS) when required (i.e., at time of Initial Assessment, every 6 months, at discharge).				
Problem List *(Please see Organizational Provider's Manual, Ch.1 – Problem List; LACDMH Policy 252.01, 302.03, 302.13, 312.01, 401.03)*				
1. Contained a Problem List that included the client's symptoms, conditions, diagnoses, and/or risk factors identified through the Assessment, diagnostic evaluation, crisis encounters, or other types of service encounters.				
2. Contained the name and title of the practitioner that identified, added, or removed the problem.				
3. Contained the date the problem was identified, added, or removed.				
4. The Problem List was updated when there were relevant changes to a client's condition and as new problems were identified.				
5. Problem list items were supported by documentation in the chart.				
Care/Treatment Plans *(Please see Organizational Provider's Manual, Ch.1 – Care Plan, Ch.2 – TCM and Services Specific to EPSDT Clients; LACDMH Policy 302.03, 312.01, 401.03)*				
1. If TCM, ICC, TBS, TFC or Peer Support Services were provided, the development and periodic revision of a care plan for those services was documented in the Progress Notes.				
2. For CCRP, MHRC, MHSA FSP-ISSP, SRP, and STRTP, have the specific documentation requirements related to the care plan been met?				

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REQUIREMENT	YES	NO	N/A	COMMENTS
Progress Notes *(Please see Organizational Provider's Manual, Ch.1 – General Service and Reimbursement Rules, Progress Notes, Service Components, Ch.2 – Services Based on Units of Staff Time; A Guide to Procedure Codes; LACDMH Policy 302.03, 312.01, 401.02, 401.03)*				
1. Documentation in the Progress Notes of the actual interventions provided described the provision of medically necessary services based on the symptoms and impairments documented in the client's assessment and/or other information in the clinical record.				
2. The service selected matched the service/activities described in the progress note.				
3. Contained a brief description of the service, including how the service addressed the client's behavioral health needs (e.g., symptom, condition, diagnosis, and/or risk factors).				
4. Contained the date that the service was provided to the client.				
5. Contained the duration of the Direct Care for the service.				
6. Contained the location of the client at the time of receiving the service.				
7. Contained next steps, clearly related to addressing identified clinical issues of the client, including, but not limited to, planned action steps by the practitioner or by the client, collaboration with the client, collaboration with other provider(s) and any update to the Problem List as appropriate.				
8. Contained a typed or legibly printed name, signature of the service practitioner and date of signature.				
9. Services documented in the Progress Note that were provided when a Medi-Cal Lockout applied utilized a non-billable code.				
10. Progress Notes documented the provision of ICC services (and IHBS if applicable) for STRTP clients.				
11. Contained documentation of a CFT meeting taking place at least every 90 days where the provision of ICC services is being documented in the Progress Notes.				
12. All services documented that were claimed were actual covered SMHS (e.g., no claims for leaving telephone messages).				

REQUIREMENT	YES	NO	N/A	COMMENTS
13. The Interventions documented in the Progress Notes were provided by a practitioner within scope of practice.				
14. When more than one practitioner participated in the same service, the names of each staff participating in the service was included in the Progress Note with his/her specific intervention/contribution and time.				
15. Progress Notes included co-signatures when documented by a student or staff requiring co-signature per Organizational Provider's Manual requirements.				
16. Progress Notes were finalized within the required time frame.				
17. Dates for when the Progress Notes were finalized were clear.				
18. For any group Progress Notes there was a brief description of the client's response to the service.				
19. For clients receiving TBS, IHBS or TFC for the dates covered by the progress notes being reviewed, there was evidence/record of an active authorization in the chart. (***Note***: Clients in FSP, IFCCS or Wrap programs are pre-authorized for IHBS services for one year upon program enrollment, no verification of authorization for IHBS is needed during this period).				
Consent for Medications *(Please see Organizational Provider's Manual, Ch.1 – Informed Consent; LACDMH Policy 302.01, 302.03, 305.01, 352.10, 401.02, 401.03)*				
1. If the client was being prescribed medications, there is documentation in the clinical record of the required elements for medication informed consent as described in the Organizational Provider's Manual.				
2. For those charts in which medications were prescribed to a minor who was a ward/dependent of the court, a JV220 and JV223 were present (with additional documentation in the clinical record if needed that supports meeting required elements for medication informed consent).				
3. Documentation of verbal consent is present when medications are to be administered to the client or are prescribed in a residential setting.				

ADDITIONAL COMMENTS/NOTES