

# CHART REVIEW TOOL (Short Version) Supplemental Guide

For use by Directly-Operated Providers in IBHIS  
Revised June 22, 2018

CHART REVIEW TOOL QUESTION	WHERE TO LOOK IN IBHIS
<b>Assessment/Diagnosis</b>	
1. Is there a <b>finalized</b> Full Assessment/Initial Assessment?	<ul style="list-style-type: none"> <li>• Clinical Console – Assessments Widget               <ul style="list-style-type: none"> <li>○ Widget will indicate if a full assessment was completed, the date of the assessment, and status (Final or Draft)</li> <li>○ Make sure to change Episodes to “All Episodes”</li> </ul> </li> <li>• Chart View (if Assessment Widget shows no assessment)               <ul style="list-style-type: none"> <li>○ Scanned paper assessments may be found under Documents in DMH Clinical folder</li> </ul> </li> </ul>
2. <u>Medical Necessity</u> : Is there an included primary diagnosis covering the review period?  a. If no, was a Notice of Adverse Benefit Determination issued?	<ul style="list-style-type: none"> <li>• Clinical Console – Current ICD-10 Diagnoses [LE00019] Widget               <ul style="list-style-type: none"> <li>○ Widget will indicate if the diagnosis is included (diagnosis will be in green) and the date the diagnosis was given</li> </ul> </li> <li>• Chart View               <ul style="list-style-type: none"> <li>○ Diagnosis may also be viewed within Chart View (if date of diagnosis is after the dates of services being reviewed)</li> <li>○ Notice of Adverse Benefit Determination or Notice of Action Letters may be viewed within Chart View</li> </ul> </li> </ul>
3. <u>Medical Necessity</u> : Are impairments in life functioning and their relationship to the client’s mental health symptoms/ behaviors documented?	<ul style="list-style-type: none"> <li>• Chart View               <ul style="list-style-type: none"> <li>○ View the assessment within Chart View and scroll down to the “Clinical Formulation and Diagnostic Justification” section</li> </ul> </li> </ul>
<b>Consent for Medications</b>	
4. Was the client prescribed medications during the review period?	<ul style="list-style-type: none"> <li>• Medical Console – Medication History Widget               <ul style="list-style-type: none"> <li>○ Widget will display both current and past medications as well as the dates medications were given</li> </ul> </li> </ul>
5. Is there a finalized Outpatient Medication Review or Medication Consent and MSS Treatment Plan for the review period? *For minors who are wards of the Courts, a Medication Consent, JV220 and JV223 must be present	<ul style="list-style-type: none"> <li>• Medical Console – Outpatient Medication Review Widget               <ul style="list-style-type: none"> <li>○ Widget will indicate presence or absence of the form, date of the form, status (Final or Draft), and medications</li> </ul> </li> <li>• Clinical Console – Medication Consent and MSS Treatment Plan (Last 2 Years) Widget               <ul style="list-style-type: none"> <li>○ Widget will indicate presence or absence of the form, date of the form, status (Final or Draft), medications, and if the JV 220 was completed</li> </ul> </li> <li>• Chart View (if needed)               <ul style="list-style-type: none"> <li>○ Scanned JV 220/JV 223 may be found under Documents in DMH Clinical folder</li> </ul> </li> </ul>

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<b>Client Treatment Plan</b>	
<p>6. Is there a <b>finalized</b> Client Treatment Plan (and/or finalized Medication Consent and Medication Support Services Treatment Plan for medication support services, if applicable) covering the review period?</p>	<ul style="list-style-type: none"> <li>• Clinical Console – DMH Client Treatment Plans (Last 2 Years) widget and/or Medication Consent and MSS Treatment Plan (Last 2 Years) Widget               <ul style="list-style-type: none"> <li>○ Widget will display plan type (Annual or Update), dates of the plan, types of services provided within the plan, and status (Final or Draft)</li> </ul> </li> </ul>
<p>7. Has the client/representative signed the DMH Client Treatment Plan?</p> <p>a. If no, is there a documented reason for the lack of signature?</p>	<ul style="list-style-type: none"> <li>• Chart View               <ul style="list-style-type: none"> <li>○ View DMH Client Treatment Plan form or Medication Consent MSS Treatment Plan form within Chart View to view client/representative signature or documented reason for the lack of signature</li> <li>○ If “Signature on File” was checked, signature may be on a paper version of the treatment plan. Scanned treatment plan may be found under Documents in DMH Clinical Folder</li> </ul> </li> </ul>
<b>Progress Notes</b>	
<p>8. Is there a reimbursable staff intervention identified for any progress notes with a billable procedure code?</p>	<ul style="list-style-type: none"> <li>• Chart View               <ul style="list-style-type: none"> <li>○ Depending on the services provided, view progress notes within Chart View under any of the following:                   <ul style="list-style-type: none"> <li>▪ Individual Service Progress Note</li> <li>▪ Special Use Progress Note</li> <li>▪ Scheduled Group Progress Note</li> <li>▪ Crisis Evaluation Progress Note</li> <li>▪ Medication Service Progress Note</li> </ul> </li> <li>○ Filter progress notes by Entry Person (name of practitioner being reviewed) and Date of Service</li> <li>○ View DMH Client Treatment Plan and/or Medication Consent MSS Treatment Plan within Chart View to determine if services mentioned within the progress notes are on a treatment plan</li> </ul> </li> </ul>
<p>9. Were treatment services provided during the review period?</p> <p><i>*Services for the purpose of assessment, crisis intervention, and plan development are not considered treatment services</i></p>	
<p>10. For treatment services, does the service relate back to the Client Treatment Plan?</p>	
<p>11. If the client was hospitalized or placed in an IMD, jail, or similar setting, was a non-billable to Medi-Cal Procedure Code used?</p>	

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<b>COS</b>		
12. Were any COS services provided by the practitioner during the review period?	<ul style="list-style-type: none"> <li>• COS/MAA Service Report                             <ul style="list-style-type: none"> <li>○ Select practitioner being reviewed. Start Date and End Date should match review period.</li> </ul> </li> </ul>	
13. Were all documented COS services for the purpose of outreach and/or engagement (rather than for the purpose of direct services)?		
<b>MAA</b>		
14. Were any MAA services provided by the practitioner during the review period?		
15. Were all documented MAA services for the purpose of assisting/outreaching to potential Medi-Cal eligible individuals and/or maintaining/expanding the Specialty Mental Health Services Medi-Cal program (rather than for the purpose of direct services)?		