

CHART REVIEW CHECKLIST

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

Last Revised 6/16/21

Date of Review: _____ LE Name: _____ LE Number: _____				
Provider Number: _____ Name of Reviewer: _____				
Client ID or Assigned # for Redacted Record: _____ Review Period: Start Date _____ End Date _____				
REQUIREMENT	YES	NO	N/A	COMMENTS
Assessment/ Diagnosis				
1. Contained a current and complete Assessment with all required data elements	<input type="checkbox"/>	<input type="checkbox"/>		
2. Completed/finalized the Assessment within the standard required time frame (i.e. within 60 days, 5 days for STRTP)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Contained an included diagnosis as the primary diagnosis for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Identified impairments resulting from an included diagnosis	<input type="checkbox"/>	<input type="checkbox"/>		
5. Contained an included diagnosis that was consistent with the presenting problem, history, mental status exam, and other clinical data documented in the Assessment.	<input type="checkbox"/>	<input type="checkbox"/>		
6. Identified and described risk factors	<input type="checkbox"/>	<input type="checkbox"/>		
7. Identified client strengths	<input type="checkbox"/>	<input type="checkbox"/>		
8. Described the presenting problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Documented relevant conditions and psychosocial factors affecting the client's physical health and mental health	<input type="checkbox"/>	<input type="checkbox"/>		
10. Any relevant cultural considerations and/or special service needs were identified (e.g. language, cultural/ethnic background, or disability)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Thoroughly documented all Assessment elements	<input type="checkbox"/>	<input type="checkbox"/>		
12. Contained the complete signature(s) of staff allowed to perform a Psychiatric Diagnostic Assessment	<input type="checkbox"/>	<input type="checkbox"/>		

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13. Included a co-signature when documented by a student of a discipline allowed to perform a Psychiatric Diagnostic Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Assessment Addendums were completed when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dates for when the Assessments were finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		
16. Contained a Needs Evaluation when required (i.e. at time of Initial Assessment or whenever TCM needs arise (after 1/1/2021), at receiving TCM, and when new needs arise)	<input type="checkbox"/>	<input type="checkbox"/>		
Client Treatment Plan				
1. Contained a current Treatment Plan covering the review period	<input type="checkbox"/>	<input type="checkbox"/>		
2. Current Treatment Plan contained all of the required staff signatures	<input type="checkbox"/>	<input type="checkbox"/>		
3. The Treatment Plan was developed with the client/legal representative's participation as evidenced by the client/legal representative's signature	<input type="checkbox"/>	<input type="checkbox"/>		
4. Treatment Plans that were missing the client/legal representative's signature contained documentation of client/legal representative's participation and/or efforts to obtain their signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The Treatment Plan Objectives were based on the symptoms, behaviors, and impairments identified in the Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
6. The Treatment Plan Objectives were specific observable and/or specific quantifiable	<input type="checkbox"/>	<input type="checkbox"/>		
7. The Treatment Plan addressed linguistic and interpretive needs when relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The Treatment Plan interventions included the modality, a specific frequency, and the duration if services were to be provided for less than 12 months	<input type="checkbox"/>	<input type="checkbox"/>		
9. The Treatment Plan Interventions were consistent with the Treatment Plan Objectives	<input type="checkbox"/>	<input type="checkbox"/>		
10. The Treatment Plan interventions focused on addressing the identified functional impairments as a result of the mental disorder	<input type="checkbox"/>	<input type="checkbox"/>		
11. Treatment Plan updates were completed when appropriate	<input type="checkbox"/>	<input type="checkbox"/>		
12. Dates for when the Treatment Plan was finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		

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13. Indicates that a copy of the Treatment Plan was offered to the client/legal representative	<input type="checkbox"/>	<input type="checkbox"/>		
14. For Medi-Cal EPSDT Beneficiaries the chart included a completed ICC Eligibility form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Treatment Plan for charts in which Child and Family Team was in place documented ICC as a Type of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consent for Medications				
1. Indicated that the client was being prescribed medications by the LE Contract Provider being reviewed	<input type="checkbox"/>	<input type="checkbox"/>		
2. For those charts in which medications were being prescribed there was a completed Medication Consent/Outpatient Medication Review	<input type="checkbox"/>	<input type="checkbox"/>		
3. For those charts in which medications were being prescribed there was a completed Medication Consent/Outpatient Medication Review form with all the required elements	<input type="checkbox"/>	<input type="checkbox"/>		
4. For those charts in which medications were being prescribed there was a completed Medication Consent/Outpatient Medication Review form contained the Prescriber's complete signature (including discipline/title, license number, and the date)	<input type="checkbox"/>	<input type="checkbox"/>		
5. For those charts in which medications were being prescribed to a minor who was a ward/dependent of the court there was a completed Outpatient Medication Consent/Review form (mark "0" if not applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
6. 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 (mark "0" if not applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
7. For those charts in which medications were being prescribed, the Medication Consent/Outpatient Review form contained the client/legal representative's signature	<input type="checkbox"/>	<input type="checkbox"/>		
Progress Notes				
1. Progress Notes documented reimbursable interventions provided by the practitioner	<input type="checkbox"/>	<input type="checkbox"/>		
2. Services documented in the Progress Note that were provided when a Medi-Cal Lockout applied utilized a non-billable code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Progress Notes documented the client's response to the interventions provided	<input type="checkbox"/>	<input type="checkbox"/>		

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4. Interventions documented in the Progress Note related back to the Objectives and proposed interventions in the Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>		
5. Progress Notes documented the provision of ICC services (and IHBS if applicable) for STRTP clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Contained documentation of a CFT meeting taking place at least every 90 days where the provision of ICC services are being documented in the Progress Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The Procedure Code selected matched the services documented in the Progress Notes	<input type="checkbox"/>	<input type="checkbox"/>		
8. The interventions documented in the Progress Notes were provided by a practitioner within the scope of practice	<input type="checkbox"/>	<input type="checkbox"/>		
9. When more than one practitioner participated in the same service, the names of each staff participating in the service were included in the Progress Note with his/her specific intervention/contribution and time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Progress Notes contained the complete signature of the person providing the service and/or staff co-signing (including discipline/title, relevant identification number if applicable and date documented)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Progress Notes included co-signatures when documented by a student or staff requiring co-signature per Guide to Procedure Code requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Progress Notes were finalized within the required time frame	<input type="checkbox"/>	<input type="checkbox"/>		
13. Dates for when the Progress Notes were finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		
14. Progress Notes contained all required data elements	<input type="checkbox"/>	<input type="checkbox"/>		
15. For any group Progress Notes the number of clients were documented and time claimed was appropriately portioned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. For client 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

