

CHART REVIEW CHECKLIST

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

Last Revised 03/29/2022

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. The Assessment contains information that reasonably supports the beneficiary's entry into the SMHS system	<input type="checkbox"/>	<input type="checkbox"/>		
2. Described the presenting problem	<input type="checkbox"/>	<input type="checkbox"/>		
3. Documented relevant conditions and psychosocial factors affecting the client's physical health and mental health	<input type="checkbox"/>	<input type="checkbox"/>		
4. 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"/>	<input type="checkbox"/>	
5. Identified client strengths	<input type="checkbox"/>	<input type="checkbox"/>		
6. Identified and described risk factors	<input type="checkbox"/>	<input type="checkbox"/>		
7. For children/youth contains information about potential history of trauma, involvement in the Child Welfare or Juvenile Justice System and/or experience of homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Thoroughly documented all Assessment elements	<input type="checkbox"/>	<input type="checkbox"/>		
9. Contained a mental health related diagnosis or suspected mental health disorder (e.g. Unspecified...)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Contained the complete signature(s) of staff allowed to perform a Psychiatric Diagnostic Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
11. 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"/>	
12. Dates for when the Assessments were finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		
13. 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"/>		

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14. Contained a current and complete Assessment with all required data elements	<input type="checkbox"/>	<input type="checkbox"/>		
15. Assessment Addendums were completed when appropriate	<input type="checkbox"/>	<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. The Treatment Plan Objectives were based on the symptoms, behaviors, and impairments identified in the Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
3. The Treatment Plan Objectives were specific observable and/or specific quantifiable	<input type="checkbox"/>	<input type="checkbox"/>		
4. The Treatment Plan interventions were relevant to the Treatment Plan Objectives	<input type="checkbox"/>	<input type="checkbox"/>		
5. The Treatment Plan interventions focused on addressing the identified functional impairments as a result of the mental disorder or suspected mental disorder	<input type="checkbox"/>	<input type="checkbox"/>		
6. 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"/>		
7. Treatment Plan for charts in which Child and Family Team (CFT) was in place documented ICC as a Type of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The Treatment Plan addressed linguistic and interpretive needs when relevant	<input type="checkbox"/>	<input type="checkbox"/>		
9. Current Treatment Plan contained all of the required staff signatures		<input type="checkbox"/>		
10. 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"/>		
11. 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"/>	
12. Dates for when the Treatment Plan was finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		

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13. Treatment Plan updates were completed when appropriate				
14. Indicates that a copy of the Treatment Plan was offered to the client/legal representative				
Consent for Medications				
1. Indicated that the client was being prescribed medications by the LE Contract Provider being reviewed				
2. For those charts in which medications were being prescribed, there was a completed Medication Consent/Outpatient Medication Review				
3. For those charts in which medications were being prescribed, there was a completed Medication Consent/Outpatient Medication Review form with all the required data elements				
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)				
5. For those charts in which medications were being prescribed, the Medication Consent/Outpatient Review form contained the client/legal representative's signature				
6. 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				
7. For those charts in which medications were prescribed to a minor who was a ward/dependent of the court, a JV220 and a JV223 were present				
Progress Notes				
1. All services documented that were claimed were actual SMHS (e.g. no claims for leaving telephone messages)				
2. 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				
3. The interventions documented in the Progress Notes were provided by a practitioner within the scope of practice				

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4. 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"/>	
5. Progress Notes documented the client's response to the interventions provided	<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. Progress Notes documented the provision of ICC services (and IHBS if applicable) for STRTP clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. 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"/>	
9. The Procedure Code selected matched the services documented in the Progress Notes	<input type="checkbox"/>	<input type="checkbox"/>		
10. 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"/>	
11. 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"/>	
12. 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"/>		
13. 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"/>	
14. Dates for when the Progress Notes were finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		
15. Progress Notes were finalized within the required time frame	<input type="checkbox"/>	<input type="checkbox"/>		
16. Progress Notes contained all required data elements	<input type="checkbox"/>	<input type="checkbox"/>		

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ADDITIONAL COMMENT/NOTES

A large, empty rectangular box with a thin black border, intended for entering additional comments or notes.