

## CHART REVIEW CHECKLIST

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

Last Revised 10/20/2022

**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
<b>Assessment/ Diagnosis</b>				
1. Contained a current assessment covering all 7 of the required assessment domains.	<input type="checkbox"/>	<input type="checkbox"/>		
2. Thoroughly documented all relevant information under the required Assessment domains.	<input type="checkbox"/>	<input type="checkbox"/>		
3. The Assessment contains information that reasonably supports the beneficiary's entry into the SMHS system.	<input type="checkbox"/>	<input type="checkbox"/>		
4. Contained a mental health related diagnosis or suspected mental health disorder (e.g., Unspecified...)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Contained the complete signature(s) of staff allowed to perform a Psychiatric Diagnostic Assessment	<input type="checkbox"/>	<input type="checkbox"/>		
6. 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"/>	
7. Dates for when the Assessments were finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		
8. Contained a Needs Evaluation when required (i.e., at time of Initial Assessment, annually for existing clients receiving TCM, or whenever new TCM needs arise)	<input type="checkbox"/>	<input type="checkbox"/>		
9. For clients under 21 there was a current CANS completed, or CANS information was incorporated into the assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Problem List</b>				
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	<input type="checkbox"/>	<input type="checkbox"/>		

## CHART REVIEW CHECKLIST

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

Last Revised 10/20/2022

2. Contained the name and title of the practitioner that identified, added, or removed the problem	<input type="checkbox"/>	<input type="checkbox"/>		
3. Contained the date the problem was identified, added, or removed	<input type="checkbox"/>	<input type="checkbox"/>		
4. The Problem List was updated when there were relevant changes to a client's condition and as new problems were identified	<input type="checkbox"/>	<input type="checkbox"/>		
5. Problem list items were supported by documentation in the chart	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Care/Treatment Plans</b>				
1. If TCM, ICC, IHBS, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The care plan documented in the progress note reflected the client/legal representative's participation in the treatment process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If STRTP services were provided and documented, a treatment plan was included in the clinical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Progress Notes</b>				
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	<input type="checkbox"/>	<input type="checkbox"/>		
2. The services documented in the progress notes were consistent with the ICD 10 code identified in the clinical record	<input type="checkbox"/>	<input type="checkbox"/>		
3. Contained the procedure code for the service	<input type="checkbox"/>	<input type="checkbox"/>		
4. The procedure code selected matched the service/activities described in the progress note	<input type="checkbox"/>	<input type="checkbox"/>		
5. Contained a narrative describing the service, including how the service addressed the client's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Contained the date that the service was provided to the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Contained the duration of the service, including travel and documentation time	<input type="checkbox"/>	<input type="checkbox"/>		
8. Contained the location of the client at the time of receiving the service	<input type="checkbox"/>	<input type="checkbox"/>		
9. 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	<input type="checkbox"/>	<input type="checkbox"/>		
10. Contained a typed or legibly printed name, signature of the service practitioner and date of signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## CHART REVIEW CHECKLIST

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

Last Revised 10/20/2022

11. 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"/>	
12. Progress Notes documented the provision of ICC services (and IHBS if applicable) for STRTP clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. All services documented that were claimed were actual covered SMHS (e.g., no claims for leaving telephone messages)	<input type="checkbox"/>	<input type="checkbox"/>		
15. The Interventions documented in the Progress Notes were provided by a practitioner within scope of practice	<input type="checkbox"/>	<input type="checkbox"/>		
16. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. 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"/>	
18. Progress Notes were finalized within the required time frame	<input type="checkbox"/>	<input type="checkbox"/>		
19. Dates for when the Progress Notes were finalized were clear	<input type="checkbox"/>	<input type="checkbox"/>		
20. 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"/>	
21. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Upon review of the progress notes overall, client appears to be benefitting from the services/treatment they are receiving	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Consent for Medications</b>				
1. If the client was being prescribed medications, there was a completed medication consent form present in the clinical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. If there was a completed medication consent form present in the clinical record it was current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If there was medication consent form present in the clinical record it contained all the required elements including the prescriber's complete signature (with the discipline/title, license number, and the date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 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"/>	<input type="checkbox"/>	
5. For those charts in which medications were being prescribed, the medication consent form contained the client/ legal representative's signature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# CHART REVIEW CHECKLIST

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

Last Revised 10/20/2022

## ADDITIONAL COMMENT/NOTES