

## Guide to Completing ACBHCS Children's Mental Health Services Clinical/Quality Review Form

- 1) Fill in today's date.
- 2) Fill in client's full name.
- 3) Fill in client's Insyst #.
- 4) Fill in the Provider full Program Name so that the level of care is easily understood.
- 5) Fill in Reporting Unit.
- 6) Fill in the primary staff person responsible for the client of the medical record/chart. This may not be the same person who completes the CQRT form. *(Only Licensed, Waivered, &/or Registered may participate in CQRT/Authorization processes)*
- 7) Enter the Episode Opening Date (EOD). The EOD is the date the client's episode was opened in INSYST.
- 8) Enter the upcoming authorization cycle. *(E.g. If the client's episode was opened on November 3, 2013, then this chart's cycle should be from November 1, 2014 – October 31, 2015)*
- 9) Check the Mental Health Services that are being authorized; the frequency; and duration.
- 10) Check the Day Treatment to be authorized.
- 11) Enter the discharge readiness criteria and tentative date.
- 12) Complete the Medical Necessity section. Primary diagnosis must be an "included" diagnosis. *(Briefly describe the criteria met for the diagnosis and the impairments in functioning)*
- 13) Summarize the focus of treatment.
- 14) List the proposed interventions.

**For the following items that require a full signature please note that all they must be legible.**

- 15) The "agency clinician" is the Licensed, Waivered, &/or Registered person completing the form. *(This may be the same staff person responsible for the client of the medical record/chart)*
- 16) The "agency supervisor" is the Licensed, Waivered, &/or Registered the person responsible for the oversight of this staff person. *(if applicable)*
- 17) The CQRT Reviewer is the Licensed, Waivered, &/or Registered staff person completing the chart review. Enter your signature and credentials and choose either Yes for full authorization or No for 30 day return.
- 18) If the chart is being recommended for a full authorization, then check Full Authorization and enter the authorization cycle.
- 19) If the chart is being recommended for a 30 day return with authorization, check the 30 day authorization box and enter the date it will be returned to CQRT for review and full authorization. If the chart does not meet the medical necessity requirements, check the No Authorization box, and enter the date it will be returned to CQRT to be given a full authorization. ***(Until a chart demonstrates medical necessity, no claiming may occur)***
- 20) Enter CQRT Chair Comments including strengths and recommendations about the chart and any next steps that should be taken so that the chart is in compliance.
- 21)** Enter the date the Chart will be returned to CQRT for review.

## **Guide to Completing ACBHCS Children's Mental Health Services Clinical/Quality Review Form**

22) The "CQRT Chair Signature" is the Licensed, Waivered, &/or Registered staff authorizing services. (This may be the same staff person that reviewed the chart)

### **(2<sup>nd</sup> side) Regulatory Compliance**

- 1) A review of all the items is considered a Quality Review.
- 2) The highlighted items represent a Clinical Review. The purpose of the Clinical Review is to ensure that medical necessity is being met in an ongoing fashion. If there is no medical necessity, the client's episode is closed.
- 3) The Regulatory Compliance tool is used to check for the required documentation in the medical record. Use the tool to identify the items in the chart indicating whether the information is present (Yes), not present (No), or not applicable (N/A). Compliance for all charts is 95% of all items. It is recommended that 15% of the charts due for authorization receive a Quality Review.