

CQRT Checklist- Post CalAIM

Client Name:

Client PSP#:

Review Components

Informing Materials/Consents	Yes	No	N/A
1. Informing Materials page is signed/initialed and on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Informed consent for medication(s) is present for each prescribed medication (when applicable) and includes signature of the person providing the service, their professional degree, licensure or job title, relevant identification number (e.g. NPI) and signature date. Also signed by beneficiary, and if not signed, reason why not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment & Medical Necessity			
3. Required assessment (including all components) is present and signed by staff with credentials to do so. If not present, reason for delay is noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The Client's physical limitations, cultural and communication needs, or lack thereof, are noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Documentation of coordination of care is present, anywhere in the chart, as clinically appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. CANS/ANSA is finalized and signed on time (with all sections completed) by staff with credentials to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PSC35 is present or documentation of parent refusal/lack of response is in chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. MH diagnosis or suspected diagnosis (includes Z codes) is present. If suspected or Z code is used, notes indicate efforts to clarify the diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Meets Access Criteria and/or Medical Necessity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If risk (DTS/DTO/Other high risk) occurred in the past 90 days, there is a comprehensive risk assessment and safety plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The Standardized ACBH Screening Tool was completed prior to admission and transitions of care. (Use N/A until the State provides the new Tool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem List			
12. A Problem List is present and supported by the documentation in the chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress Notes (spot check 3-5)			
13. The progress note was signed (or electronic equivalent) by the person(s) providing the service and the service provided was within the scope of practice of the person delivering the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Progress notes describe how interventions address beneficiary's mental health needs or Social Determinants of Health and planned action steps. If non-reimbursable services were provided, the note clarifies that the time was not claimed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Notes for services involving one (1) or more providers, include: a) Total number of providers and their specific involvement in delivering the service, b) Time involved in delivering the service for each provider (includes travel and documentation); c) Total number of beneficiaries participating in the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. For Case Management services, there is a care plan present in a progress note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart Status			
<input type="checkbox"/> Approved <i>No major changes or coaching needed</i> <input type="checkbox"/> Approved with Coaching <i>No major changes needed but reviewer sees opportunity for growth and provides coaching</i> <input type="checkbox"/> Not approved <i>Changes must be made and the chart needs to be reviewed again during the next CQRT</i>			
Comments (Required if clarification is needed)			
Reviewer Name:		Date:	
Reviewer Signature:			
CQRT Chair Name:		Date:	
CQRT Chair Signature:			

