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| **Regulatory Compliance revised 04.15.2015** | | |
| **Provider Name & RU:** |  |  |

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| **Medical Necessity** | Yes | No | N/A |
| 1. Primary diagnosis from CA- DHCS Medi-Cal Included Diagnosis List |  |  |  |
| 1. Documentation supports primary diagnosis (es) for treatment. |  |  |  |
| 1. **Impairment Criteria: *Must have one of the following as a result of dx*** | | | |
| 3A. Significant impairment in important area of life functioning, or |  |  |  |
| 3B.Probable significant deterioration in an important area of life functioning, or |  |  |  |
| 3C.Probable the child won’t progress developmentally, as appropriate, or |  |  |  |
| 3D. If EPSDT: MH condition can be corrected or ameliorated |  |  |  |

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| 1. **Intervention Criteria: Must have: 4A and 4B, or 4C, or 4D** | | | |
| 4A. Focus of proposed intervention: Address condition above, and |  |  |  |
| 4B. Proposed intervention will diminish impairment/prevent significant deterioration in important area of life functioning, and/or |  |  |  |
| 4C. Allow child to progress developmentally as appropriate, or |  |  |  |
| 4D. If EPSDT, condition can be corrected or ameliorated |  |  |  |

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| **Service Necessity: Must have both 5 and 6** | | | |
| 1. The mental health condition could not be treated by a lower level of care? (true = yes) |  |  |  |
| 1. The mental health condition would not be responsive to physical health care treatment? (true=yes) |  |  |  |

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| **Informing Materials:** | | | |
| 1. Informing Materials signature page completed & is signed on time |  |  |  |
| 1. Releases of information, when applicable |  |  |  |
| 1. Informed Consent for Medication(s), when applicable |  |  |  |

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| **Special Needs:** | | | |
| 1. Client's cultural/comm. needs noted or lack thereof |  |  |  |
| 1. Client’s cultural/communication needs addressed if identified |  |  |  |
| 1. Client’s physical limitations are noted or lack thereof |  |  |  |
| 1. Client’s physical limitations are addressed if identified |  |  |  |

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| **Chart Maintenance** | | | |
| 1. Writing is legible |  |  |  |
| 1. Signatures are legible |  |  |  |
| 1. Admission date is noted correctly |  |  |  |
| 1. Filing is done appropriately. |  |  |  |
| 1. Client identification is present on each page in the clinical record. |  |  |  |
| 1. Discharge/termination date noted, when applicable. |  |  |  |
| 1. Emergency info. is in a designated location in file/EHR |  |  |  |

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| **Med Order Sheet/Progress Note** | | | |
| 21. Med Log updated at each visit, and with: (i.e. 4/8/10; Seroquel; 200mg; 1 po QHS; Marvin Gardens, MD) |  |  |  |
| 22. Date |  |  |  |
| 23. Drug name |  |  |  |
| 24 .Drug Strength/Size |  |  |  |
| 25. Instructions/ Frequency |  |  |  |
| 26. Signatures/Initials |  |  |  |

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| **Assessment:** | | | |
| 27. Initial Assessment done by 30 days of episode opening date. |  |  |  |
| 28. Annual Assessment completed on time |  |  |  |
| 29. Dx is established by licensed LPHA or co-signed by licensed LPHA for waivered & registered staff. |  |  |  |
| 30. Psychosocial history. |  |  |  |
| 31. Presenting problems & relevant conditions. |  |  |  |
| 32. Risk(s) to client and/or others assessed. |  |  |  |
| 33. Client strengths/supports. |  |  |  |
| 34. Hx of Psychiatric Medications prescribed. |  |  |  |
| **Allergies/adverse reactions/sensitivities or lack thereof**  35.Noted in chart |  |  |  |
| **Allergies/adverse reactions/sensitivities or lack thereof**  36. Noted prominently on chart’s cover or in EHR |  |  |  |
| 37. Relevant medical conditions/hx noted & updated. |  |  |  |
| 38. Mental health history. |  |  |  |
| 39. Relevant mental status exam (MSE). |  |  |  |
| 40.Past & Present Substance Exposure/Substance Use: Tobacco, Alcohol, Caffeine, CAM, Rx, OTC drugs, & illicit drugs. |  |  |  |
| 41. Youth: Pre/perinatal events & complete dev. hx. |  |  |  |
| 42.Annual Community Functioning Evaluation (ACFE)  N/A for FSP/Brief Service Programs & Level 3) |  |  |  |

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| **Client Plan:** | | Yes | | No | N/A | |
| 43. Initial Client Plan done by 60 days of episode opening date. (Level 3 by 4th visit) |  | |  | | |  |
| 44. Annual Client Plan completed on time. (Applicable to charts on an Annual Authorization Cycle) |  | |  | | |  |
| 45. Plan revised when significant change (e.g., in service, diagnosis, focus of treatment, etc.) |  | |  | | |  |
| 46. Client Plan is consistent with diagnosis. |  | |  | | |  |
| 47. Mental Health Objectives are specific, observable, and/or measureable with timeframes. |  | |  | | |  |
| 48. Client Plan identifies proposed service modalities, their frequency and timeframes. |  | |  | | |  |
| 49. Client Plan describes detailed provider interventions for each service modality listed in the Plan. |  | |  | | |  |
| 50. Client’s Risk(s) have a safety plan (DTO, Harm to Self, at risk for DV, Abuse, etc.) |  | |  | | |  |
| 51.Plan signed/dated by LPHA |  | |  | | |  |
| 52.Plan signed/dated by MD, if provider prescribes MH Rx. |  | |  | | |  |
| 53. Coordination of care is evident, when applicable. |  | |  | | |  |
| 54. Client Plan signed/dated by client or legal representative when appropriate or documentation of client refusal or unavailability. |  | |  | | |  |
| 55.Client Plan indicates client indicates the client/representative was offered a copy of the Client Plan |  | |  | | |  |
| 56.Client Plan contains Tentative Discharge Plan |  | |  | | |  |

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| **Progress Notes:** | | | | |
| 57.There is a progress note for every service contact |  |  |  | |
| 58.Correct CPT & Insyst service code |  |  |  | |
| 59.Date of service |  |  |  | |
| 60.Location Listed & Correct |  |  |  | |
| 61. Face-to-Face & Total times are documented |  |  |  | |
| 62.Notes for Ct encounters incl. that day’s evaluation/ behavioral presentation |  |  |  | |
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| 63.Notes for Ct. encounters include that day’s Staff Intervention |  |  |  | |
| 64. Notes for Ct. encounters incl. that day’s Ct. response to Intervention. |  |  |  | |
| 65.Notes for Ct. encounters incl. Ct &/or Staff f/u plan |  |  |  | |
| 66.Group service notes include # of clients in attendance |  |  |  | |
| 67. Services are related to the current Client Plan’s Mental Health objectives. |  |  | |  |
| 68.Unresolved issues from prior services addressed, if app. |  |  | |  |
| 69. Signed & dated with designation: Licensed/Registered/Waivered/MHRS/Adjunct |  |  | |  |
| 70. Completion line at signature (n/a for electronic notes). |  |  | |  |
| 71. Service provided while Ct. was not in lock-out setting, IMD, or Jail. |  |  | |  |
| 72. Service provided was NOT SOLELY for supervision, academic educational services, vocational services, recreation, and/or socialization. |  |  | |  |
| 73. Service provided was NOT SOLELY transportation. |  |  | |  |
| 74.Service was NOT SOLELY clerical |  |  | |  |
| 75.Service was NOT SOLELY payee related |  |  | |  |
| 76.Progress note was completed within the required timeframe per MHP |  |  | |  |
| 77.Progress note documents the language that the service is provided in, as needed |  |  | |  |
| 78.Progress note indicates interpreter services were used, and relationship to client is indicated, as needed |  |  | |  |
| 79. E/M progress note is compliant with E/M documentation standards. |  |  | |  |

**Comments/Feedback:**

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| **Reviewer:** | **Date:** |