

Specialty Mental Health Outpatient Services- CQRT Checklist Post CalAIM	
Client Name:	Client PSP#:

Review Components
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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. Documentation of informed consent to prescribed psychiatric medication(s), when applicable.	<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 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"/>
Problem List			
11. 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)			
12. 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"/>
13. 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"/>
14. 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"/>
15. 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"/> <b>Approved</b> <i>No major changes or coaching needed</i>
<input type="checkbox"/> <b>Approved with Coaching</b> <i>No major changes needed but reviewer sees opportunity for growth and provides coaching</i>
<input type="checkbox"/> <b>Not approved</b> <i>Changes must be made and the chart needs to be reviewed again during the next CQRT</i>

Comments (Required if clarification is needed)
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Reviewer Name:	Date:
Reviewer Signature:	
CQRT Chair Name:	Date:
CQRT Chair Signature:	

