

<b>CQRT Checklist (initial and annual charts)</b>	
<b>ACBH Specialty Mental Health Services (SMHS) Outpatient Providers</b>	
Client Name:	Client PSP#:

<b>Review Components</b>
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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. 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 is present (with all sections documented) and signed by staff with credentials to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. PSC35 is present or documentation of parent refusal/lack of response is in chart (contractual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. MH diagnosis or suspected diagnosis (includes Z codes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Meets Beneficiary Access Criteria (formerly Medical Necessity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Impairments are due to the mental health diagnosis and interventions are expected to reduce the impairments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Plan			
9. Required Client Plan completed/updated on time and signed by staff with credentials to do so. They include date of service, signature of the person providing the service, their professional degree, licensure or job title, relevant identification number (e.g. NPI) and documentation date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Client Plan is signed by client/representative, or there is documentation of why not signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mental health objectives are specific, observable, and/or measurable with timeframes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Client's risk(s) have a safety plan (DTS/DTO/Other high risk) if risk occurred within past 90 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress Notes (spot check 3-5)			
13. The focus of the interventions is to address the beneficiary's mental health condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The progress notes describe how documented interventions were likely to result in at least one of the following: significantly diminish the impairment, prevent deterioration in an important area of life functioning, allow the child to progress developmentally, correct or ameliorate a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

beneficiary's (under the age of 21) mental health condition.			
15. Progress notes are signed by the person who delivered the service and has the scope of practice to provide that service. They include date of service, signature of the person providing the service, their professional degree, licensure or job title, relevant identification number (e.g. NPI) and documentation date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart Status			
<input type="checkbox"/> <b>Approved</b> <i>No major changes needed</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			
Reviewer Name:		Date:	
Reviewer Signature:			
CQRT Chair Name:		Date:	
CQRT Chair Signature:			

