

**Alameda County Behavioral Health Department (ACBHD)
CQRT Tool- Residential Services**

Client Name: _____

Client Number: _____

Agency: _____

Program: _____

Episode Opening Date: _____

Check if this is a Re-review

Date of Re-review: _____

Review Items

Admission/Consent	Yes	No	N/A
1. Admission Agreement meets all required elements.			
2. Proof that client signed and was offered a copy of the admission agreement.			
3. Informing materials			
4. Informed Consent for Medication is documented, as appropriate.			
5. Authorization to release information is valid.			
6. Level of Care Tool is completed.			

Comments:

ASSESSMENT	Yes	No	N/A
7. Assessment meets all required elements.			
8. Services meet Access Criteria and/or Medical Necessity.			
9. If risk occurred in the past 90 days, there is a comprehensive risk assessment and safety plan.			

Comments:

PROBLEM LIST	Yes	No	N/A
10. The problem list is present and includes all required elements.			

Comments:

TREATMENT/CARE PLANNING	Yes	No	N/A
11. A Treatment Plan is present and includes all required elements.			
12. Documentation of reviews by staff and client of the treatment plan are present.			
13. There is evidence that the agency arranged access to community programs to address treatment goals when the agency is unable to provide those services.			
14. A written discharge plan is present with all required elements.			

Comments:

PROGRESS NOTES				Yes	No	N/A
15. All progress notes contain all required elements.						
16. Care coordination is evident.						
17. Participant list is provided for all group services.						
Comments:						
BILLING				Yes	No	N/A
18. Services were not provided while the client was in a Medi-Cal lock-out						
19. Admission assessment, Treatment Plan, and Discharge Summary are completed by staff that are adequately trained.						
Comments:						
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>Identified issues need to be addressed. Some claiming may not be allowed. Chart must return to CQRT.</i>						
Reviewer Name, Signature and Credentials: _____					Date: _____	
Chair Comments, including which claims are being backed out:						
CQRT Chair Printed Name, Signature and Credentials: _____					Date: _____	
By signing this document, I attest that, as CQRT chair, to the best of my knowledge, all applicable ACBHD standards have been met and/or corrected. Additionally, at the time of this attestation, this chart complies with relevant documentation standards and services meet medical necessity.						