Alameda County Behavioral Health Department (ACBHD)
Specialty Mental Health Services
Outpatient CQRT Checklist

Client Name: _____ **Client Number:** _____

Agency: _____ **Program:** _____

Episode Opening Date: _____

Check if this is a re-review of a case that was brought back to CQRT ____ Date of Re-review: _____

REVIEW ITEMS

INFORMING MATERIALS/CONSENTS	Yes	No	N/A
1. Informing Materials Acknowledgement of Receipt and Consent to Services page is signed and on time and meets all the requirements.			
2. Documentation of informed consent to prescribe psychiatric medication(s), when applicable.			
Comments:			

ASSESSMENT and MEDICAL NECESSITY	Yes	No	N/A
3. Required assessment is present and signed by staff with credentials to do so. If not present, reason for delay is noted.			
4. The member's physical limitations, cultural and communication needs, or lack thereof, are noted.			
5. Documentation of coordination of care is present, anywhere in the chart, as clinically appropriate.			
6. CANS is finalized and signed on time (with all sections completed) by staff with credentials to do so. (not required for Mental Health Individual Providers)			x
7. PSC-35 is present for members ages 3 up to 18 years old, or documentation of parent refusal/lack of response is in chart. (not required for Mental Health Individual Providers)			x
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.			
9. Meets Access Criteria and/or Medical Necessity.			
10. If risk (DTS/DTO/Other high risk) occurred in the past 90 days, there is a comprehensive risk assessment and safety plan.			
Comments:			

PROBLEM LIST	Yes	No	N/A

11. A Problem List is present and is supported by the documentation in the chart.			
Comments:			
PROGRESS NOTES (Spot check 3-5)	**Yes**	**No**	**N/A**
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.			
13. Progress note describes how interventions address client'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.			
14. Progress Note(s) for services rendered by multiple providers either to a single member or a group include all required elements.			
15. For Case Management services, there is a care plan present in a progress note.			
Comments:			

CHART STATUS

☐ **Approved** *No major changes or coaching needed*

☐ **Approved with Coaching** *No major changes needed but reviewer sees opportunity for growth and provides coaching*

☐ **Not Approved** *Identified issues need to be addressed. Some claiming may not be allowed. Changes must be made and the chart needs to be reviewed again during the next CQRT.*

Reviewer Name, Signature and Credentials: _____	**Date:** _____
Chair Comments, including which claims are being backed out, as applicable:	
CQRT Chair Printed Name, Signature and Credentials: _____	**Date:** _____