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

|  |
| --- |
| **Review Components** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Informing Materials/Consents** | | | **Yes** | **No** | **N/A** |
| 1.Informing Materials page is signed/initialed and on time. | | |  |  |  |
| 2. Documentation of informed consent to prescribed psychiatric medication(s), when applicable. | | |  |  |  |
| **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. | | |  |  |  |
| 4. The Client'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. | | |  |  |  |
| 7. PSC35 is present or documentation of parent refusal/lack of response is in chart. | | |  |  |  |
| 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. | | |  |  |  |
| **Problem List** | | | | | |
| 11. A Problem List is present and supported by the documentation in the chart. | | |  |  |  |
| **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. | | |  |  |  |
| 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. | | |  |  |  |
| 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. | | |  |  |  |
| 15. For Case Management services, there is a care plan present in a progress note. | | |  |  |  |
| **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** *Changes must be made and the chart needs to be reviewed again during the next CQRT* | | | | | |
| **Comments (Required if clarification is needed)** | | | | | |
|  | | | | | |
| Reviewer Name: | | Date: | | | |
| Reviewer Signature: | | | | | |
| CQRT Chair Name: | Date: | | | | |
| CQRT Chair Signature: | | | | | |