

FRESNO COUNTY MENTAL HEALTH PLAN
Chart Review Tool – For the Audit Period _____
Agency/ Program/ Staff Name: _____ Chart # _____

	COMPLIANCE			OTHER STAFF	CATE-GORY	COMMENTS
	YES	NO	NA		H, Q, R, S	H= HI PAA, Q= Quality, R= Recoupment, S= Safety
I. CONSENT FOR TREATMENT						
1. Consent for treatment is present and appropriately executed (i.e., by client 18 and older, legal guardian, court order, Deputy Conservator) and in the record for each voluntary episode of inpatient hospitalization, voluntary crisis stabilization services and prior to starting outpatient services.					R	
2. LPS CONSERVATEES ONLY: Client's record documents that the Consent for Treatment(s) are present for consumers placed on/off LPS Conservatorship.					R	
II. MEDICAL NECESSITY						
3. Medi-Cal covered five-axis diagnosis using DSM-IV TR.					R	
4. It is clearly documented that the beneficiary, as the result of a mental disorder, has specific impairments, a probability of significant deterioration in an important area of life function, or for youth, a probability that the child/youth will not progress developmentally.					R	
5. The proposed intervention(s) focuses on reducing impairments, preventing deterioration of functioning, or allowing developmentally appropriate progress.					R	
6. There is an expectation that the proposed interventions will do, at least, one of the following: Diminish the impairment, prevent deterioration of functioning, allow developmental progress, and if under age 21, correct or ameliorate the condition.					R	
7. If the client did not meet medical necessity, a Notice of Action A was provided to the client/family and a copy is in the chart					Q	
III. ASSESSMENT—the following documentation components are present:						
8. Was the consumer offered a choice of provider?					Q	
9. Consumer was asked whether he/she had an Advance Directive and information was offered.					Q	
10. Presenting problems or relevant conditions which affect the consumer's physical health and mental status, including baselines.					R	
11. Consumer strengths to achieve therapeutic goals					Q/ R	

FRESNO COUNTY MENTAL HEALTH PLAN
Chart Review Tool – For the Audit Period _____
Agency/ Program/ Staff Name: _____ Chart # _____

	COMPLIANCE			OTHER STAFF	CATE-GORY	COMMENTS
	YES	NO	NA			
12. Relevant family information					Q/ R	
13. Prenatal and perinatal events and developmental history for children/adolescents					Q, R	
14. Past or present use/misuse of tobacco, alcohol, caffeine, over the counter, and illicit drugs					Q, R	
15. Past mental health history including treatment, providers, interventions and consultation.					Q, R	
16. Mental status exam					Q, R	
17. Relevant physical health conditions are identified and updated as appropriate					R, S	
18. Client self report of allergies and adverse reactions to medications or lack of known allergies/sensitivities					R, S	
19. Special status situations including suicidal/homicidal risks and grave disability are noted and updated.					R, S	
20. Diagnosis is substantiated by the presenting problems, history, mental status evaluation and other assessment data. 5-axis Diagnosis justified by the DSM-IV-TR criteria					Q, R	
21. All mental health symptoms presented in assessment are accounted for by 5-axis diagnosis (either in the diagnostic string or in the rule out diagnoses)					Q	
22. Assessment complies with the policy for timeliness/frequency					Q	
23. Staff properly signed every page of the assessment (with co-signature if required).					R	
24. Cultural issues (including language, gender identity, sexual orientation, culture) noted in the assessment					Q	
25. 5-axis diagnosis updated in Avatar at the time the assessment was completed. Effective date of diagnosis to match the service date of the Assessment.					R	
26. Duration times (service duration, doc/travel, total duration), date, language, location match what was billed in Avatar					R	

FRESNO COUNTY MENTAL HEALTH PLAN
Chart Review Tool – For the Audit Period _____
Agency/ Program/ Staff Name: _____ Chart # _____

	COMPLIANCE			OTHER STAFF	CATE-GORY	COMMENTS H= HI PAA, Q= Quality, R= Recoupment, S= Safety
	YES	NO	NA		H, Q, R, S	
27. Staff completed the appropriate outcomes measurement					Q	
IV. PLAN OF CARE						
28. Plan of Care is completed within 60 days of the assessment for consumers new to the MHP, updated at least annually, covers the present treatment period and complies with applicable PPG.					R	
29. Consumer's or legal guardian's signature is present or there is a written explanation if it is absent and documents ongoing attempts to obtain the appropriate signature(s)					R	
30. Plan goals are behaviorally specific, observable or quantifiable and are consistent with the diagnosis.					Q/ R	
31. Plan identifies proposed duration of intervention and treatment.					R	
32. Plan of Care is signed by the MHP representative and co-signed when necessary.					R	
33. Plan of Care and proposed interventions are consistent with diagnosis and treatment goals.					Q	
34. A copy of the POC is offered to the consumers and this is documented						
35. Cultural issues (including language, gender identity, sexual orientation, culture) noted in the POC					Q	
36. The duration, date, location on POC match what has been billed in Avatar					Q	
37. For a non-English speaker, the POC documents how the POC was developed.					Q	
V. PROGRESS NOTES:						
38. Missing note(s)					R	
39. The date, time spent, and service code provided.					R	
40. Progress note indicates service is provided in an eligible setting (not an IMD, jail, juvenile hall, during day treatment program hours, or other lockout setting.)					R	
41. If note is for a group activity, time is properly apportioned to all clients present.					R	

FRESNO COUNTY MENTAL HEALTH PLAN

Chart Review Tool – For the Audit Period _____

Agency/ Program/ Staff Name: _____

Chart # _____

	COMPLIANCE			OTHER STAFF	CATEGORY	COMMENTS
	YES	NO	NA			
42. Signature(s) (or electronic equivalent) of person providing the service is present (with co-signatures if required). Electronic Signature Agreement on file for staff in accordance with MHP policy					R	
43. Note indicates service was not solely for transportation, clerical, payee related, or for a missed appointment.					R	
44. Service <u>not</u> solely for substance use disorder					R	
45. Service provided was not solely for one of the following: a) academic educational services, b) vocational service that has work or work training as its actual purpose, c) recreation, or d) socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.					R	
46. Medical necessity for continued treatment is documented. Medical necessity is demonstrated by continued symptoms and impairment which impacts daily social and community functioning.					R	
47. Interventions to reduce the symptoms and impairments match the POC.					Q/ R	
48. Interventions and relevant clinical decisions aimed at reducing the symptoms and impairments are relevant to the selected diagnosis and match the POC or diagnosis update.					Q	
49. Staff interventions and consumer response to life-threatening conditions, i.e.; suicidal/homicidal ideation and grave disability are documented.					S	
50. Progress or lack of progress toward treatment goals are documented and refer to the most recent treatment plan goals.					Q	
51. Evidence of collaboration and referrals to community resources or other agencies when appropriate					Q	
52. Discharge summary or plan for follow-up care when appropriate. Discharge summary must include the reason for discharge and referral provided (if no referrals given, the reason for no referrals should be noted)					Q	
53. If the client has ceased services, there is documentation to explain follow up referrals, attempts to contact or reasons for termination.					Q	
54. If the diagnosis has changed for any reason, and a clinical assessment was not					Q,R	

FRESNO COUNTY MENTAL HEALTH PLAN

Chart Review Tool – For the Audit Period _____

Agency/ Program/ Staff Name: _____

Chart # _____

	COMPLIANCE			OTHER STAFF	CATE-GORY	COMMENTS H= HI PAA, Q= Quality, R= Recoupment, S= Safety
	YES	NO	NA		H, Q, R, S	
completed, appropriate documentation with clinical justification is noted in a progress note. The clinical documentation must provide the current DSM-based reasoning for the diagnostic change.						
55. Evidence-based practice used and appropriately documented in text of progress note (i.e. Dialectical Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, Structural Family Therapy, Motivational Interviewing etc)					Q	
56. If multiple providers are concurrently treating the client, documented evidence of communication between the providers is noted in the chart.					Q	
57. If a client had a recent 5150 episode or inpatient psychiatric hospitalization, appropriate follow up was documented and provided.					Q	
58. The “Primary Diagnosis” selected at the time of the service is an included Medi-cal diagnosis (for billable services only)					R	
59. Service was billed to the appropriate episode, program and location (community mental health center for all County buildings).						
VI. TYPE OF SERVICE CONTACT is accurately documented:						
60. Effort to contact the beneficiary after missed appointments is documented.					Q	
61. 26 (Individual) and 156 (family) therapy notes show a service that focuses primarily on symptom reduction <u>for the client</u> even if it is a family session.					R	
62. 82 and 85 Notes (Group therapy and Rehabilitation) show a service that focuses on symptom reduction and is provided to multiple consumers in one session. The notes must be individualized to speak to the specific progress of the individual client.					R	
63. 159 Notes (Plan Development) show a service activity which consists of development and approval of the consumer’s plan, and/or monitoring of the consumer’s progress					R	
64. 205 Notes (Case management linkage and consultation) show consumer was linked, assisted, monitored, or advocated for by staff per POC (i.e., services were not for providing transportation or completing a task for the client)					R	
65. 205 Notes (Case management linkage and consultation) show appropriate					Q	

FRESNO COUNTY MENTAL HEALTH PLAN
Chart Review Tool – For the Audit Period _____
Agency/ Program/ Staff Name: _____ Chart # _____

	COMPLIANCE			OTHER STAFF	CATE-GORY	COMMENTS
	YES	NO	NA			
follow up when a referral has been made.						
66. 206 Notes (Case management placement) show consumer was offered assistance in locating and securing an appropriate living environment or funding per POC.					Q	
67. 158 Notes (Individual rehab) or 85 (Group rehab) show consumer was offered assistance, training, counseling, support, or encouragement per POC.					Q	
68. 31 Notes (Crisis Intervention) show consumer's condition required (and received) a more timely response than a regularly scheduled visit and required to de-escalate the client's urgent mental health condition					S	
69. 31 Notes (Crisis Intervention) show appropriate risk assessments and safety assessments to correspond with the crisis episode. Risk and safety assessments must include documentation of both risk and protective factors, collateral supports with contact information, homicidal and suicidal risk and contingency plans					Q	
70. 150 Notes (Collateral) show contact with the consumer's significant support person(s) including consultation and training to assist in better utilization of services and understanding of the consumer's mental illness per POC.					Q	
OTHER ERRORS:						
VII. CULTURAL COMPETENCE						
71. Client's preferred language (with use of interpreter if required) is documented					Q	
73. Linking beneficiary to culturally-specific and/or linguistic services when appropriate					Q	

FRESNO COUNTY MENTAL HEALTH PLAN
Chart Review Tool – For the Audit Period _____
Agency/ Program/ Staff Name: _____ Chart # _____

	COMPLIANCE			OTHER STAFF	CATEGORY	COMMENTS
	YES	NO	NA			
74. Service-related personal correspondence (i.e., Consent for Treatment, Acknowledgement of Receipt of Notices of Privacy Practices, Medication Consent form) is consistently provided in the MHP's threshold languages as appropriate.					Q	
VIII. OVERALL QUESTIONS						
75. Non-electronic client records are legible.					R	
76. Release(s) of information present in the medical record when appropriate.					H	
77. Mandated reporting to CPS, APS completed if necessary and documented.					S	
78. Mandated Tarasoff notification made to law enforcement and intended victim.					S	
79. Provider is working within scope of practice, documented throughout chart.					R	
80. Consumer signed the Notice of Privacy Practice Acknowledgement if applicable.					Q	
IX. MEDICATION ISSUES						
81. Current medications, dosages, refill dates, lab tests, and informed consent for medication					R/ S	
82. MEDS ONLY CONSUMERS: All services are driven by a medication evaluation for meds only consumers.					R/ S	
83. Medication consent is signed and properly executed.					R/ S	
84. LPS CONSERVATEES ONLY: Medication Consent signed appropriately for clients placed on/off conservatorship.					R	
X. OTHER ISSUE(S)/ ADDITIONAL INFORMATION: Describe:						

FRESNO COUNTY MENTAL HEALTH PLAN

Chart Review Tool – For the Audit Period _____

Agency/ Program/ Staff Name: _____ Chart # _____

REVIEWED BY: _____

DATE: _____

REVIEWED WITH STAFF ON: _____

PLAN AND TIMELINE FOR IMPROVEMENT (when applicable):