

Minimum Standards Chart Review - CRT Clinical Care Audit Record

Client Name: _____

Reviewer Name: _____

Agency Name: _____

Date: _____

1. General Record:	Score	Comments
A. Record is current, organized and legible	Absent Partial Present N/A	
B. Financial and benefit eligibility is reviewed annually	Absent Partial Present N/A	
C. Eligibility determination or review of ongoing CRT eligibility If provisional status, does not exceed 180 days If not seen within the last 180 days, client has been moved to inactive status If inactive over one year, client has been discharged	Absent Partial Present N/A	
2. Clinical Evaluation of Presenting Challenges, Symptoms and History:	Score	Comments
A. Timely - completed within 45 days of intake or re-evaluation within 2 years.	Absent Partial Present N/A	
B. Presenting conditions	Absent Partial Present N/A	
C. Target symptoms	Absent Partial Present N/A	
D. History of presenting issues	Absent Partial Present N/A	
E. Treatment goals in client's words (checkbox version or refusal documented is acceptable)	Absent Partial Present N/A	
F. Trauma screen noted with follow up noted if necessary	Absent Partial Present N/A	
3. Functional Capacity and Support Systems (Psychosocial Assessment)	Score	Comments
A. Legal complications (criminal)	Absent Partial Present N/A	
B. Employment Information	Absent Partial Present N/A	
C. Information on activities of daily living	Absent Partial Present N/A	
D. Description of housing/ living situation	Absent Partial Present N/A	
E. Hobbies/ leisure interests/ involvement	Absent Partial Present N/A	
F. Special status situations/ risk assessment considered and included in treatment plan if necessary	Absent Partial Present N/A	
G. Support/ value system Relationships with family/ friends, past and present; Cultural and ethnic influences; Spiritual resources	Absent Partial Present N/A	
H. Education Information (highest level achieved)	Absent Partial Present N/A	
4. Substance Abuse Services	Score	Comments
A. Documentation of screening for substance use/ abuse is present	Absent Partial Present N/A	
B. Substance abuse assessment present if indicated	Absent Partial Present N/A	
5. Diagnosis: Listed, if partial note missing areas	Score	Comments
	Absent Partial Present N/A	

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6. Formulation/Interpretive Summary:	Score	Comments
A. Consumer strengths and/ or treatment preferences are listed	Absent Partial Present N/A	
B. Clinical formulation (summary of conclusions)	Absent Partial Present N/A	
C. Clinician's signature, degree title	Absent Partial Present N/A	
7. Individual Plan of Care (IPC)	Score	Comments
A. Date of last IPC update	MM/DD/YYYY: <u> </u> / <u> </u> / <u> </u>	
B. Monthly progress notes or contact notes accurately reflect IPC	Absent Partial Present N/A	
C. Goals reflect assessment/ evaluations	Absent Partial Present N/A	
D. Client input is evident in goals (clinically interpreted into mental health goals)	Absent Partial Present N/A	
E. Clinical interventions documented in daily, weekly, monthly notes or contact notes (including group notes)	Absent Partial Present N/A	
F. Strategies indicate client activities and strengths	Absent Partial Present N/A	
G. Documentation includes all providers	Absent Partial Present N/A	
H. Frequency range of services given (including groups as active treatment)	Absent Partial Present N/A	
I. Plan articulates expected outcomes	Absent Partial Present N/A	
J. Client or guardian signature is present	Absent Partial Present N/A	
K. LIP's signature on the treatment plan	Absent Partial Present N/A	
<p>L. Plan Reviews or Update are required if there is a significant change of life circumstance or need for change in services. Please circle Y/N for each of the following situations if they have changed since the last plan (not scored)</p> <ul style="list-style-type: none"> • New, complicating or worsening symptoms (mental or physical health) • Development of new goals/services or revisions of old goals/services • Failure to progress in skill building or mental health treatment over a period of 6 months • Major life changes that are upsetting/dysregulating to the person • Changes in legal status for the client, family member or significant other <p>If the answer was yes for any of the situations above, then was the Plan of Care updated to reflect these changes in circumstances, goals or treatment needs?</p>	<p style="text-align: center;">Y / N</p> <p>Absent Partial Present N/A</p>	

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8. Progress Notes and Outcomes	Score	Comments
A. Notes reflect treatment interventions/ objectives in IPC	Absent Partial Present N/A	
B. Notes reflect planned range of services as prescribed in IPC	Absent Partial Present N/A	
C. Monthly notes or contact notes are comprehensive review of services provided	Absent Partial Present N/A	
D. Notes evaluate the plan's effectiveness of outcomes	Absent Partial Present N/A	
E. There is evidence of consultation for complex and treatment-refractory cases	Absent Partial Present N/A	
F. Changes in Progress Notes are reflected in IPC	Absent Partial Present N/A	
G. Progress notes are not repetitive and are individualized to the client's service interactions	Absent Partial Present N/A	
H. Clinician's signature is present	Absent Partial Present N/A	
I. If the client is admitted to the hospital or hospital diversion, there is evidence of discharge planning and participation from the DA	Absent Partial Present N/A	
9. Medical and Psychiatric Care: See also Psychiatry review in report	Score	Comments
A. Primary care physician identified	Absent Partial Present N/A	
B. Release to collaborate with primary care?	Absent Partial Present N/A	
10. Psychiatrist Assessment and Follow-Up: See Psychiatry Review in Report	See Psychiatry Review in final report	
11. Crisis Management Plan	Score	Comments
A. There is a crisis management plan in chart, or evidence of refusal	Absent Partial Present N/A	
B. The plan addresses precursor symptoms	Absent Partial Present N/A	
C. The plan addresses multiple domains of wellness	Absent Partial Present N/A	
D. The plan includes stabilization methods	Absent Partial Present N/A	
E. The plan promotes consumer illness self-management strategies	Absent Partial Present N/A	
F. The plan considers outside social supports	Absent Partial Present N/A	
G. The plan offers strategies for crisis intervention	Absent Partial Present N/A	
12. Utilization Review	Score	Comments
A. Service levels are consistent with IPC	Absent Partial Present N/A	
B. There is a monthly service summary printout	Absent Partial Present N/A	
C. Intensity of services matches the documentation of need (right amount)	Absent Partial Present N/A	
13. Advanced Directives	Score	Comments
A. In Chart (or evidence of refusal)	Absent Partial Present N/A	

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