

CASE COMPLIANCE CHECKLIST

Client Chart # _____	Corrections Needed: ___ Yes ___ No
Type of Client (Adult/Child) _____	Correction Due (date): _____
Ethnic Identity _____	Corrections Made (date): _____
Reviewer: _____	Clinician Signature: _____
Date Reviewed: _____	Corrections reviewed (date): _____
Clinician: _____	Supervisor Signature _____
Clinical/Administrative Supervisor: _____	

QA Reviewer Instructions: The entire client chart is to be reviewed. After completing the Case Compliance Checklist, please scan a copy of the completed checklist to the QA Coordinator, then give the original completed checklist to the clinical staff members who need to make corrections, this may include the current clinical staff assigned to the case and case managers.

Instructions for Corrections: Clinicians should review the Case Compliance Checklist for required corrections and make the necessary corrections or note why the corrections cannot be made. The clinician should review the corrections with their clinical/administrative supervisor and have them sign off. After all corrections have been made and the supervisor has signed off, the form needs to be scanned to the QA Coordinator. After confirmation from the QA Coordinator of form receipt, the Case Compliance Checklist may be shredded.

For the purpose of this review, the following terms/definitions apply:

- COMPLETED:** All spaces on the form have been filled in with either the correct information or marked as not applicable (unless a particular section of the form does not apply as noted in each standard below). If a list of check boxes is available, then only those items that match need to be checked.
- ENTERED:** The appropriate data has been entered into the computer system in a thorough and complete fashion, and when appropriate, the data has been transmitted to the appropriate entity. When relevant, documents have been scanned and hard copies are in the chart.
- CLIENT/GUARDIAN:** The person who is lawfully able to represent the interests of the person who is receiving services.
- SIGNED:** Signature of the person who is lawfully eligible to represent the person and if the signature is not legible, the name printed under the signature. All signatures are to be accompanied with a date. If the signature is of a clinician, then the clinician's credentials/title are to be included in the signature.
- N/A:** Not Applicable. This only applies when the standard does not apply to a particular case.
- YES:** The standard has been fully met.
- NO:** All or some part of the standard has not been met. If only part of the standard has not been met, then an entry will be made in the section comment clarifying what portion of the standard was not met.
- VALID:** In compliance with all agency standards regarding completeness and appropriateness. For example, a VALID ROI is one that is SIGNED by a CLIENT/GUARDIAN within the last 6 months, meets all of the requirements for a ROI as defined in our agency policy and procedures, and has not been revoked by the CLIENT/GUARDIAN.

A. OVERARCHING CASE COMPLIANCE

RECORD REVIEW		CLINICAL CARE		
	YES NO			1- All potential ethical concerns have been adequately documented and addressed in the case. These may include conflict of interest, dual relationships, etc. Consult specific notes reflecting this in a supervision log (after 4/1/2017) or in a standard case note.
	YES NO			2- Providers have stayed within their scope of practice and utilized services that they are qualified to provide based on their Scope of Practice declarations.
YES NO				3- All services that were provided were explicitly authorized on <i>the Client Guidelines/Authorization For Services</i> by the client/guardian (Psychiatric Diagnostic Evaluation, Psychological Testing -starting on 09/2017), Individual Psychotherapy, AOD Services, Community Psychiatric Supportive Treatment, Therapeutic Behavioral Services, Psychological Evaluation).
YES NO N/A				4- Supervisory Statement was completed.
YES NO				5- All services provided had an active/valid ISP supporting the appropriateness of the service.
YES NO	YES NO			6- All ISPs are valid and entered, including client/guardian signatures (or documented why not) and staff/supervisory signatures. ISPs reflect changes in the case as the case progresses. This includes changes in diagnosis (no adjustment disorder for more than 6 months unless explained, etc.), Goals/Objectives, and/or Functioning Scores. Comments reflect treatment progression. Goals and Objectives flow from Diagnosis. Goals are client centered and medically necessary (other than for strict evaluations only).
YES NO	YES NO			7- Appropriate Strengths/Needs/Abilities/Preferences/Risks* are identified on the ISP and are appropriately adjusted during the course of care. *Risks only apply for ISPs created after 1/12/2017.
YES NO	YES NO			8- Special Populations are identified in CIS (after 08/08/2017) and ISP (after XX/XX/XXXX) and are appropriately adjusted during the course of care.
	YES NO			9- Goals/Objectives are expressed in the words of the client and understandable to the person served, appropriate/reflective of the person's age, reflective of the person's development, responsive to the person's disabilities/disorders or concerns, and measurable. Goals are addressed at prescribed frequency.
	YES NO			10- Evidence is provided that the client participated in the development of the ISP by signature and verbatim quote in goal, or client's comments on ISP, unless there is a notation reflecting that the client refused to participate in the development of the ISP.
	YES NO N/A			11- A SOC is identified that reasonably corresponds to the client's diagnoses, goals, objectives, and overarching treatment focus(es). Multiple diagnoses do not necessarily require separate SOCs.
YES NO				12- Billing records and case notes match for ALL billable services rendered and documented in CIS, including type of service, program enrollment, start time, and length of service. Reviewer should e-mail Billing, clinician, QA, and scanning if any billing incongruence is found.
YES NO	YES NO			13- All case notes are valid, and documentation is appropriately completed. Inform clinician if there is any note missing a printed copy in the chart.
YES NO	YES NO			14- Valid releases of information were <u>sent out</u> and/or maintained for all appropriate entities including but not limited to PCP, Schools, Prior Treatment Providers, and other "systems" involved in the case, or documentation is provided as to why these releases

were not sent.

YES NO

15- Information has been received with a valid ROI from appropriate entities including but not limited to PCP, Schools, prior treatment providers, and other “systems”, or documentation is provided as to what efforts have been made to get information when these sources have failed to respond to ROI’s.

YES NO N/A

16- Ongoing coordination of care is documented with other persons involved in the case including but not limited to PCP, Schools, other treatment providers (including other providers within the agency), and other “systems”, or documentation is provided to describe why coordination of services is not appropriate in this case.

YES NO

17- Services rendered reflect progression towards stated goals or documentation is provided as to why progress is not being made. (As seen on GAF, case notes and ISP comments.)

REVIEWER’S COMMENTS _____

CLINICIAN’S FEEDBACK _____

B. PRE-CARE COMPLIANCE (completed for all cases, except Forensic and Court Screening):

RECORD REVIEW

CLINICAL CARE

YES NO N/A

1- Phone intake/referral form is completed and entered (for printed version only)

YES NO

2- Privacy Notice signed by client/guardian and a staff representative.

YES NO

3- Client Rights signed by client/guardian and a staff representative.

YES NO

4- Authorization for Services/Client Guidelines signed by client/guardian and a staff representative.

YES NO

5- Fee agreement--all blanks filled in appropriately in the section entitled *Billing Authorization (after 1/1/2018)*. At least, but not limited to, all information when the client has insurance or is self-pay. Client/Guardian must sign.

YES NO N/A

6- MACSIS Residency Verification Form completed for all clients receiving public assistance for payment of services (Medicaid/Grants/Etc.); only required in Fairfield County after 7/2/2016.

YES NO

7- Initial Outcome Form completed and entered (Outcomes may only be in CIS, a paper copy in the chart is not required). Initial outcome reflects reasonable assessment of functioning, allowing for improvement to occur.

YES NO

8- Physical Health Assessment completed and reviewed by medical staff. Any recommendations made by medical staff have been addressed.

YES NO N/A

9- Parental Rights Statement was signed and efforts were made to engage non-custodial parent as appropriate.

YES NO

10- Confidential Communication Waiver Form was completed and information is consistent with numbers/email listed in CIS for clients seen after 11/1/14.

YES	NO	N/A	11- Proof of guardianship obtained for child clients not in the custody of a biological/adoptive parent and for adult clients under guardianship.
YES	NO	N/A	12- Statement of Formal Assessment/Waiver of Privilege was signed for formal assessment clients seen after 11/29/2013. (This is to be completed for all Formal Assessment clients).
YES	NO	N/A	13- Client Reasonable Accommodation Form was completed, reviewed if necessary, filed, and scanned for new clients after 3/1/2017 or when requested by the client.
YES	NO	N/A	14- Client Payment Responsibility Agreement was completed for non-Medicaid new clients after 11/06/2017
YES	NO	N/A	15- Sliding Scale Form was completed for clients using the sliding scale for payment (It will show sliding scale on the Billing Authorization form). Only required for Fairfield County.

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

C. PSYCHIATRIC DIAGNOSTIC EVALUATION SERVICES COMPLIANCE (Completed for all cases, except Forensic and Court Screening):

<i>RECORD REVIEW</i>		<i>CLINICAL CARE</i>				
YES	NO	YES	NO	1- Documentation supports compliance with "General" Standard of Care for assessment (format of session, capturing of data, etc.).		
YES	NO	YES	NO	2- Achievement testing was completed on all youth (unless cognitive functioning is well documented through other sources) and all adults who evidence ANY indication of cognitive impairment, or documentation is provided to support why this did not occur.		
YES	NO	YES	NO	3- Personality testing was completed, or documentation is provided to support why this did not occur. (Ex. HTP, Bender).		
YES	NO	YES	NO	4- The psychosocial history was completed consistent with "Psychosocial History Instructions" with all sections of the form completed.		
YES	NO	N/A		5- The treatment prescription has been completed consistent with SOC, signed and entered (for Psychiatric Diagnostic Evaluations completed after 07/01/2017)		
YES	NO	N/A	YES	NO	N/A	6- The treatment prescription was followed by the clinician (for Psychiatric Diagnostic Evaluations completed after 07/01/2017) or documentation is provided to support why this did not occur.

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

D. COUNSELING/PSYCHOTHERAPY SERVICES COMPLIANCE (Completed for all ongoing care cases):

<i>RECORD REVIEW</i>	<i>CLINICAL CARE</i>
YES NO	1- Documentation supports compliance with critical standards for the Standard of Care identified.
YES NO N/A	2- Treatment Contract was completed for clients enrolled in the Sexually Aggressive Developmentally Delayed Program, Sex Offender Program, SAY Program, and Aggression Management Program. (These programs should be listed in the SOC on the ISP).
YES NO	3- All assessment instruments administered were scored. (The Bender and the HTP are the only assessment instruments that do not require scoring)

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

E. COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT/THERAPEUTIC BEHAVIORAL SERVICES COMPLIANCE (Completed when CPST/TBS (former case management services) are completed by a clinician only---not when TBS is assigned)

<i>RECORD REVIEW</i>	<i>CLINICAL CARE</i>
YES NO N/A	1- CPST/TB services and goals are listed on the ISP.

REVIEWER'S FEEDBACK _____

CLINICIAN'S FEEDBACK _____

F. COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT/THERAPEUTIC BEHAVIORAL SERVICES COMPLIANCE (Completed only for those cases that are receiving specialized CPST/TBS services):

<i>RECORD REVIEW</i>	<i>CLINICAL CARE</i>
YES NO N/A	1- Documentation of CPST/TBS transfer/referral form completed when CPST/TBS service is provided by someone other than the primary clinician.
YES NO N/A	2- CSPT assessment form completed when CSPT/TBS service is provided by someone other than the primary clinician. (For clients who initiated CSPT/TBS services after 12/19/2013).
YES NO N/A	3- CSPT/TBS services documented on ISP; specific CSPT/TBS goals and providers are identified.
YES NO N/A	4- CSPT/TBS Orientation Guidelines form is completed and signed by the client/guardian.

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

G. MEDICATION/SOMATIC SERVICES (Completed only for those cases that are receiving Medication/Somatic Services):

<i>RECORD REVIEW</i>			<i>CLINICAL CARE</i>			
YES	NO	N/A	YES	NO	N/A	1- Documentation of referral for this service (both referral and program forms).
			YES	NO	N/A	2- Documentation of educational activities/physician's orders/administration.
YES	NO	N/A				3- Completion of <i>Medication Summary Form</i> .
			YES	NO	N/A	4- Services recorded on ISP
YES	NO	N/A				5- Completion of <i>Controlled Substance Agreement</i>

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

H. AOD SERVICES (Completed only for those cases that are receiving AOD Services---not just an AOD SOC or AOD Diagnosis, but an AOD SERVICE TYPE):

<i>RECORD REVIEW</i>			<i>CLINICAL CARE</i>			
YES	NO	N/A	YES	NO	N/A	1- Documentation of referral for this service (both referral and program forms).
			YES	NO	N/A	2- Documentation of educational activities, AA, and other support information.
			YES	NO	N/A	3- Services, goals, and level of care recorded on ISP.
			YES	NO	N/A	4- Admission, stay, discharge appropriate to ASAM level of care form completed.
			YES	NO	N/A	5- SASSI/SOCRATES/Sobriety Maintenance Skills completed.
YES	NO	N/A				6- AOD Client Rights and Client Grievance Policy Acknowledgement signed.

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

I. PERIODIC REVIEWS (Completed for all cases, except Forensic and Court Screening):

<i>RECORD REVIEW</i>	<i>CLINICAL CARE</i>
YES NO N/A	1- Outcome measures have been completed when ISPs have been updated. Outcome dates should be within two weeks of the ISP date. Outcomes may only be in CIS, a paper copy in the chart is not required. Outcomes clearly reflect participation by the client, but reasonably reflect the functioning of the client.
YES NO N/A	2- Any time a client is transferred for additional services, to other clinicians, for emergency services, or to an outside provider a "referral form" is completed.
YES NO N/A	3- Authorization for Services, Privacy Notice, Client Rights, and Billing Authorization have been signed annually.
YES NO N/A	4- Necessary forms completed for clients who transition to adulthood or when there is a change in custody.
YES NO N/A	5- Re-engagement efforts were documented when clients have been absent for 3 months.
YES NO N/A	6- Multiple attempts to re-engage the client are documented, or an appropriate reason that attempts to re-engage the client did not occur is well documented (i.e. Client moved from the area).
YES NO N/A	7- Chart was suspended after effort of client re-engagements were made and before closure.
YES NO N/A	8- Chart was closed 6 to 12 months after client was last seen, or a reason for an earlier or later closure is documented.

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

J. CASE CLOSURES/TERMINATIONS (Only for closed charts for clients seen after 1/1/08):

<i>RECORD REVIEW</i>	<i>CLINICAL CARE</i>
YES NO N/A	1- The chart was reviewed for accuracy.
YES NO N/A	2- Case closure transition was completed.
YES NO N/A	3- The case has been accurately and cleanly scanned into CIS and appropriately closed in the billing software. (Not all documents are scanned in the "Closed Chart" folder. You'll need to look over different sections of CIS to find all documents).

REVIEWER'S COMMENTS _____

CLINICIAN'S FEEDBACK _____

PEER REVIEW SCORING

	Total Yes	Total Possible (Yes + No)	% Correct (# Yes/Total Possible)
Records Review			
Clinical Care			
Peer Review Total Score			

ADDITIONAL COMMENTS & FEEDBACK
