

Behavioral Health
 FY 08/09 Record Audit

Comments:	
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3. Psychosocial Assessment	1	2	3	4	5	6	7	8	9	10		
1. ** Presenting Problem												
2. ** Family Situation												
3. ** Support System												
4. ** Cultural/Ethnic/Religious Factors												
5. ** Socioeconomic Issues												
6. ** Emotional/Behavioral functioning												
7. ** Mental Health History												
8. ** Vocational/Educational Status												
9. ** Client and Family Strengths												
10. ** Substance Abuse/Misuse Issues												
11. ** Family/Domestic/Sexual Violence issues												
12. ** Significant Developmental or Health Issues												
13. ** Timeframe specified												
14. ** Client centered approach evident												
15. ** Initial goal(s) outlined												
16. Summation of Assessment												
17. Assessment signed and dated												
Record Compliant?												
Comments:												

4. Treatment Plan	1	2	3	4	5	6	7	8	9	10		
1. ** Problem-to-be-worked specified												
2. ** Attainable goal(s) specified												

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3. ** Goal-related objectives specified																				
4. Timeframe specified																				
5. * Plan signed and dated (signed by client or parent/guardian if client is a child)																				
6. Periodic review notation (if necessary)																				
Record Compliant?																				
Comments:																				

5. Documentation and Progress Notes	1	2	3	4	5	6	7	8	9	10		100
All Progress Notes Must Include the Following:												NA
1. * Recipient's name and Medicaid number												
2. * Description of services provided												
3. * Relationship of intervention to treatment plan												
4. * Client response to therapy												
5. * Duration of services(length of assessment or treatment in minutes)												
6. * Diagnosis code if more than six visits (V code if less than 6 visits)												
7. * Copy of testing or evaluation												
8. * Documentation of communication related to coordination of care												
9. * Signature and title (credentials) of the person completing the service												
10. * Date of Service												
Record Compliant?												
Comments:												

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Children and Youth Branch

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7. Discharge Note	1	2	3	4	5	6	7	8	9	10
1. Terms of discharge noted										
2. Treatment plan reviewed										
3. Referrals (if appropriate) noted										
4. Note signed and dated										
Record Compliant?										

Comments:

8. Provider Qualifications	1	2	3	4	5	6	7	8	9	10
* Qualifications Met?										
Comments:										

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BEHAVIORAL HEALTH AUDIT TOOL GUIDANCE FY 08/09

1. Referral and Consent

Required Components

- a). Documentation of referral received from Carolina Access, Local Management Entity (LME), primary care physician, or Medicaid enrolled psychiatrist.
- b). Authorization Number documented
- c). Written Consent for treatment signed and dated

The information listed in this section is required. The referral and authorization number should be obtained prior to the client's first appointment. Referrals must be obtained from the primary care provider, local management entity, or Medicaid enrolled psychiatrist. The client will sign and date the consent form upon the first visit.

2. Demographic Data

Required Components

- a) Name
- b) Date of Birth
- c) County of Residence
- d) Medicaid Number
- e) Address
- f) Telephone Number

The information listed in this section is required, but does not have to be noted using a separate form. This information may be gleaned from the clinic chart. This prevents having to expose the clients to repeated question and answer sessions during their visit. However, This does not relieve the service provider of the responsibility to make sure that the information has been included and/or updated in the clinic chart.

3. Psychosocial Assessment

- a) Presenting Problem – issue or concern that brings the consumer and clinician together initially
- b) Family Situation -
- c) Support System – i.e friends, neighbors, kinship relationships, coworkers, or peer groups
- d) Cultural/Ethnic/Religious Factors –
- e) Socioeconomic Issues
- f) Emotional Behavioral Functioning
- g) Mental Health History -
- h) Vocational/Educational Status

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- i) Client and Family Strengths
- j) Substance Abuse/Misuse Issues
- k) Family/Domestic/Sexual Violence Issues
- l) Significant Developmental or Health Issues
- m) Client centered approach evident
- n) Summation of assessment
- o) Initial goal(s) outlined
- p) Timeframe specified
- q) Summation of Assessment
- r) Assessment signed and dated

The information in this section is required and must be included in an assessment document. There are various appropriate sources for information, including but not limited to:

- ◆ the client
- ◆ chart review
- ◆ family/social support system input
- ◆ referral source
- ◆ multidisciplinary clinic team
- ◆ agencies and providers who are authorized to release information on the client's behalf.

4. Treatment Plan

Required Components

- a) Problem-to-be-worked specified
- b) Attainable goal(s) specified
- c) Goal-related objectives specified
- d) Timeframe specified
- e) Plan signed and dated
- f) Periodic review notation (if necessary)

The treatment plan is a formalized tool that makes the purpose of intervention clear to everyone involved. It is the foundation to treatment and guides all intervention. It is a required tool upon the third visit and should be an active document that is amended throughout treatment to reflect the dynamic needs of the client or the client system.

- ◆ The problem-to-be-worked is a simple statement of the client's perception of the issue to be addressed in treatment.
- ◆ Goals should be:
 - ◆ attainable by the client
 - ◆ negotiated and agreed upon by the client
 - ◆ time sensitive/short-term
 - ◆ relate to the problem and assessment
 - ◆ within the scope of the provider's ability

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- ◆ objectively written with a solution focus
- ◆ brief

- ◆ The time it may take to reach the goal(s) should be as specific as possible to orient the treatment and to indicate progress or the lack thereof. Timeframe should be negotiated with the client.
- ◆ The plan should be signed and dated by the client and the provider.
- ◆ A periodic review of the treatment plan is indicated as a client progresses through intervention. As objectives and goals are attained, this should be noted on the treatment plan and in progress notes. Client and provider initial and date will suffice as indication of review on the treatment plan.

6. Documentation and Progress Notes

Required Components

Progress notes must include the following:

Description of services provided

1.

- a) Relationship of intervention to treatment plan
- b) Client Response to therapy
- c) Duration of services (length of assessment or treatment in minutes)
- d) Diagnosis code if more than six visits (V code if less than 6 visits)
- e) The signature and credentials (LCSW) of the person providing the service
- f) A copy of any testing or summary and evaluation reports
- g) Documentation of communication regarding coordination of care activities

2.

- a) Date of service
- b) Recipient's name and Medicaid number (on every page)

Each record requires all of the above documentation. This is the minimum level of required documentation for each record. Elements from the above are self-explanatory.

7. Discharge Notes

Required Components

- a) Terms of discharge noted
- b) Treatment plan reviewed
- c) Referrals (if appropriate) noted
- d) Note signed and dated

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A discharge note is required if the client is seen beyond initial assessment. A statement of progress is required for each treatment goal specified in the treatment plan. Elements required for audit are self-explanatory.

8. Provider Qualifications Met

Qualified providers are:

Licensed Psychologist (doctorate level)

Licensed Psychological Associates (LPA)

Licensed Professional Counselor (LPC)

Licensed Marriage and Family Therapist (LMFT)

Licensed Clinical Social Worker (LCSW)

Nurse Practitioner, Certified as an Advanced Practice Psychiatric Nurse Practitioner

Certified Clinical Nurse Specialist in Psychiatric Mental Health Advance Practice

Certified Clinical Supervisor (CCS)

Certified Clinical Addiction Specialist (CCAS)

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