

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
PREVENTION AND EARLY INTERVENTION**

2016 MTASV Chart Review Checklist

PEI Provider:	Primary Therapist:
Date of Chart Review:	Reviewed By:
PEI Practice:	PEI Chart #:
Admit Date:	Discharge Date/Last Date Claimed:
Amount Billed to Client:	Staff Completed Initial Training:

CHART ITEM	SATISFACTORY	CHALLENGE	COMMENTS
1. Is the admission diagnosis appropriate for the PEI Practice utilized?			
2. Does the most recent assessment indicate the need for PEI services?			
3. Are treatment goals reflective of the PEI Practice?			
4. If client is appropriate for PEI, are notes reflective of the PEI Practice (e.g. Seeking Safety topics covered)?			
5. If there were multiple concurrent and/or sequential treatment episodes, were these appropriate for PEI?			
6. Have there been appropriate referrals and/or linkages made for services, if needed?			
7. Are the outcome measures in the chart?			
8. Is the client age-appropriate for the PEI Practice?			
9. Is frequency of treatment appropriate for the PEI Practice?			
10. Is length of treatment appropriate for the PEI Practice?			
11. If PEI Practice is MAP, does the chart contain Dashboard? (NA if not MAP)			

COMMENTS: