

## Quality Assurance Audit Tool

Clinic/Program: \_\_\_\_\_  
 Chart Number: \_\_\_\_\_  
 Auditor: \_\_\_\_\_

Providers: \_\_\_\_\_  
 Date of Audit: \_\_\_\_\_  
 Date Corrections Due: \_\_\_\_\_

| Document/ Error Type |     |    | STANDARD  | MET | NOT MET | N/A | COMMENTS |
|----------------------|-----|----|---|-----|---------|-----|----------|
| Legal Administration | TCD | 1  | Outpatient consent - Signed appropriately DATE: _____   |     |         |     |          |
|                      | QoC | 2  | NOPP  |     |         |     |          |
|                      |     | 3  | Advance Directive Notification. (Adult charts only)   |     |         |     |          |
|                      | HIP | 4  | Information Release Form(s) when applicable.  |     |         |     |          |
| CANS                 | QoC | 5  | CANS-SB completed within 30 days of opening & periodically (3 or 6 months)  |     |         |     |          |
| Clinical Assessment  | TCD | 6  | <b>Initial Clinical Assessment</b> dated _____. <b>Medical Necessity</b> justified in "presenting problems" and supports <b>Dx</b> and signed/dated by all staff.   |     |         |     |          |
|                      |     | 7  | Clinical Assessment content is generally congruent with CANS-SB Scores  |     |         |     |          |
|                      |     | 8  | The mental status exam/risk factors completed by Masters level or above.  |     |         |     |          |
| CRE                  | QoC | 9  | Client Resource Evaluation is completed appropriately and signed.   |     |         |     |          |
| Alert                |     | 10 | Alert Sheet (Allergies and Physical Ailments) Completed.  |     |         |     |          |
| CN                   |     | 11 | Care Necessity Form is completed with all potentially applicable items checked.   |     |         |     |          |
| Dx                   | TCD | 12 | Diagnosis on blue form is complete/appropriate with ICD-10-CM diagnosis. Signed by an LPHA provider or co-signed by an LPHA provider prior to tx services rendered. |     |         |     |          |
| Client Recovery Plan | TCD | 13 | The goals and objectives on the Client Recovery Plan address the clients' current symptoms.   |     |         |     |          |
|                      |     | 14 | The Client Recovery Plan's goals and objectives are behavioral, have baseline measurements, and correspond with client diagnosis.                                   |     |         |     |          |
|                      |     | 15 | The Client Recovery Plan is signed and dated by the provider(s), consumer, guardian, and Supervisor (if provider not licensed) for services provided.               |     |         |     |          |
|                      |     | 16 | Starting and end dates on the Client Recovery Plan are clearly documented and up to date. <b>START DATE:</b> _____ <b>END DATE:</b> _____                           |     |         |     |          |
| Progress Notes       | SSD | 17 | Progress notes include: (1) client's current condition, (2) dysfunction/problem addressed, (3) staff intervention and (4) client response.                          |     |         |     |          |
|                      |     | 18 | Services documented in progress notes are authorized by the client recovery plan, except Crisis Intervention, Assessment, or Plan Development.                      |     |         |     |          |
|                      |     | 19 | Katie A. Subclass Member: (1) Clearly Identified, (2) ICC on CRP, & (3) ICC provided at least every 90 days.  |     |         |     |          |
|                      |     | 20 | Child & Family Team (CFT) Meetings documented appropriately   |     |         |     |          |

| Document/ Error Type        |     | STANDARD | MET  | NOT MET | N/A | COMMENTS |
|-----------------------------|-----|----------|--|---------|-----|----------|
| Medication Support Services | TMD | 21       | The Psychiatric Evaluation is complete and signed appropriately.   |         |     |          |
|                             |     | 22       | The diagnostic impression from the psychiatric evaluation is congruent with the diagnosis on blue sheet. |         |     |          |
|                             |     | 23       | Medication consents for current medications are accurately completed.                                    |         |     |          |
|                             | QoC | 24       | Name of medication, dosage, and frequency are entered on the OMR.  |         |     |          |
|                             |     | 25       | AIMS and Physical Assessment Forms are current and annually updated.                                     |         |     |          |
|                             |     | 26       | Alert Sheet (Allergies and Physical Ailments) Completed.   |         |     |          |

| CANS-SB Items             | Score | Assess. | Dx | CRP | CANS-SB Items         | Score | Assess. | Dx | CRP |
|---------------------------|-------|---------|----|-----|-----------------------|-------|---------|----|-----|
| Psychosis                 |       |         |    |     | Affect Dysregulation  |       |         |    |     |
| Impulsivity/Hyperactivity |       |         |    |     | Behavioral Regression |       |         |    |     |
| Depression                |       |         |    |     | Somatization          |       |         |    |     |
| Anxiety                   |       |         |    |     | Substance Abuse       |       |         |    |     |
| Oppositional              |       |         |    |     |                       |       |         |    |     |
| Conduct                   |       |         |    |     |                       |       |         |    |     |
| Adjustment to Trauma      |       |         |    |     |                       |       |         |    |     |
| Anger Control             |       |         |    |     |                       |       |         |    |     |
| Eating Disturbances       |       |         |    |     |                       |       |         |    |     |

| Number | Staff Instructions | Completed/Staff Signature | Date Corrected |
|--------|--------------------|---------------------------|----------------|
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| Error Type & Disallowance Key |  |            |   |
|-------------------------------|--|------------|---|
| <b>TCD</b>                    | Errors will result in <b>ALL</b> Services Disallowed (Total Chart Death)                       | <b>HIP</b> | Errors may result in a HIPAA violation      |
| <b>TMD</b>                    | Errors will result in <b>ALL</b> Medication Support Services Disallowed (Total MSS Disallowed) | <b>QoC</b> | Errors result in Quality of Care deficiency |
| <b>SSD</b>                    | Errors will result in <b>Specific</b> Service Disallowed                                       |            |   |

**Note:** \_\_\_\_\_ **Clinic Supervisor:** \_\_\_\_\_