Mental Health Outpatient & Case Management

1. Clinical Records 01Cx Assessment (LSFHS ID 62) Does the chart show a completed assessment within 30 days of intake?

2. Clinical Records 02Cx Assessment (LSFHS ID 62) Does the assessment document the individual's perception of their presenting problem?

3. Clinical Records 03Cx Assessment (LSFHS ID 62) Does the assessment document the individual's perception of their strengths?

4. Clinical Records 04Cx Assessment (LSFHS ID 62) Does the assessment document the client's involvement with family and friends, pertinent agencies with whom the client has been involved, and other social support systems that may contribute to the course of treatment.

5. Clinical Records 05Cx Client Records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants name, Client Identifier or Record ID?

6. Clinical Records 06Cx Client Records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants telephone number?

7. Clinical Records 07Cx Client Records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants address?

8. Clinical Records 08Cx Client Records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants date of birth?

9. Clinical Records 09Cx Client Records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants race?

10. Clinical Records 10Cx Client Records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the Participants Sex?

11. Clinical Records 11Cx client records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants marital status?

12. Clinical Records 12Cx Client Record (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants legal status?

13. Clinical Records 13Cx Client Records (LSFHS ID 62) Does the Mental Health Services record include demographic information including the participants Referral source to services?

14. Clinical Records 14Cx Client Record (LSFHS ID 62) Does the Mental Health Services record clearly indicate the Staff member who has primary responsibility of client?

15. Clinical Records 15Cx Client Records (LSFHS ID 62) When Applicable does the Mental Health Services record include Guardian contact information for minor clients?

16. Clinical Records 16Cx Client Records (LSFHS ID 62) Is there a signed consent for services and time-specific ROIs for PCP/Emergency contacts located in the individual's mental health record?

17. Clinical Records 17Cx Assess Trx Plan (LSFHS ID 62) Was an individualized Master Treatment/Service Plan developed collaboratively with the participant, and completed within 30 days of intake?

18. Clinical Records 18Cx Trx Plan (LSFHS ID 62) Are Treatment Plans reviewed every 6 months and Service Plans completed every 6 months, or sooner when clinically indicated?

19. Clinical Records 19Cx Trx Plan (LSFHS ID 62) Does the treatment/service plan incorporate needs and strengths provided by the individual from the comprehensive assessment?

20. Clinical Records 20Cx Trx Plan (LSFHS ID 62) Does the Treatment/Service plan Include measurable, achievable, and observable goals and measurable objectives created in collaboration with the client?

21. Clinical Records 21Cx Trx Plan (LSFHS ID 62) Does the Treatment/Service Plan Identify actions needed to obtain the goals and the staff responsible for each action?

22. Clinical Records 22Cx Trx Plan (LSFHS ID 62) Does the Treatment/Service plan include goals and objectives with the individuals input with set target dates within a reasonable timeframe?

23. Clinical Records 23Cx Trx Plan (LSFHS ID 62) Does the treatment plan Include at least one goal for each treatment domain?

24. Clinical Records 24Cx Trx Plan (LSFHS ID 62) Does the treatment/service plan document referrals and link participants to external resources when the service is unavailable within the agency?

25. Clinical Records 25Cx Trx Plan (LSFHS ID 62) Do treatment/service plan reviews record progress, setbacks, and next steps?

26. Clinical Records 26Cx Trx Plan (LSFHS ID 62) Are all treatment/service plans signed by the participant and the assigned clinician? (For minor clients, the parent or caregiver must sign for the participant as well.)

27. Clinical Records 27Cx Trx Plan (LSFHS ID 62) Pertaining to Treatment Plans signatures, are registered interns obtaining a countersignature by their supervisor within 10 days of completion?

28. Clinical Records 28Cx Progress Notes (LSFHS ID 62) Are progress notes completed at least monthly for individuals having a service or treatment plan unless documented otherwise?

29. Clinical Records 29Cx Progress Notes (LSFHS ID 62) Do progress notes document all Progress, or lack thereof, relative to the service plan or treatment plan?

30. Clinical Records 30Cx Progress Notes (LSFHS ID 62) Do progress notes include Contact dates with the individual, family, friends, or service agencies?

31. Clinical Records 31Cx Progress Notes (LSFHS ID 62) Do progress notes include details regarding modified service or treatment plan from changes in client's individuals need, resources, findings, etc.

32. Clinical Records 32Cx Annual Review (LSFHS ID 62) Does the provider review and update the Comprehensive Assessment annually with the participant?

33. Clinical Records 33-2Cx Client Records (LSFHS ID 62) After completing suicide risk screening for any client who indicates risk, does the provider develop a comprehensive Safety Plan that includes all required components - warning signs, triggers, coping strategies, supportive contacts, and steps to limit access to lethal means?

    Additionally:
    Is a signed copy of the Safety Plan provided to the participant and another copy kept in the clinical record? For minor clients, is a copy also provided to the parent or caregiver?
    Are clinical interventions and referrals provided as needed?
    Is the Safety Plan reviewed and updated annually with the participant?

34. Clinical Records 33Cx Annual Review (LSFHS ID 62) At a minimum does the provider complete Suicide Prevention screenings using an evidence-based screening tool (C-SSRS, PHQ9, ASQ) at intake, every 90 days, or sooner based on risk level or if risk is observed?

35. Clinical Records 34Cx Annual Review (LSFHS ID 62) Does the provider review and update Orientation materials and participant understanding annually?

36. Clinical Records 35Cx Termination (LSFHS ID 62) If there is no contact for over ninety (90) days, does the the treatment plan indicate less frequent contact and are all attempts to contact the individual prior to discharge documented via progress notes within the record?

37. Clinical Records 36Cx Termination (LSFHS ID 62) Is discharge documentation completed within four weeks of service completion or official discharge?

38. Clinical Records 37Cx Termination (LSFHS ID 62) Does Discharge documentation include the Reason for termination and an evaluation of impact of the agency's services on the client's goals and objectives?

39. Clinical Records 39Cx Termination (LSFHS ID 62) If there is a recommendation for additional services or referrals does Discharge documentation include a reason for the referral?

40. Clinical Records 40Cx Termination (LSFHS ID 62) Does Discharge documentation include the date and signature of the individual preparing the report?