

CASE COMPLIANCE CHECKLIST

Client Case # _____	Corrections Needed: ___ Yes ___ No
Type of client (Adult/Child) _____	Correction Due (date): _____
Ethnic identity _____	Corrections Made (date): _____
Therapist: _____	Signature: _____
Clinical Supervisor: _____	Corrections reviewed by: _____
Reviewer: _____	Date corrections reviewed: _____
Date Reviewed: _____	

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.
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the last 6 months, meets all of the requirements for a ROI as defined in our agency policy and procedures, and has not been revoked by the CLIENT/GUARDIAN.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

- | | |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| yes__ no __ | 1- Any potential ethical concerns (conflict of interest, dual relationships, etc.) have been adequately documented and addressed in the case. |
| yes__ no __ | 2- Providers have stayed within their scope of practice and utilized services that they are qualified to provide based on their PSO declarations. |
| yes__ no __ | 3- No services were provided that were not explicitly authorized on <i>the Client Guidelines/Authorization For Services</i> by the client/guardian. |
| yes__ no __n/a__ | 4- Supervisory Statement was completed. |
| yes__ no __ | 5- No services were provided without an active/valid ISP supporting the appropriateness of the service. |
| yes__ no __ | 6- All ISPs are valid and entered, including client/guardian signatures (or documented why not) and staff/supervisory signatures. ISP's 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 GAF. 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 __

7 – 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.

yes__ no __

8- Evidence is provided on the ISP that the client engaged in the development of the treatment plan and is engaged in the treatment process.

yes__ no __ n/a__

9- SOC treatment population(s) identified after 10/1/08. An SOC other than general should be identified in CIS for most clients.

yes__ no __

10- Billing records and case notes match for ALL services rendered, including type of service, program enrolment, start time, and length of service (see attached billing incongruence for any non-compliance).

yes__ no __

11- All case notes after 1/1/2007 comply with the agency standards for case notes as declared in the “Case Note Structure and Types” document and consistent with the type of service that was provided.

yes__ no __

12- Valid releases of information were sent out 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 __

13- 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__

14- 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.

COMMENTS _____

B. Pre-Care Compliance (completed for all cases, except Forensic and Court Screening):

yes__ no __

1- Phone intake/referral form is completed and entered.

yes__ no __

2- Client Guidelines/Authorization for Services signed by client/guardian/therapist. The blank spaces entitled Guardian’s Signature and Date are filled out, if the client is a child. If the client an adult then the final two blanks, Guardian’s Signature and Date can be left blank, unless the client has a legal guardian. Specific services are checked.

yes__ no __

3- Privacy Notice signed by client/guardian and therapist

yes__ no __

4- Client Rights signed by client/guardian and therapist

yes__ no __

5- Fee agreement--all blanks filled in appropriately in the section entitled *Billing Authorization*. At least, but not limited to, all information when the client has insurance or is self-pay, or signature only when the client is a Medicaid recipient. Client/Guardian must sign.

- yes__ no __ 6- Residency Verification Form completed for all clients receiving public assistance for payment of services (Medicaid/Grants/Etc.)
- yes__ no __ 7- Physical Health Assessment completed and reviewed by medical staff. Any recommendations made by medical staff have been addressed.
- yes__ no__n/a__ 8- Parental Rights Statement was signed and efforts were made to engage non-custodial parent as appropriate

COMMENTS _____

C. Care Initiation Compliance (Completed for all cases except Forensic and Court Screening):

- yes__ no __ 1- MACSIS Intake Form completed and entered
- yes__ no __ 2- Initial Outcome Form completed and entered
- yes__ no __ 3- Ongoing Outcome Form Completed, entered and kept updated every time the ISP is completed.

COMMENTS _____

D. Diagnostic Assessment Services Compliance (Completed for all cases, except Forensic and Court Screening):

- yes__ no __ 1- Documentation supports compliance with Standard of Care for assessment (format of session, capturing of data, etc.)
- 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.
- yes__ no __ 3- Personality testing was completed, or documentation is provided to support why this did not occur. (Ex. HTP, Bender)
- yes__ no __ 4- The psychosocial history was completed consistent with “Psychosocial History Instructions” with all sections of the form completed.

COMMENTS _____

E. Counseling/Psychotherapy Services Compliance (Completed for all ongoing care cases):

- yes__ no __ 1- Documentation supports compliance with Standard of Care for Counseling/Psychotherapy for the identified client population (Is there evidence that the SOC was followed?)
- yes__ no __ 2- The frequency of client contact is consistent with ISP or documentation is provided as to why this is not occurring
- yes__ no __ 3- Services rendered reflect progression towards stated goals or documentation is provided as to why progress is not being made.

COMMENTS _____

F. Case Management Services Compliance (Completed only for those cases that are receiving any CSP services):

- | | |
|--------------------|-------------------------------------------------------------------------------------------------------------|
| yes__ no __ n/a __ | 1-- Documentation of referral for this service when provided by someone other than the primary therapist. |
| yes__ no__ n/a __ | 2--CSP referral form completed when CSP service is provided by someone -- other than the primary therapist. |
| yes__ no __ n/a __ | 3--CSP services documented on ISP, specific CSP goals and providers are identified. |

COMMENTS _____

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

- | | |
|--------------------|----------------------------------------------------------------------------------|
| 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> |

COMMENTS _____

H. Periodic Reviews (Completed for all cases, except Forensic and Court Screening):

- | | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| yes__ no __ n/a__ | 1- Outcome measures have been completed when ISPs have been updated. |
| yes__ no __ n/a__ | 2- Any time a client is transferred for additional services, to other clinicians, or to an outside provider a "referral form" is completed. |
| yes__ no __ n/a__ | 3- Authorization for Services, Privacy Notice, and Client Rights have been signed annually for services provided after 2/1/09 |
| yes __ no __ n/a __ | 3- Necessary forms completed for clients who transition to adulthood or when there is a change in custody. |

COMMENTS _____

I. Case Closures/Terminations (for any closures for clients seen after 1/1/08):

- | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| yes__ no __ n/a__ | 1- The case was "suspended" for at least six months after the client was last seen, or the reason for early closure is documented. |
| yes__ no __ n/a__ | 2- Multiple attempts to engage the client are documented, or an appropriate reason that attempts to re-engage the client did not occur is well documented (ie. Client moved from the area). |
| yes__ no __ n/a__ | 3- The case was closed within 1 year of the client last being seen or clear documentation is provided as to why it was not closed within one year. |

yes__ no __ n/a__

4- Case closure documentation was completed including: MACSIS Case Closure, Provider Outcome Closure, and Termination form in CIS. When possible, a Client/Parent Outcome Closure should also be present (in the case of a planned termination).

yes__ no __ n/a__

5-The case has been accurately and cleanly scanned into CIS and appropriately closed in Xakt.

COMMENTS _____

TOTAL # YES _____ **TOTAL # POSSIBLE (YES + NO)** _____

% CORRECT (# YES/TOTAL # POSSIBLE) _____

ADDITIONAL COMMENTS

