

Diversus Health Network
COMPREHENSIVE AUDIT TOOL

Audit Date _____ Treatment Provider _____
 SmartCare Client ID _____ Age: _____
 Date of First Session _____ Level of Care: _____
 Case Open _____ Closed _____ Discharge Date: _____
 DACODS Priority Population _____ N/A

CRITERIA	TX	LSP	HFP	COMMENTS
I. ASSESSMENT				
A. Are presenting problem(s) listed?				
1. Reason for seeking treatment listed				
2. Referral source listed				
3. Court papers present				
4. DHS/DSS involvement				
5. FSP/NCFAS				
B. Psychosocial assessment				
1. Personal Information				
2. Emergency Contact				
3. Family Information				
4. Education				
5. Employment/Military history				
6. Physical/Mental Health History				
Current and Past medical RX				
Current and Past psychotropic RX				
Advance Directive, offered information				
Allergies assessed				
7. PCP/ Psychiatric practitioner identified				
8. Substance use				
9. Legal problems				
10. Trauma				
11. Suicide/Homicidal potential (present & past)				
12. History of physical/sexual abuse noted				
13. Risk Assessment, HIV, TB, Pregnancy				
14. Client Strengths noted				
15. Admission Summary				
16. Assessment signed or co-signed by licensed practitioner or supervisor/CACII or higher				
C. Mental status				
1. Mental status evaluation				
D. Initial DSM V Diagnostic Impression				
AXIS I _____				
AXIS IV _____				
AXIS II _____				
AXIS V _____				
AXIS III _____				
Are diagnostic impressions consistent with presenting problems, history, mental status and assessment data?				
II. CLIENT ACKNOWLEDGMENTS/FORMS				
1. Copy of DACODS Intake, Program Transfer, Discharge				
2. Consent to treatment & follow-up				
3. Consent to release client information				
4. Acknowledgment of rights & responsibility				
5. Confidentiality of treatment/42CFR				
6. Therapist credentials/governing agency				
7. Fees and collection procedures				
8. Signature of family(client's under 15)				
9. HIPAA Notice of Privacy Rights				
10. Grievance process				
Complaint to AspenPointe Health Network process				
11. Was the chart organized?				

CRITERIA	YES	NO	NA	COMMENTS
III TREATMENT PLAN				
1. Documentation of rationale for level of care (i.e., ASAM)				
2. Appropriate treatment intensity				
3. Treatment consistent with diagnosis				
4. Client's unable to conduct daily living activities referred to the appropriate LOC				
5. Goals are attainable/measurable				
6. Client's strengths/limitations used in treatment goals and objectives.				
7. Estimated time frames for goals listed				
8. Interventions consistent with goals				
9. Assessments completed				
A. List tools				
B. Results used in treatment plan				
10. Multiple therapist involvement				
A. Clear purpose for each therapist noted				
B. Integrated treatment plan documented				
11. Treatment plan reviewed/updated regularly				
12. Note goals and progress reviews with client				
13. Family involvement noted (if applicable)				
14. Treatment Plan is individualized				

IV. PROGRESS NOTES				
1. Legible entries, signed in ink				
2. Notes dated, length of service noted				
3. Focus of treatment interventions based on treatment plan goals				
4. Documentation of client's progress and client's response to intervention				
5. Notes in chronological order				
6. Lapses in dates of services documented				
7. Family/significant other services included				

V. CASE MANAGEMENT				
1. Concurrent reviews noted				
2. Documentation of communication and coordination with:				
A. Additional therapists/Other providers				
B. Referral Agencies				
C. PCP				
D. Community resources				

VI. DISCHARGE PLAN				
1. Discharge criteria and plan discussed:				
A. With Client and Family				
B. Specific measurable discharge plan agreed upon by client and family				
2. DC reflects preventive services appropriate per treatment records				
3. Did client leave with appointment for follow-up care				
4. DC diagnostic impression				
AXIS I AXIS II AXIS III				
AXIS IV AXIS V				

Pass	Fail				

AUDITOR'S SIGNATURE _____

DATE _____

ADDITIONAL COMMENTS: