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 _______________

CRITERIA	YES	NO	NA	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				
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 Strenghts 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				
Diagnoses				
Are diagnosistic 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 HN process				
11. Was the chart organized?				

III TREATMENT PLAN	YES	NO	NA	COMMENTS
1. Documentation of rationale for level of care (i.e., ASAM)				
2. Appropriate treatment intensity				
3. Treatment consistent with diagnosis				
* 4. Treatment plan goals correspond with items identified in screening and assessment.				
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. Assessment Statement on treatment plan				
10. Multiple therapist involvment				
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/ *assessment statement				
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. Referal 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				
Diagnoses				

Pass ________ **Fail** _______

AUDITOR'S SIGNATURE ________________________________ **DATE** ____________

ADDITIONAL COMMENTS: