

NorthCare Chart Review Protocol FY21

12.00	Clinical Protocols			Initials_____ MCOID_____ SITE Location_____
				Date of Admission_____ Discharge Date_____
				Date of Last Service_____
12.01	Bio-Psych-Social Assessment is completed, signed, and dated by appropriately credentialed clinician. (For FY22: Initial Assessments completed after 10/1/21 must use the ASAM Continuum Assessment tool and must be completed/and or reviewed and "signed off" by appropriately licensed clinician).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	must include: admitting ASAM Dimensions presenting problems family history, legal history, education, employment, mental health screening
12.02	Documentation that Recovery Planning begins at admission and continues throughout episode of care.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.03	Treatment Planning: Goals: in the client's own words, goals based on needs the client identified in the assessment, and evidence the client was in attendance when the plan was developed. Objectives: support the goal. (Includes steps necessary for the client to achieve the goal). (Treatment Advisory #6)	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Tied to patients identified needs? Individualized to patient? Measurable? Achievable? Realistic? Identified timeframes include start, estimated end, and actual end date
12.04	Treatment Plan signatures: Treatment plan signed and dated by client and clinician.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	If not, reason why must be documented.
12.05	Treatment Plan review: Reviews must be documented in the case file (per provider manual).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Is Review signed and dated by clinician? Signed/dated by client? Reviewed and signed/dated by supervisor or others involved in treatment plan/care? If not signed/dated, reason why is documented.

12.06	The services that are requested are identified in the treatment plan.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.07	Documentation: All services accompanied by appropriate progress note	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.08	Progress Notes: Reflect individualized treatment and are tied to goal (specify goal/objective being addressed).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.09	Progress notes: Must document begin and end time	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.10	Mental Health Screening form(s) are completed and in chart.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
12.11	Standardized, validated trauma screening tool is completed with client at time of admission and is in chart. Documentation that trauma needs are appropriately addressed (in treatment planning or progress notes if clinically indicated).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	

13.00	Discharges (Outpatient and Residential)			
13.01	Discharge Planning: Documentation that discharge planning began at admission and continues(d) through episode of care.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
13.02	ASAM at Discharge: Client's treatment status and condition at discharge (compare to discharge plan for appropriate aftercare placement and referral) (NA if left AMA and clinician is unable to complete).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	If not able to complete, reason why must be documented.
13.03	Discharge Summary: Formal summary completed and in client file within 1 week of discharge. Licensing rule	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Formal summary should describe what happened; e.g. if consumer dropped out of service, this should be reflected in the reason for discharge. Summary should also include after care appointments.
13.04	Discharge Date: matches last date of service. BH Teds	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
13.05	Aftercare- Residential : Documentation that provider assisted consumer in choosing appropriate provider for aftercare or next appropriate level of care appointment	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	Client discharge must include after-care appointment with a SUD provider and if not, reason why must be documented.
13.06	Adverse Benefit Determination notice is in chart for early termination of services. Outreach attempts are documented in chart prior to case closure (for outpatient clients who have been unresponsive or non-participatory in treatment).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	

14.00	W&F Clinical Protocols			Initials_____ MCOID_____ SITE Location_____ Date of Admission_____ Discharge Date_____ Date of Last Service_____
14.01	Women's Specialty Assessment completed prior to HD service	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	W&F Assessment date_____
14.02	Women's Referral Checklist is complete	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.03	Women's Referral Documented: For each identified need?	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.04	Referral Checklist for each child is complete.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.05	Child(ren) Referral: Documented for each child's identified needs?	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.06	If FAS screening indicated, has the referral been completed? (Tx policy and contract).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	

14.07	W&F Case Management Progress Notes should identify the W&F goal being addressed and tie back to needs identified in W&F intake.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.08	W&F Case Management claims are supported by appropriate, corresponding documentation (progress note) which matches the authorized service.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
14.09	Discharge plan includes after-care appointment(s) for women and children services (for needs identified in W&F intake).	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	If no after-care appointments are made, then reason why must be documented.

15.00	Administrative	Initials_____ MCOID_____ SITE Location_____		
15.01	Evidence of Coordination of care with primary care provider, or documentation as to reason why this was not done. (contract)	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	(May be in provider created form signed by client and if client is agreeable, consent should be obtained for PCP).
15.02	Certification of Eligibility (NorthCare form): Outpatient – must be in client file.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.03	Consumer Choice: Consumer sign-off on receiving choice of treatment program in consumer file	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.04	Communicable Disease form completed and in chart. (Contract-Attachment AE)	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.05	MDHHS 5515 Consent is completed and signed by client and in chart.	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	
15.06	TB Tests: Residential only- documentation that TB test was completed	Desk <input type="checkbox"/> Site <input type="checkbox"/>	Met <input type="checkbox"/> Part Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA <input type="checkbox"/>	