Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#\_\_\_\_\_\_\_\_\_\_\_ Admit Date\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ ADC/LADC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Compliance Requirement: | Due: | Yes/No boxes | Action Item/Drop down if answer is no |
| Comprehensive Assessment AND Summary (residential)  | Within 3 calendar days from the day of service initiation |  |  |
| Comprehensive Assessment AND Summary (outpatient)  | **Within 3 calendar days on which a treatment session has provided from the day of service initiation.** |  |  |
| Initial Treatment Plan (residential) | Within 10 calendar days from the day of service initiation |  |  |
| Initial Treatment Plan (outpatient)  | **Within 5 calendar days on which a treatment session has been provided from the day of service initiation** |  |  |
| Co-Occurring: was DA completed? | Within 10 days of admission. |  |  |
| **Documentation of Treatment Services** |
| Are the days and hours of treatment services included in the treatment plan? If the client did not attend 30 hours of treatment services is there a clear explanation of why not? | Weekly |  |  |
| Are the goals tied to issues identified on the treatment plan? Goals in the initial treatment plan should be connected to problems identified in the assessment. | Weekly |  |  |
| Does each method have an amount, duration, and target date? | Weekly |  |  |
| Was the treatment plan review completed weekly? Are the dates on the treatment plan (7 day period) correct? | Weekly |  |  |
| Are treatment methods effective? If not effective, then what change will be made? i.e was goal/method updated? Also, we need to ask “who was involved in the client’s treatment (probably DIM VI). “Was client in agreement with the change?” | Weekly |  |  |
|  **All programs- Record Keeping Requirements** |
| A late entry must clearly be labeled “late entry”. A correction to an entry must be made in a way in which the original entry can still be read. |  |  |  |
| **All Programs Discharge Summary** |
| The client’s file contained a service discharge summary.  | Within 5 days of the client’s service termination.  |  |  |
| Is the D/C documentation consistent with the information from the other TPRs? | Within 5 days |  |  |
| The discharge summary must be recorded in the six dimensions. 1. The client’s issues, strengths, and needs while in treatment including services provided. 2. The client’s progress toward achieving each of the goals identified in the ITP. 3. A risk description. 4. The reasons for and circumstances of service terminations. 5. The client’s living arrangements at service termination. 6. Continuing care recommendations. 7. Service termination diagnosis. |  |  |  |
| **Treatment Plan Review** |
| **Dim 1:** Is the counselor checking in on client’s withdrawal management? Are the withdrawals being rated on a scale of 1-10? Is the client being offered medications to manage withdrawal? Are random UAs being documented with date and results? | Weekly |  |  |
| **Dim 2:** Is there a list of medications the client is currently on? Are clients ADLs being documented? Are upcoming medical appointments being documented?  | Weekly |  |  |
| Dim 3: Is there details regarding client’s emotional state/mood and behavior documented?  Is the client’s mental status, how is client doing emotionally being documented? Are the MH symptoms being rated on a scale of 1-10?  Is the IAPP being reviewed? (checked at the bottom on the TPR) | Weekly |  |  |
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