Cenpatico
Improving Lives

12515-8 Research Blvd., Suite 400
Austin, TX 78759
P: 512-406-7200
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|---|---|---|---|---|---|
| Reviewer Name: | | | | | |
| Practitioner Name: Prescriber: Yes/No | | | | | |
| State: | | | | | |
| Member Name & DOB: | | | | | |
| Member Ethnicity: | | | | | |
| Member Race: | | | | | |
| | Yes | No | Inc | N/A | Comments |
| ***Treatment Record Structural Components*** | | | | | |
| Q9. MR 1: Demographic sheet present in each chart | | | | | |
| Q10. MR 2: Member ID number/name on each page of the medical record | | | | | |
| Q11. MR 3: Clinician Name | | | | | |
| Q12. MR 4: Title | | | | | |
| Q13. MR 5: Date | | | | | |
| Q14. MR 6: Handwritten record is legible (N/A for electronic) | | | | | |
| Q15. MR 7: Initial/Annual Assessment present | | | | | |
| Q16. MR 8: Assessment completion date within 12 months of chart review date | | | | | |
| Q17. MR 9: Presenting Problems(s) are identified | | | | | |
| Q18. MR 10: Mental status exam | | | | | |
| Q19. MR 11: Psychiatric history | | | | | |
| Q20. MR 12: Significant medical conditions | | | | | |
| ***Assessment Components*** | | | | | |
| Q21. MR 13: Medication list | | | | | |
| Q22. MR 14: Assessment of risk | | | | | |
| Q23. MR 15: Substance abuse assessment to include nicotine use | | | | | |
| Q24. MR 16: Identification of support systems | | | | | |
| Q25. MR 17: Current level of functioning | | | | | |
| Q26. MR 18: Identifies strengths and needs to be included in comprehensive treatment plan | | | | | |
| Q27. MR 19: DSM Axis I-V diagnosis present | | | | | |
| Q28. MR 20: Brief physical assessment recorded for each visit | | | | | |
| ***Medication and Lab Serices/For Prescribers only*** | | | | | |
| Q29. MR 21: Medication allergy/adverse reaction documented | | | | | |
| Q30. MR 22: Medication list is current | | | | | |
| Q31. MR 23: Medications prescribed by primary care provider (PCP) are included on the medication list | | | | | |
| Q32. MR 24: Lab work is monitored | | | | | |
| Q33. MR 25: Follow up for abnormal lab work documented in record | | | | | |
| Q34. MR 26: Informed consent present for prescribed medications including possible side effects | | | | | |
| ***Treatment Plan Components*** | | | | | |
| Q35. MR 27: Member education clearly documented | | | | | |
| Q36. MR 28: Member family/support system clearly documented | | | | | |
| Q37. MR 29: Treatment plan available in chart with member and provider signatures | | | | | |

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| Q38. MR 30: Member and family have been introduced to and encouraged to attend self-help treatment organizations | | | | | |
| Q39. MR 31: Treatment plan identifies member goals and relates these to treatment objectives | | | | | |
| Q40. MR 32: Level of member insight into illness as it relates to medication administration | | | | | |
| Q41. MR 33: Member perceptions about lack of benefit from treatment | | | | | |
| Q42. MR 34: Monitoring and maintaining therapeutic alliance | | | | | |
| Q43. MR 35: Financial concerns | | | | | |
| Q44. MR 36: Transportation concerns | | | | | |
| Q45. MR 37: Lack of family or other social support | | | | | |
| Q46. MR 38: Cultural beliefs | | | | | |
| Q47. MR 39: Treatment plan integrates the treatment of multiple clinicians | | | | | |
| Q48. MR 40: Evidence of documentation of communication among behavioral health clinicians involved in care delivery | | | | | |
| Q49. MR 41: Treatment plan includes development of coping strategies and stress reduction techniques | | | | | |
| ***Language Assessment and Needs*** | | | | | |
| Q50. MR 42: The primary language was english | | | | | |
| Q51. MR 43: If not English, documentation present to indicate that a language interpreter was used | | | | | |
| ***PCP Communication*** | | | | | |
| Q52. MR 44: Documentation in chart identifies member's PCP | | | | | |
| Q53. MR 45: Documentation in chart indicates contact with PCP in the quarter being evaluated | | | | | |
| ***Follow-up Appointment Planning*** | | | | | |
| Q54. MR 46: A date is documented for a follow-up visit appointment | | | | | |
| Q55. MR 47: A discharge plan is documented from the outpatient setting | | | | | |
| ***SSHP Only*** | | | | | |
| Q56 MR 48 FARSCFARS is present in the record. | | | | | |
| ***Informational Only*** | | | | | |
| Is the presence of an Advance Directive noted in the record | | | | | |
| if yes, is a copy of advance directive executed by the member present in the record. | | | | | |
| Referrals noted in the record for the time period assessed | | | | | |
| If hospitalization noted, a discharge summary is present | | | | | |
| If Emergency Department use was noted, a summary from the ED is present | | | | | |