Audit Scorecard

Date: Start time: End Time: Total time:

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis (ICD-10 code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenting Problems:

1. Level of Care
2. Quality – generality versus specificity and is the provider paying attention
3. Threading – Is the assessment, treatment plan and progress note connected

Level of Care:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date | Score | Frequency of service | Length of service |
| CASII  |  |  |  |  |
| CAFAS – Initial |  |  |  |  |
| CAFAS – 3 month |  |  |  |  |
| CAFAS – 6 month |  |  |  |  |
| CAFAS – 9 month  |  |  |  |  |
| CAFAS – 12 month  |  |  |  |  |
| CAFAS – 15 month |  |  |  |  |

Does this include **collaborative services**? TCM, Psychiatric Services, Psychologist, Youth/Sports Programs, Exceptional Child Education (IEP), CSA, Other:

Quality:

Top of Form

Is tx plan connected to problems in the assessment? Yes \_\_\_\_ No \_\_\_\_

Bottom of Form

Is the tx plan measurable and specific? Yes \_\_\_\_ No \_\_\_\_

Are the notes focused on problems at assessment and treatment plan goals? Yes \_\_\_ No \_\_\_\_

Are the notes specific? Yes \_\_\_ No \_\_\_\_

Are the notes cloned? Yes \_\_\_\_ No \_\_\_\_

Are notes clear? Yes \_\_\_\_ No \_\_\_\_

Progress Note:

KY LRC – symptoms, reaction to tx, attitude, interventions and changes to tx plan and need for continued tx.

Medicaid – content, is client participating, is client benefiting and is strategy appropriate.

GIRP format –

Beacon – progress towards goals, strengths and weaknesses towards achieving goals (on CAFAS).

Aetna – is there a progress note for every session.

Does note show **medical necessity**? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Is **length of session** reflected in the note? Yes \_\_\_\_\_ No \_\_\_\_

Are **measurable outcomes** being tracked at each session? Yes \_\_\_\_ No \_\_\_\_

Does note document **medication follow thru**? Yes \_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_

Does note document **treatment follow thru**? Yes \_\_\_\_\_ No \_\_\_\_\_ (Was the family given “homework” in between sessions and if so how did the family respond?)

\*\*\* Effective Practices:

1.

2.

3.

4.

5.

\*\*\* Ineffective Practices:

1.

2.

3.

4.

5.

**Considerations**:

1.

2.

3.

4.

5.