

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

CLINICAL PRACTICE REVIEW TOOL SUMMARY

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| A. PROVIDER NAME: | | B. REVIEW DATE: Dates of on-site review |
| C. PROVIDER #: Collaborative provider/NPI | D. Time Period Covered: Date span for charts reviewed (example November 1, 2007 – November 1, 2008). This should be a rolling 12 months, with dates of service no earlier than 10/1/07. | |
| Clinical Practice and Guidance The purpose of this review is to assure that there is a clear and consistent inter-connection among the diagnosis, assessed needs, ITP provisions, and actual services and interventions delivered. | | ITEM SCORE (total of all scores for item /number of records reviewed) |
| 1 | Consumer name and identification number are on each page of the chart (right consumer right chart). | |
| 2 | The Individual Treatment Plan (ITP) is not a duplicate of prior treatment plans –updated per consumer progress and changing needs. Previous goals/objectives may be appropriate to carry over from a prior treatment plan. Documentation in the progress notes or on the treatment plan should indicate that the goal/objective is being carried over and why. Goals/objectives that are repeated should have different interventions noted (not doing the same thing over and over and expecting different results). | |
| 3 | The Individual Treatment Plan is individualized to the consumer. | |
| 4 | There is evidence of unspecified diagnoses and 300.90 diagnoses having been updated and specified within 6 months. The exception is an unspecified diagnosis which is clinically indicated after 6 months and documented and explained as such in a progress note written by the LPHA. | |
| 5 | The treatment plan is consumer driven. (i.e., evidence of input from consumer and/or persons of consumer's choosing; treatment plan includes consumer language, etc.). | |
| 6 | All recommendations on the Mental Health Assessment and ITP are being addressed in the actual service delivery. | |
| 7 | Level of billed service volume is consistent with the level of severity/need. | |

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| | Clinical Practice and Guidance, continued | ITEM SCORE (total of all scores for item /number of records reviewed) |
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| 8 | There is evidence of changes in, or re-evaluation of, medication during periods of instability. | |
| 9 | There is documentation that the provider is assisting the consumer with moving him/her away from the provider as his/her primary support system and toward natural supports in the community. | |
| 10 | There is congruence between the information in the Mental Health Assessment and the Functional Assessment and/or LOCUS. | |
| 11 | There is evidence in the clinical record that primary health care coordination and integrated care is occurring with the primary physical health care provider. | |
| F. SCORING Each item receives a score of 1, 2, 3, 4, 5 based on Rating Guidelines, or receives a "Not Apply", for each record reviewed. All of the numeric scores are added together for each item, then divided by the number of records reviewed which received a numeric score to receive an overall score for the item. (All records which received a "Not Apply" for that item will not be included in the record count to achieve the item's total score.) For each item: Total Number of Records – Number of records with "Not Apply"s for that item = Number of Records With Numeric Score. Add all numeric scores for the item, and divide the sum total by the Number of Records With Numeric Score to achieve the Item Score for this Summary. | | |
| G. COMMENTS: Reviewer comments of any other positives or concerns found during the record review | | |
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| Reviewer: _____ Reviewer: _____ Date _____ | | |
| Results verbally reviewed with the provider and copy of summary provided to: Name: _____ Date _____ Signature of Provider Representative | | |

A copy of this summary document is left with the Provider.