

**ILLINOIS**  
**MENTAL HEALTH COLLABORATIVE**  
**FOR ACCESS AND CHOICE**

**Provider Monitoring - Clinical Record Review Tool (Revised 04/04/08-approved)**

Provider Agency \_\_\_\_\_ Reviewer Name /Credentials \_\_\_\_\_ Review Date \_\_\_\_\_

| #  | Criterion   | Ratings/Anchors              |                                   |                                    |                                     |                             |
|----|---|------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-----------------------------|
|    |   | 1                            | 2                                 | 3                                  | 4                                   | 5                           |
| D  | <b>Clinical Practice and Outcome Indicators</b>   |                              |                                   |                                    |                                     |                             |
| D1 | The current treatment plan is not identical to the prior treatment plan   | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D2 | The LOCUS* domain scores are clearly evidenced in the assessment information  | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D3 | Domains with a score of 3 or above as identified in the LOCUS* assessment are addressed on the treatment plan with an appropriate and targeted intervention.  | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D4 | Functioning status as assessed by the LOCUS* demonstrates an improvement after 90 days of treatment or interventions are modified to address functioning impairments  | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D5 | The supportive recovery environment as noted on the LOCUS* (both Environmental Stressors and Supports) are established or are actively being addressed weekly through the use of appropriate interventions as evidenced in the clinical notes and treatment plan. | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D6 | Each face to face clinical note contains an intervention which is listed in the treatment plan  | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |

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|----|--|------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-----------------------------|
|    |  | 1                            | 2                                 | 3                                  | 4                                   | 5                           |
| D7 | Interventions, as captured within the progress notes, incorporate evidence-based methodologies including motivational interviewing, cognitive behavioral therapy, illness management and recovery, integrated dual disorders treatment, and family psychoeducation, as applicable to the consumer's individual assessed needs and treatment plan.                                      | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D8 | Interventions documented in the progress notes reflect active rehabilitation interventions including skill building, coaching/mentoring in skill and knowledge acquisition and maintenance, self-advocacy, community integration, and building/using support systems as related to the consumer meeting his/her own recovery goals based on the current assessment and treatment plan. | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D9 | Skill Building & Training Methodologies documented in the clinical record are based on an established curriculum that utilizes specific techniques during each training sessions to address a functioning impairment listed in   | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |

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|-----|---|------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-----------------------------|
|     |   | 1                            | 2                                 | 3                                  | 4                                   | 5                           |
|     | the treatment plan.   |                              |                                   |                                    |                                     |                             |
| D10 | The treatment plan and interventions are not modified based on the minimum standard every 180 days but are revised as needed based on the clinical needs of the consumer and the consumers stated recovery goals.   | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D11 | <p>There is documentation that the current treatment provides Clinical Significance: Clinical significance refers to the extent to which treatment meets the goals and expectations of the consumer. Clinical significance is defined in relation to the consumer's expectations and the goals of treatment, as well as the clinician's expertise and knowledge of the consumer and their mental illness.</p> <p>Jacobson &amp; Traux (1991) provide a non-exclusive list of criteria defining clinical significance, which includes:</p> <ul style="list-style-type: none"> <li>• The level of change that is recognized as meaningful by peers and significant others;</li> <li>• The elimination of the</li> </ul> | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |

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|-----|--|------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-----------------------------|
|     |  | 1                            | 2                                 | 3                                  | 4                                   | 5                           |
|     | presenting problem;<br><ul style="list-style-type: none"> <li>• The achievement of normal or 'high end-state' levels of functioning by the end of treatment;</li> <li>and</li> <li>• Changes that reduce the risk of health problems.</li> </ul>   |                              |                                   |                                    |                                     |                             |
| D12 | There is evidence in the clinical record of primary health care coordination and that integrated care is occurring with the physical health care provider  | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D13 | There is evidence in the clinical record that a health care screening (which may include recording all current physical health illness conditions, all currently prescribed medications along with over the counter medications and herbal supplements, body weight, body mass index {BMI}, pulse, respiratory rate, and routine lab tests) is conducted on a minimum of annual basis and any identified health care problems are addressed and coordinated with the physical health care provider | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |
| D14 | There is evidence in the clinical  | Less than 60% of             | Between 60 and                    | Between 70% and                    | Between 80% and                     | At least 90% of all         |

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|     |  | 1                            | 2                                 | 3                                  | 4                                   | 5                           |
|     | record that adverse side effects from medications are monitored and actively addressed as a part of treatment including but not limited to: performing tests such as DISCUS or AIMS to monitor for Tardive Dyskinesia if abnormal involuntary movements emerge, serial weights for suspected weight gain, laboratory testing for suspected metabolic emergent side effects | all records                  | 69% of all records                | 79% of all records                 | 89 % of all records                 | records                     |
| D15 | There is evidence in the clinical record that the service intensity of medication management appointments and nursing / psychiatric interventions are appropriate based on the documented effectiveness of the prescribed medications and/or service interventions performed   | Less than 60% of all records | Between 60 and 69% of all records | Between 70% and 79% of all records | Between 80% and 89 % of all records | At least 90% of all records |