

**PROVIDER SITE REVIEW
CRISIS RESIDENTIAL CHART REVIEW FORM FY2022**

Assessment

1	Assessment: The individual meets psychiatric admission criteria, but has symptoms and risk levels that permit them to be treated in an alternative setting.	Yes (1)	No (0)	Partial (.5)	NA (0)
2	Assessment: Present and history of behavior and/or symptoms are documented	Yes (1)	No (0)	Partial (.5)	NA (0)
3	Assessment: Substance use (current and history) is included in assessment	Yes (1)	No (0)	Partial (.5)	NA (0)
4	Assessment: Current physical health conditions and health care providers are identified	Yes (1)	No (0)	Partial (.5)	NA (0)
5	Assessment: Previous behavioral health treatment and response to treatment identified	Yes (1)	No (0)	Partial (.5)	NA (0)
6	Assessment: Current/risk of/history of abuse, trauma, neglect, and/or violence	Yes (1)	No (0)	Partial (.5)	NA (0)
7	Assessment: Safety/risk issues are assessed	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

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Treatment Plan

8	Treatment Plan: Addresses needs/issues identified in the assessment (or clear documentation on why issue is not being addressed)*	Yes (1)	No (0)	Partial (.5)	NA (0)
9	Treatment Plan: The plan has clearly stated goals and measurable objectives derived from the assessment of immediate need.	Yes (1)	No (0)	Partial (.5)	NA (0)
10	Treatment Plan: Goals and objectives are stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances structured to resolve the crisis.*	Yes (1)	No (0)	Partial (.5)	NA (0)
11	Treatment Plan: Identification of the activities designed to assist the consumer to attain his/her goals and objectives. * (not just group therapy)	Yes (1)	No (0)	Partial (.5)	NA (0)
12	Treatment Plan: Recovery planning is undertaken as a component of the Treatment Plan.	Yes (1)	No (0)	Partial (.5)	NA (0)
13	Treatment Plan: The individual is actively involved in making informed decisions and meaningful choices regarding services/treatment. *	Yes (1)	No (0)	Partial (.5)	NA (0)
14	Treatment Plan: The plan is in the person's own language. * Goals are in the consumer's own words and are unique to the consumer.	Yes (1)	No (0)	Partial (.5)	NA (0)
15	Treatment Plan: Individual was offered the opportunity to develop a Crisis/Safety Plan *	Yes (1)	No (0)	Partial (.5)	NA (0)
16	Treatment Plan: If the individual has an assigned case manager, the case manager is involved in treatment as soon as possible, including follow-up services. (B.6.9) *	Yes (1)	No (0)	Partial (.5)	NA (0)
17	Treatment Plan: The consumer/guardian was offered a copy of the Treatment Plan.	Yes (1)	No (0)		
18	Treatment Plan: Completed within 48 hours of admission.	Yes (1)	No (0)		
19	Treatment Plan: If the length of stay exceeded 14 days, there was an interdisciplinary team that met to develop a subsequent plan based on a comprehensive assessment. (B.6.10)*	Yes (1)	No (0)	Partial (.5)	NA (0)
20	Treatment Plan: For children, the Treatment Plan addresses the child's needs in context with the family's needs.	Yes (1)	No (0)	Partial (.5)	NA (0)
21	Treatment Plan: For children, educational services are considered and the Treatment Plan is developed in consultation with the child's school district staff.	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

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Enrollee Rights

22	Enrollee Rights-Protections: Consumer was provided written information related to Recipient Rights.	Yes (1)	No (0)	Partial (.5)	NA (0)
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23	Documentation showing consumer was informed of Informal Conflict Resolution	Yes (1)	No (0)	Partial (.5)	NA (0)
24	Consumer was given information about the Grievance and Appeal Process	Yes (1)	No (0)	Partial (.5)	NA (0)
25	The release of Information for the PCP is signed and in the consumer's chart.	Yes (1)	No (0)	Partial (.5)	NA (0)
26	If there is not a signed release in the chart, there is documentation that the consumer declined.	Yes (1)	No (0)	Partial (.5)	NA (0)
27	For medication services, informed consent was obtained for all psychotropic medication, as well as the right to withdraw consent at any time.	Yes (1)	No (0)	Partial (.5)	NA (0)
28	There is evidence of coordination with relevant providers in the record.*	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

Service Delivery

29	Service Delivery: Services are being delivered consistent with plan in terms of amount, scope, and duration.	Yes (1)	No (0)	Partial (.5)	NA (0)
30	Service Delivery: If Substance Abuse Issues were identified: They are being addressed.	Yes (1)	No (0)	Partial (.5)	NA (0)
31	Service Delivery: Clinical notes identify the goal/objectives addressed during the treatment session (regardless of profession).	Yes (1)	No (0)	Partial (.5)	NA (0)
32	Service Delivery: Clinical notes describe how the various interventions (i.e. specific medications, skill building, group therapy, etc.) are impacting the individual's progress.	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment

Discharge

33	Discharge-Transfer Documentation: Statement of the reason for discharge is present.	Yes (1)	No (0)	Partial (.5)	NA (0)
34	The individual's status/condition at discharge is documented	Yes (1)	No (0)	Partial (.5)	NA (0)
35	How the individual meets identified discharge criteria.	Yes (1)	No (0)	Partial (.5)	NA (0)
36	Recommendations for aftercare/follow-up services.	Yes (1)	No (0)	Partial (.5)	NA (0)
37	The identification of the case manager.	Yes (1)	No (0)	Partial (.5)	NA (0)
38	Referrals to behavioral health providers within 7 days.	Yes (1)	No (0)	Partial (.5)	NA (0)
39	A list of medications and referral to a medication prescriber within 30 days	Yes (1)	No (0)	Partial (.5)	NA (0)
40	Follow-up contacts/appointments are made.	Yes (1)	No (0)	Partial (.5)	NA (0)

Comment