

BPA HEALTH Quality and Effectiveness of Care / Adolescent Residential Audit

Provider Name :		Site ID:	
Audit Type:		Last Audit Date:	
Audit Schedule:		Last Audit Score:	
Overall Audit Score: NA		Audit Date:	
Audit Period		Audit Conducted by:	
Date Results Sent to Provider:		Next Audit Due:	
Follow-Up Needed:		Claims Recoupment:	
Date CAP/PIP Due:		Exit Interview With:	

Verify Staff List Submitted:

Subtotals	Totals					Grand Total		
	CLT 1	CLT 2	CLT 3	CLT 4	CLT 5	Score	Possible	Percentage
Releases	N/A	N/A	N/A	N/A	N/A	0	0	NA
Treatment	N/A	N/A	N/A	N/A	N/A	0	0	NA
Releases Total						0	0	NA
Clinical Chart Total						0	0	NA
Overall Total:						0	0	NA
No Client Audit:								NA

Family Engagement Participation (score not included in total)	N/A	N/A	N/A	N/A	N/A	0	0	#DIV/0!
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Comments:

BPA HEALTH QEC ADOL RESIDENTIAL CLIENT FILES SCORE SHEET

Key: S = Score, P = Possible. Please note, partial credit will not be given for any items

Name	CLT 1		CLT 2		CLT 3		CLT 4		CLT 5			
	Funding		Funding		Funding		Funding		Funding			
	S	P	S	P	S	P	S	P	S	P		
RELEASES												
Comments												
1	DHW release of information form filled out completely. [Scoring: 1 pt if filled out completely. Score for TX, CM, RC, DT, SSH, HH]			0		0		0		0		0
2	All necessary ROIs in place, completed with appropriate 42 CFR Part 2 and HIPAA language. [Scoring: 1 pt if all filled out correctly and 0 if any are incorrect]											
TREATMENT												
Comments												
3	TB and HIV testing referral documentation [Scoring: yes = 1, no=0]											
4	Assessment: approved assessment completed. [Scoring: yes = 1, no and NA=0]											
5	TX Encounter Notes. Notes for each treatment session charting the client's progress must include personalized description of the session. Group notes must reference EBP. If a trainee, note must be co-signed by OP. [Scoring: 1 pt per note if all of above elements are included, if missing any of the elements 0 pt for that note]											
6	Service Plan Development Timeline: A service plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility and within thirty (30) days of start of treatment in outpatient setting. [Scoring: yes=1, no or NA=0]											
7	Plan Updates: as required, at least every fourteen (14) days in a residential setting. [Scoring: 1 pt for every plan update completed in timeframe]											
8	Client Involved in Tx Plan. Was the development of a service plan (treatment and discharge criteria) a collaborative process involving the client? [Scoring: 1 pt per plan and plan update that is signed by client. If plan done in WITS will accept if client involvement box is checked]											
9	Address Needs: Does the plan address, refer, or defer all of the needs identified on assessment (e.g. co-occurring disorders, safety, linguistic, trauma, cultural, etc.) [Scoring: yes =1, no or NA=0] 42 USC 300x-66.											
10	Objectives: Are the objectives related to the goals, and written in simple, measurable, attainable, realistic terms, with expected target dates? [Scoring: yes if all=1 pt, no or NA=0]											
11	EBP Identified: in service plan? [Scoring: yes=1, no or NA=0]											
12	Family Engagement: Service plan includes family engagement in treatment [Scoring: yes=1, no= 0. NA if documented clinically inappropriate=0]											
13	Family Engagement Participation: Documentation of family participation in treatment, life skills, and/or case management services [Scoring: yes = 1, no=0. NA if documented clinically inappropriate. This item											
14	Social Supports: Service plan includes engaging in or building social supports. [Scoring: yes=1, no or NA=0]											
15	Discharge Summary Timeline. A discharge summary must be entered in the client record within fifteen (15) days following formal discharge or 30 days of inactivity. [Scoring: yes =1, no or NA=0]											
16	Discharge Summary Progress. Includes client status at intake and discharge, including progress and/or lack of progress made in treatment. [Scoring: yes=1, no or NA=0]											
17	Discharge Summary Recommendations. Includes recommendation of referrals/services to be provided after discharge. [Scoring: yes = 1, no or NA=0]											