

# BPA HEALTH

## EAP/SFAP/SWP PROVIDER AUDIT

Provider Name:		Review Date:	
Provider License:		Reviewer Name:	
City:		Reviewer License:	
State:		Review Type*:	
*If review due to "other," describe:			

### SCORES

	Score	Poss.
Facility Review	0	2
File 1 Review	0	20
File 2 Review	0	20
File 3 Review	0	20
Totals	0	62
Final Score:	0%	

Comments and any concerns not mentioned below

### Facility Review

### Telehealth Services?

Facility Requirements and Scoring (Provider attestation, complaints may require on-site visits for verification)		Evidence?	Points Scored	Total Possible
1	Attestation that HIPAA compliant telehealth software is being utilized (Scoring: Yes = 1, No/NA = 0)		0	
2	Accessible parking for individuals with physical disabilities. NA if exclusively telehealth. (Scoring: Yes = 1, No/NA = 0)		0	
3	Accessible entrance to office for individuals with physical disabilities. NA if exclusively telehealth. (Scoring: Yes = 1, No/NA = 0)		0	
4	Accessible restroom for individuals with physical disabilities. NA if exclusively telehealth. (Scoring: Yes = 1, No/NA = 0)		0	
5	Charged fire extinguisher in office. Verify date. (Scoring: Yes = 1, No = 0)		0	1
6	Member/client records are protected from public access in locked file cabinets, or if electronic, are encrypted/in HIPAA compliant program. (Scoring: Yes = 1, No = 0)		0	1
<b>Facility Review Subtotal:</b>			<b>0</b>	<b>2</b>

Comments and any concerns not mentioned above for Facility Review:

# BPA HEALTH

FILE 1 REVIEW		Member Name:	Dates of Service:		
Treatment Record Requirements and Scoring			Evidence?	Points Scored	Total Possible
1	Chart includes Member/Client Name, Address and contact phone number(s). (Scoring: Yes = 2 points if record includes name, address AND phone, 0 if any missing)		0	0	2
2	Chart includes signed copy of Informed Consent (includes limits of confidentiality and, if applicable telehealth). (Scoring: Yes = 1 point, Missing/incomplete = 0)		0	0	1
3	Chart includes acknowledgement of review of Notice of Privacy Practices. (Scoring: Yes = 1, No = 0)		0	0	1
4	Chart includes signed release(s) of information, as applicable. (Scoring: Yes = 1, No/incomplete/NA = 0)		0	0	1
5	Documentation/progress note for each billed session being reviewed that includes at a minimum date, client name, intervention utilized, provider signature and credentials. (Scoring: Yes = 4 points per session note if contains all elements, Partial/3-4 elements = 2 points per note, No = 0 for each missing or incomplete note)		0	0	12
6	Documentation of presenting problem/reason for being seen (i.e. in assessment, initial progress note, or treatment plan). (Scoring: Yes = 1, No = 0)		0	0	1
7	Documentation of assessment. This may be in the form of a biopsychosocial intake, or other clinical assessment tool. (Scoring: Yes = 1, No = 0)		0	0	1
8	Assessment of risk of harm to self or others. (Scoring: Yes = 1, No = 0)		0	0	1
9	If assessment indicated risk of harm, documentation of safety planning and other steps taken. (Scoring: Yes = 1, No or NA= 0)		0	0	1
10	If client has been seen more than once, documentation of plan with goals, objectives and interventions developed with and agreed to by client (Scoring: Yes = 1, No or NA = 0)		0	0	1
11	Documentation of outcome of case following utilization of authorized sessions. (Scoring: Yes = 1, No or NA/not yet closed = 0)		0	0	1
12	If additional services needed, documentation of referrals provided and which the client chose. (Scoring: Yes = 1, No or NA = 0)		0	0	1
13	If client is a mandatory referral, documentation that reports were submitted on-time. (Scoring: Yes = 1, No or NA = 0)		0	0	1
14	Documentation legible and easy to follow? (Scoring: Yes = 1, No = 0)		0	0	1
<b>File 1 Total</b>			<b>0</b>	<b>0</b>	<b>20</b>

**Comments and any concerns not mentioned above for File 1:**

# BPA HEALTH

FILE 2 REVIEW		Member Name: <span style="background-color: #f0f0f0; padding: 2px;">[REDACTED]</span>	Dates of Service: <span style="background-color: #f0f0f0; padding: 2px;">[REDACTED]</span>		
Treatment Record Requirements and Scoring			Evidence?	Points Scored	Total Possible
1	Chart includes Member/Client Name, Address and contact phone number(s). (Scoring: Yes = 2 points if record includes name, address AND phone, 0 if any missing)			0	2
2	Chart includes signed copy of Informed Consent (includes limits of confidentiality and, if applicable telehealth). (Scoring: Yes = 1 point, Missing/incomplete = 0)			0	1
3	Chart includes acknowledgement of review of Notice of Privacy Practices. (Scoring: Yes = 1, No = 0)			0	1
4	Chart includes signed release(s) of information, as applicable. (Scoring: Yes = 1, No/incomplete/NA = 0))			0	
5	Documentation/progress note for each billed session being reviewed that includes at a minimum date, client name, intervention utilized, provider signature and credentials. (Scoring: Yes = 4 points per session note if contains all elements, Partial/3-4 elements = 2 points per note, No = 0 for each missing or incomplete note)				12
6	Documentation of presenting problem/reason for being seen (i.e. in assessment, initial progress note, or treatment plan). (Scoring: Yes = 1, No = 0)			0	1
7	Documentation of assessment. This may be in the form of a biopsychosocial intake, or other clinical assessment tool. (Scoring: Yes = 1, No = 0)			0	1
8	Assessment of risk of harm to self or others. (Scoring: Yes = 1, No = 0)			0	1
9	If assessment indicated risk of harm, documentation of safety planning and other steps taken. (Scoring: Yes = 1, No or NA= 0)			0	
10	If client has been seen more than once, documentation of plan with goals, objectives and interventions developed with and agreed to by client (Scoring: Yes = 1, No or NA = 0)			0	
11	Documentation of outcome of case following utilization of authorized sessions. (Scoring: Yes = 1, No or NA/not yet closed = 0)			0	
12	If additional services needed, documentation of referrals provided and which the client chose. (Scoring: Yes = 1, No or NA = 0)			0	
13	If client is a mandatory referral, documentation that reports were submitted on-time. (Scoring: Yes = 1, No or NA = 0)			0	
14	Documentation legible and easy to follow? (Scoring: Yes = 1, No = 0)			0	1
<b>File 2 Total</b>				<b>0</b>	<b>20</b>

**Comments and any concerns not mentioned above for File 2:**

# BPA HEALTH

FILE 3 REVIEW		Member Name: <span style="background-color: #f2f2f2; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	Dates of Service: <span style="background-color: #f2f2f2; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		
Treatment Record Requirements and Scoring			Evidence?	Points Scored	Total Possible
1	Chart includes Member/Client Name, Address and contact phone number(s). <i>(Scoring: Yes = 2 points if record includes name, address AND phone, 0 if any missing)</i>			0	2
2	Chart includes signed copy of Informed Consent (includes limits of confidentiality and, if applicable telehealth). <i>(Scoring: Yes = 1 point, Missing/incomplete = 0)</i>			0	1
3	Chart includes acknowledgement of review of Notice of Privacy Practices. <i>(Scoring: Yes = 1, No = 0)</i>			0	1
4	Chart includes signed release(s) of information, as applicable. <i>(Scoring: Yes = 1, No/incomplete/NA = 0)</i>			0	
5	Documentation/progress note for each billed session being reviewed that includes at a minimum date, client name, intervention utilized, provider signature and credentials. <i>(Scoring: Yes = 4 points per session note if contains all elements, Partial/3-4 elements = 2 points per note, No = 0 for each missing or incomplete note)</i>				12
6	Documentation of presenting problem/reason for being seen (i.e. in assessment, initial progress note, or treatment plan). <i>(Scoring: Yes = 1, No = 0)</i>			0	1
7	Documentation of assessment. This may be in the form of a biopsychosocial intake, or other clinical assessment tool. <i>(Scoring: Yes = 1, No = 0)</i>			0	1
8	Assessment of risk of harm to self or others. <i>(Scoring: Yes = 1, No = 0)</i>			0	1
9	If assessment indicated risk of harm, documentation of safety planning and other steps taken. <i>(Scoring: Yes = 1, No or NA= 0)</i>			0	
10	If client has been seen more than once, documentation of plan with goals, objectives and interventions developed with and agreed to by client <i>(Scoring: Yes = 1, No or NA = 0)</i>			0	
11	Documentation of outcome of case following utilization of authorized sessions. <i>(Scoring: Yes = 1, No or NA/not yet closed = 0)</i>			0	
12	If additional services needed, documentation of referrals provided and which the client chose. <i>(Scoring: Yes = 1, No or NA = 0)</i>			0	
13	If client is a mandatory referral, documentation that reports were submitted on-time. <i>(Scoring: Yes = 1, No or NA = 0)</i>			0	
14	Documentation legible and easy to follow? <i>(Scoring: Yes = 1, No = 0)</i>			0	1
<b>File 3 Total</b>				<b>0</b>	<b>20</b>

**Comments and any concerns not mentioned above for File 3:**