

Behavioral Health Clinical Chart Audit Tool
10-1-26 (CYE27)

	Date of Audit:	Member Name:	Member AHCCCS ID:	Member Date of Birth:
	Health Plan Name:	Health Plan Type:	County of Residence:	Member Gender:
	Provider Name:	Population:	Subpopulation:	Region/GSA:
Elements Apply to All Populations				
Required Element: ASSESSMENT	Section I: The Assessment is defined in contract as “An analysis of a patient’s needs for physical health services or behavioral health services to determine which services a health care institution shall provide to the patient.”			
	Requirements/Guidelines	Scoring (utilize drop-down responses)	Points	Comments
A-1 Assessment Completion	There is evidence that the member has had an assessment conducted within the last twelve months, that is included within the clinical chart.			
A-2 Behavioral Health Professional (BHP) Signature	There is evidence that the assessment is signed by BHP or completed by BHT/BHPP and cosigned by BHP.			
A-3 Presenting Concerns & Diagnostic Evaluation	There is evidence within the assessment of the member’s presenting concerns, mental status exam, and diagnostic impressions.			
A-4 Communication Accommodations	There is evidence that the assessment included the member’s needs for communication assistance have been evaluated, including any required accommodations for hearing, vision, cognitive limitations, or language interpretation.			
A-5 Health History & Risk Factors	There is evidence within the assessment reflecting physical and behavioral health history, medication history, family and developmental background, trauma history, and risk factors, including exploitation, substance use, and safety concerns.			
A-6 Social & Environmental Factors	There is evidence within the assessment reflecting current and/or past social and environmental needs, including living situation, socialization, education, vocational training, employment, and access to public or private resources.			
A-7 Legal & Decision Making Factors	There is evidence that the assessment determined the presence or absence of a Health Care Decision Maker (HCDM), guardian, or conservator; evaluated any court involvement (COE/COT), and assessed current and/or past criminal justice involvement.			
A-8 Court-Ordered Evaluation/Treatment (COE/COT)	There is evidence that the assessor determined the presence of a court order or the need for a court ordered evaluation has been identified and the screening agency has been notified.			
Required Element: SERVICE PLANNING	Section II: The Service Plan is defined in contract as “A complete written description of all covered health services and other informal supports, which includes individualized goals, peer and recovery support and family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.” The Behavioral Health Clinical Chart Audit tool is used to ensure that the Service Plan reflects needs identified within the assessment.			
	Requirements/Guidelines	Scoring (utilize drop-down responses)	Points	Comments
SP-1 Current Service Plan	There is evidence in the medical record that the member has a current, clinically reviewed, and member-approved service plan.			
SP-2 Member and/or HCDM Engagement in Service Planning	There is evidence in the medical record that the member and/or their HCDM actively participated in the development or review of the service plan			
SP-3 Living Environment	There is evidence that the service plan addresses needs identified and agreed upon within the assessment related to living environment/situation (e.g., safety/security, housing, neighborhood, food availability, transportation, safety/access to weapons or firearms, etc.).			
SP-4 Socialization	There is evidence that the service plan addresses needs identified within the assessment related to socialization (e.g., social supports, isolation, loneliness, recreational, and/or familial activities).			
SP-5 Education and/or Vocational Training	There is evidence that the service plan addresses needs identified within the assessment related to education/vocation (e.g., educational, vocational or other similar needs as identified by the member).			
SP-6 Employment	There is evidence that the service plan addresses the needs identified within the assessment related to employment (e.g., work preference, need for employment supports, volunteer activities, etc.).			
SP-7 Member/Family Vision	There is evidence of a member/family vision is documented and that the service plan has goals that are based on the member/family vision.			
SP-8 Member/Family Strengths and Resources	There is evidence that the service plan has goals that utilize the strengths and resources identified in the assessment and service planning process.			

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Required Element: GENERAL CLINICAL CHART	Section III: The General Clinical Chart section is designed to assess whether the behavioral health services provided are effectively supporting the member’s individualized goals, recovery, and overall well-being. This section evaluates the clinical documentation for evidence that: Services are: (1) aligned with the needs identified in the Assessment and Service Plan, (2) Care is being delivered in a timely, coordinated, and person-centered manner, and (3) the member is actively engaged in their care, with progress toward their identified goals being monitored and supported.			
	Requirements/Guidelines	Scoring (utilize drop-down responses)	Points	Comments
GCC- 1 Peer Support; Family Support	There is evidence in the clinical chart that the member/family has been informed of and offered peer support or family support services as appropriate based on age of member.			
GCC- 2 Service Plan Time Frames	There is evidence in the clinical chart that services recommended in the service or treatment plan have been implemented as identified within the service plan or treatment plan, but not later than 45 days (21 days for DCS/CHP members).			
GCC-3 Service Plan Implementation	There is evidence in the clinical chart that services identified on the service plan were implemented.			
GCC- 4 CALOCUS Assessment	There is evidence within the clinical chart that a CALOCUS assessment has been completed for members ages 6 through 17.			
GCC- 5 High Needs Case Manager	There is evidence within the clinical chart that if the child has a CALOCUS level of care, 4, 5, or 6, there is a high needs case manager or there is documentation identifying why a high needs case manager is not assigned.			
GCC- 6 Point of Contact for Member Coordination	There is evidence within the clinical chart that the member was made aware of how to contact the provider responsible for coordinating, planning, and/or delivering services and support.			
GCC- 7 Collaboration	There is evidence in the clinical chart that collaboration occurs across the delivery of care as other services or supports are identified to address member's needs.			
GCC- 8 PCP Coordination	There is evidence in the clinical chart of communication between the behavioral health provider and the Primary Care Provider.			
GCC- 9 Chronic Medical Condition Integration	There is evidence that chronic medical conditions are documented and integrated into behavioral health treamtne when clinically indicated.			
GCC- 10 Medication Monitoring	There is evidence that when medication is part of the member's behavioral health treatment, the provider monitors the member's response to medication and documents appropriate clinical follow-up when concerns, changes in clinical status, or medication-related issues are identified.			
GCC-11 Health Related Social Needs	There is evidence in the clinical chart that health-related social needs were identified and, when necessary, coordinated across providers and community social service agencies.			
GCC- 12 Engagement/Re-engagement	There is evidence in the clinical chart of engagement or re-engagement after identification of a behavioral health crisis, safety concern, or significant event.			
GCC- 13 Transition Age Youth	There is evidence in the clinical chart that transition activities begin no later than 16 years of age or upon initiation of services for anyone entering services over the age 16 and not yet 18 years of age.			
GCC- 14 SED Identification	There is evidence in the clinical chart that the member has been referred for and/or offered an initial SED Eligibility Identification, or that the member/HCDM has declined the option for an SED Eligibility Identification, or there is documentation that an SED Eligibility Identification was not necessary based on diagnosis or functional limitations.			
GCC- 15 SMI Determination	There is evidence in the clinical chart that the member has been referred for and/or offered an initial SMI Eligibility Determination and referred to the Determining Entity, or that the member/HCDM has declined the option for an SMI Eligibility Determination, or there is documentation that an SMI Eligibility Determination was not necessary based on diagnosis or functional limitations.			
GCC- 16 Special Assistance	There is evidence in the clinical chart to indicate members with a serious mental illness (SMI) designation have been assessed for Special Assistance.			
GCC- 17 Impact of Service Planning	There is evidence within the clinical chart that services are continually evaluated with the member/family to ensure there is progress with the member in meeting service plan goals.			
Required Element: Person Centered Planning and Treatment	Section IV: The Person-Centered Planning and Treatment section aims to reflect the unique needs, preferences, and values of each member in the planning and delivery of behavioral health services. This section highlights the importance of collaborative decision-making, respect for individual autonomy, and consideration for a person's cultural identity, beliefs, and traditions.			
	Requirements/Guidelines	Scoring (utilize drop-down responses)	Points	Comments
PC-1 Cultural Customs/Values/Beliefs/Structure	There is evidence in the clinical chart that demonstrates the provision of culturally informed services that recognize the member/family as an expert of their own culture.			
PC-2 Preferred Language - Oral	There is evidence in the clinical chart that service providers assessed the need for qualified interpretation services to communicate (oral) in the preferred language of the member/family and provided the service if indicated as a need (e.g., bilingual staff, staff interpreters, contract interpreters, telephone interpreter lines, etc.).			
PC-3 Preferred Language - Written	There is evidence in the clinical chart that service providers assessed the need for qualified translation services to communicate (written) in the preferred language of the member/family and provided the service if indicated as a need (e.g., bilingual staff, staff translators, contract translators, etc.).			
PC-4 Review of Services Options	There is evidence within the clinical chart that the member was made aware of providers and the option to choose from an array of providers for services included on the service plan (voice and choice)			
PC-5 Member/Family Collaboration	There is evidence within the clinical chart that progress notes demonstrate ongoing collaboration with the member/family and the provider is responsive to their input and preferences.			
PC-6 Member Rights	There is evidence in the clinical chart that the member was informed of their right to file a grievance and appeal.			
PC-7 Crisis/Safety Planning	There is evidence in the clinical chart that crisis or safety concerns have been assessed and if concerns or a crisis event were identified, they were addressed in a <u>personalized</u> crisis/safety plan, and coordinated as necessary across providers, based on needs identified within the crisis plan.			

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Required Element: DCS CHP	Section V: The DCS CHP section is designed to include specific elements for utilization by DCS CHP to ensure compliance with B.K. ex rel. Tinsley, et al. v. Faust, et al., CV-15-00185-PHX-ROS (August 14, 2020).			
	Requirements/Guidelines	Scoring (utilize drop-down responses)	Points	Comments
DCS CHP-1 Crisis Effectiveness	There is evidence in the clinical chart that services provided to the member are adequately effective in addressing crises.			
DCS CHP-2 Reduced Placement Disruptions and Reduced Placements in More Restrictive Care Levels of Care	There is evidence in the clinical chart that services provided to the member reduce placement disruption and placement in more restrictive levels of care.			
DCS CHP-3 Symptom Reduction	There is evidence in the clinical chart that services provided to the member reduced symptoms.			
DCS CHP-4 Improvement in Educational Progress	There is evidence in the clinical chart that services provided to the member, improved the member's education progress.			
DCS CHP-5 Promotion of Natural Childhood Development	There is evidence in the clinical chart that services provided to the member promote natural childhood development.			
DCS CHP-6 BHP Participation During CFT Practice	There is evidence that the BHP participated in and provided oversight of the CFT process.			
DCS CHP-7 CFT Frequency	There is evidence in the clinical chart that CFT meetings are conducted at a frequency consistent with the needs of the child.			
DCS CHP-8 DCS Attendance at CFTs Provider Invitation	There is evidence in the clinical chart that indicates the provider invited the DCS Specialist or DCS Specialist's supervisor to attend the CFT meetings.			
DCS CHP-9 DCS Attendance at CFTs	There is evidence in the clinical chart that DCS Specialist or DCS Specialist's supervisor, attends the CFT meetings in person, by telephone, or electronically.			
DCS CHP-10 History Review within CFTs	There is evidence in the clinical chart that reasonably available, relevant information about the child, including the child’s behavioral health and medical history is reviewed during CFT meetings.			
DCS CHP-11 Integrated Rapid Response Referral for Initial BH Services-7 Days	There is evidence in the clinical chart that there is an initial appointment within seven days of an Integrated Rapid Response referral.			
DCS CHP-12 Service Delivery Following Integrated Rapid Response	There is evidence in the clinical chart that services have been provided at least once per month, following an Integrated Rapid Response referral for behavioral health services subsequent to a rapid response.			
DCS CHP-13 Service Planning Following Integrated Rapid Response	There is evidence in the clinical chart that members who received an Integrated Rapid Response referral for behavioral health services had an individual service plan completed in less than 90 days from their intake appointment.			