



FY 2021-2022 Mental Health Audit Tool	
Audit Date:	
Program Name Indicate if program is: Outpatient, Residential, Crisis Residential, Inpatient	
RU#	
Reviewer	
Client Name	
BIS#	
Episode Opening Date	
Date of Service (DOS)	
Service Type/Code	
Date Treatment Plan Finalized	
Date TPOC Ends	

FATAL ERRORS			
Medical Necessity/ Assessment			
	Audit Item	Y/N/NA	Auditor's Comments
1	Is there a valid assessment that covers the service that is finalized and signed by a LPHA and/or registered/waivered LPHA? <i>BHS Documentation Manual; Annual BHS AOA Performance Objectives</i>		
2	Is the primary diagnosis an included SMHS diagnosis? <i>CCR Title 9, Chap 11, Sec 1830.205(b)(1)(A-R); 1830.210; Mental Health Plan Contract, Exhibit A, Attachment I)</i>		
3	Was the diagnosis based on the criteria sets in the DSM-5? <i>CCR Title 9, Chap 11, Sec 1830.205(b)(1)(A-R); 1830.210; Mental Health Plan Contract, Exhibit A, Attachment I)</i>		
4	Is the diagnosis determined by a LPHA and/or waived or registered LPHA? (Co-signed by LPHA if graduate student determined the diagnosis.) <i>CCR, Title 9, Section 1840.314 (d)</i>		
Treatment Plan of Care			
	Audit Item	Y/N/NA	Auditor's Comments
5	Does the TPOC include goals and objectives? <i>CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4)(c)</i>		
6	Does the TPOC include proposed interventions? <i>Mental Health Plan Contract, Exhibit A, Attachment I</i>		
7	Is the service date covered by the TPOC? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
8	Is there the signature (or electronic equivalent) of the person providing services including the name, type of professional degree, and licensure or job title, and date on the TPOC? <i>Mental Health Plan Contract, Exhibit A, Attachment I</i>		
9	Is the TPOC co-signed by a LPHA staff or Registered/Waivered LPHA staff when required (e.g., TPOC created by MHRS, Graduate Student, etc.)? <i>CCR, Title 9, Chapter 11, Section 1840.314(e)(2); Mental Health Plan Contract, Exhibit A, Attachment I</i>		
10	Is there documentation of beneficiary's participation and agreement with the TPOC as evidenced by the beneficiary's signature on the plan, or reference to beneficiary's participation in the body of the plan or in a progress note? <i>CCR, title 9, chapter 11, section 1810.440 (c)(2)(A)(B)</i>		



Claim/Progress Note Review			
	Audit Item	Y/N/NA	Auditor's Comments
11	Is the Service Date documented? <i>BHS Documentation Manual; BHS Policies and Procedures 3.10-11</i>		
11a.	For Adult Residential Treatment Only: The standard is met if the service date is covered by a weekly summary. Also, see Documentation Manual, page 91, the contractor can meet this standard with seven consecutive daily notes if they use the standard service week, if notes are written at the end of the shift, etc.		
11b	For Crisis Residential Only: The standard is met if the service date is covered by a daily note		
12	Is there a signature of the person providing the service (or electronic equivalent) with the name, degree, license, or job title? <i>Mental Health Plan Contract, Exhibit A, Attachment I; BHS Documentation Manual; MH Staffing Qualifications for Service and billing privileges</i>		
13	Is the service provided within the provider's Scope of Practice? <i>BHS Documentation Manual</i>		
14	Is the progress note co-signed by an LPHA or MHRS when required? <i>Mental Health Plan Contract, Exhibit A, Attachment I; BHS Documentation Manual; MH Staffing Qualifications for Service and billing privileges</i>		
15	Is the service delivered contained in the beneficiary's TPOC? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
16	Are group notes properly apportioned to all beneficiaries, including documentation of "total number" of participants and include an "individualized" note for each client participant? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
Claim/Progress Note Review cont.			
	Audit Item	Y/N/NA	Auditor's Comments
17	Is the correct procedure code (billing code) present for the claim? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
18	Is the claim a reimbursable (billable) service? <i>CCR, Title 9, Chapter 11, Section 1810.355; Section 1840.312(a-d); Section 1840.312 (f); Section 1810.247</i> <i>BHS Documentation Manual</i>		
19	For a service that is delivered by more than one staff at the same time, does each note meet the progress note standards described above (i.e., identifies each staff member's interventions; identifies how each staff member's service reduced a functional impairment/prevented significant functional deterioration; each staff claimed exact time)? <i>Documentation Manual pg.48</i>		
Average Total Errors/Per Claim			
Total Claim			
PF-1	Initial Assessment For Outpatient- Is the initial assessment finalized within 60 days of opening? (Late=PF) For Residential Treatment- Is the initial assessment finalized within 3 full days of admission? (Late=Fatal) For Crisis Residential- Is the initial assessment finalized at the time of admission to the program (Late=Fatal) <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
PF-1a	For Reassessments, is the annual assessment updated and finalized timely? <i>BHS Documentation Manual; Annual BHS AOA Performance Objectives</i>		
PF-2	Initial TPOC For Outpatient- Is the initial TPOC finalized within 60 days of episode opening or prior to any planned services? For Residential Treatment- Is the initial TPOC finalized within 3 full days of admission? For Crisis Residential- Is the initial assessment finalized at the time of admission to the program (Late=Fatal) <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
PF-2a	For Updated TPOC- Is the TPOC updated annually and timely or when there are significant changes in the client's condition? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
NF-3	Is the progress notes finalized within 5 business days? <i>BHS Documentation Manual; BHS Policies and Procedures 3.10-11</i>		
Average Total Errors/Per Claim			
Total Claim			

** If the claim is a group service, the note must have an individualized portion in order for the note to pass this requirement.