

Mental Health Audit Tool	
Audit Date:	
Program Name:	
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 an assessment that covers the service and signed by a 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	Does beneficiary meet diagnostic criteria for an included DSM/ICD diagnosis for outpatient SMHS in accordance with the MHP contract? <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? <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>		

Treatment Plan of Care cont.			
	Audit Item	Y/N/NA	Auditor's Comments
7	Is the service date covered by the TPOC? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
8	Is the TPOC signed with credential and dated by the clinician completing the plan? <i>(Mental Health Plan Contract, Exhibit A, Attachment I)</i>		
9	Is the TPOC co-signed by LPHA if completed/ signed by staff other than LPHA? <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>		
12	Is there a signature of the person providing the service (or electronic equivalent) with the person's 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?		
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	If the claim is a Medicare billing, is the service rendered with a Face-to-Face (FTF)?		
16	Is the service delivered contained in the beneficiary's TPOC? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
17	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
18	Does note match and support the appropriate service/billing code? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
19	Is the claim a billable service? <i>CCR, Title 9, Chapter 11, Section 1810.355; Section 1840.312(a-d); Section 1840.312 (f); Section 1810.247 BHS Documentation Manual</i>		
POTENTIALLY FATAL ERRORS			
	Audit Item	Y/N/NA	Auditor's Comments
PF-1	Initial Assessment For Outpatient- Is the initial assessment completed within 60 days of opening? For Residential Treatment- Is the initial assessment completed within 3 full days of admission? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
	For Reassessments, is the annual assessment update completed timely? <i>BHS Documentation Manual; Annual BHS AOA Performance Objectives</i>		
PF-2	Initial TPOC For Outpatient- Is the initial TPOC completed within 60 days of episode opening or prior to any planned services? For Residential Treatment- Is the initial TPOC completed within 3 full days of admission? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		
	For Updated TPOC- Is the TPOC updated annually or when there are significant changes in the client's condition? <i>BHS Documentation Manual; BHS-AOA Performance Objectives</i>		

NON-FATAL ERRORS

	Audit Item	Y/N/NA	Auditor's Comments
NF-1	Does the assessment include the 11 required elements? <i>Mental Health Plan Contract, Exhibit A, Attachment I; Documentation Manual</i>		
NF-2	Are goals/objectives specific, quantifiable and/or observable, and related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis? (Identify/ provide method of measurement from current baseline to goal.) <i>(CCR, title 9, chapter 11, section 1830.205(b)(3)(B)(1-4)(c)</i>		
NF-3	Is the progress notes finalized within 5 business days? <i>BHS Documentation Manual; BHS Policies and Procedures 3.10-11</i>		
NF-4	Does progress note content link to a goal or objective in the TPOC? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
NF-5	Does progress note independently describe how the provided services reduced impairments, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the TPOC? <i>Mental Health Plan, Exhibit A, Attachment I; BHS Documentation Manual</i>		
NF-6	Was the face-to-face (FTF) time in range/reasonable for the service provided?		
NF-7	Was the documentation time in range/reasonable for the service provided? If no, enter total time for documentation for type of service below:		
NF-7 cont.	Key for Documentation Time: 0 = within the timeframe 1 = above the timeframe 2 = below the timeframe		
Documentation Time Range	Progress note: 5-15 minutes		
	Initial Treatment Plan: 45 to 60 mins		
	TPOC Annual Update: 30 to 45 mins		
	Initial Assessment: 45 to 120 mins		
	Assessment Update: 30 to 45 mins. Note- this is only for the documentation time. Do indicate the face-to-face time also.		