PIEDMONT BEHAVIORAL HEALTHCARE
LME ON-SITE RECORD REVIEW MONITORING

Location:	**Review Date:**
Facility Description/Service:	**Reviewer:**
Record Number:	

Reference:	Review Item	Met	Not Met	N/A	Comments
Record Mgmt	A record is maintained for each consumer				*Modified Records permitted for Respite & other services as approved by Division*
APSM 30-1 27G **See exceptions*	All documentation related to a consumer is maintained in the record				
for record requirements for hourly/community respite,	Record contains identification face sheet that meets all required elements (name (first, middle, last); record number; DOB; race, gender, marital status, admission date, discharge date)				
developmental day,	All dx. are coded according to DSM IV				
sheltered workshops,	No dx. are abbreviated				
*and supervised independent living**	Record contains documentation of physical disorders according to ICD-9-CM				
Screening APSM 30-1, 27G APSM 45-2	Record contains documentation of screening prior to admission. a. Presenting Problem/Need b. Whether or not facility can serve and meet need c. Dispoisition, recommendations, referrals				
Assessment APSM 30-1, 27G APSM 45-2	Assessment in record within 24 hours of admission that contains: a. Reason for admission b. Needs, Strengths & Preferences c. Diagnosis (es) d. Evals. as appropriate to consumer's needs. e. Mental Status				
Service Orders APSM 45-2 APSM 30-1	Medical Necessity is determined as required: Service Order is present per service prior to or on the day the service is provided by the appropriate professional.				
	Verbal or written service order by a physician is obtained for outpatient services prior to the start of the services. Verbal orders must be signed w/in 30 days.				
Education Doc.	Immunization Record				
Required for	Educational Notes				
on-site education	Educational Assessments				
Licensed Providers	Copy of IEP				

PIEDMONT BEHAVIORAL HEALTHCARE
LME ON-SITE RECORD REVIEW MONITORING

Record Number:					
Reference:	**Review Item**	**Met**	**Not Met**	**N/A**	**Comments**
Plans APSM 30-1, 27G APSM 45-2	An individualized service plan must be in place and begin at admission.				
	Revisions / Updates must be completed to reflect additional needs / changes in consumer condition.				
	Plan includes: a. Diagnosis b. Supports/strengths & Preferences				
	c. Problems/needs				
	d. consumer specific, measurable service goals				
	f. Specific service modalities/Interventions, including frequency & duration				
	g. Responsible person/position				
	h. Target date, which shall not exceed 12 months.				
	k. Staff responsible				
	n. Signature of staff & consumer/legally responsible person				
	o. If plan is not signed then there is a written statement on the signature page by the provider clarifying reason signature could not be obtained. Review documentation of on-going attempts to gain signature.				
Exceptions	Minor receiving MH services - minor signature is sufficient.				
	Minor receiving SA services - staff & minor to sign for non-emergency admission - parent / LRP must sign plan.				
	Emergency admission to a 24-hr facility - MI/SA services				
	Emergency admission to a 24-hr facility - unable to contact legally responsible person				
	Emergency admission to a 24-hr facility - juvenile protective services				
Plan Review APSM 45-2	The responsible professional reviews the plan as follows: a. Based on target dates per goal b. As consumer's needs change c. Service provider changes				
	CAP-MR/DD: Annual new plan during consumer's birth month.				
	Review Requirements - all services: a. Review of goals, modalities/interventions, frequency and duration b. Consumer/LRP & Staff's dated signature				

PIEDMONT BEHAVIORAL HEALTHCARE
LME ON-SITE RECORD REVIEW MONITORING

Record Number:					
Reference:	**Review Item**	**Met**	**Not Met**	**N/A**	**Comments**
Emergency Info. APSM 30-1, 27G APSM 45-2	Emergency information in record that contains: name, address, phone number of emergency contact person and consumer's preferred physician				
	Allergies and adverse reactions and lack thereof shall be clearly documented in the consumer record.				
Crisis Plan APSM 45-2	If consumer needs a crisis plan, the service plan should include the information necessary to carry out the intervention.				
Service Notes for Incidents APSM 45-2	Incidents or significant events in a consumer's life, which require additional activities/interventions must be documented to include: a. Description of event b. Actions taken on behalf of consumer c. Consumer's condition following event				Opinions, conclusions, personnel actions relative to event should not be documented in consumer's record.
Service Notes APSM 30-1 27G APSM 45-2	Record contains documentation or progress towards outcomes.				
	Service notes are made in permanent ink, typed or computer written.				
	Black ink is used and felt tip pens and pens that use non permanent ink are not				
	Service provision is documented within 24 working hours. For reimbursement purposes - within 60 calendar days from provision of service.				
	Late entry notes are designated as such and include the date the note should have been recorded Notes are considered late if completed after 24 working hours of the service provided				
Service Note Content Requirements APSM 45-2	**Contents of a Service Note - Requirements:** a. Full date of service provided (month/date/year) b. Duration of service for periodic & day/night c. Purpose of contact as relates to goal in plan d. Description of intervention / activity e. Assessment of consumer's progress towards goal f. Professionals: signature, credentials, degree, licensure g. Paraprofessionals: signature & position				

Record Number:

Reference:	Review Item	Met	Not Met	N/A	Comments
Specific Service Notes APSM 30-1 27G APSM 45-2	**Case Management Service Notes** a. Date Service Provided b. Type of activity that relates to goal in plan c. Location of CM service provision d. Brief description of activity & outcome e. Total Duration f. Signature and credentials, degree, licensure				
Periodic Service Documentation Requirements:	a. Service note must reflect elements on page 3 at least daily per service by the individual that provided the service				
	b. CM activity log - incidents/significant events in a consumer's life that require additional activities or interventions by the CM, full service note must be documented				
	c. CAP-MR/DD services that require a service note as noted in Contents of Note above: Crisis Stab, Family Training, Therapeutic Case Consultation				
Specific Service Notes APSM 30-1 27G APSM 45-2	**Day/Night Service Documentation Requirements:** See Contents of a Service Note. Must also include Date(s) of attendance				
	a. SA Intensive Outpatient Program - daily				
	b. Day Treatment Programs & Partial Hospitalization Weekly				
	c. Psychosocial Rehabilitation - Monthly				
	d. ADVP, SE-group, Community Rehabilitation Program (Sheltered Workshop), Center-Based Developmental Day Services, Day Activity Quarterly				
	24-hour Documentation Requirements:				
	a. Medical Programs = per shift				
	b. Facity based Crisis Services, Residential Treatment Program Type level II, III & IV, PRTF = per shift				
	c. Residential Treatment level I & Family type level II Daily				
	d. Group Living, Family Living, Supervised Living Monthly or duration if stay is less than a month				
	e. Residential Treatment Rehab for SA consumers = shift f. Residential Recovery Programs for SA consumers & their children - per Shift				

Record Number:

Reference:	Review Item	Met	Not Met	N/A	Comments
Grid Requirements APSM 45-2 *Providers can use either the grid in the manual or create a grid. All criteria a-g are required to be included in the grid.*	a. Full date of service provided (month/date/year) b. Goals that are being addressed c. Number/Letter as specified in key which reflects Intervention / activity d. Number/Letter as specified in key which reflects assessment of consumer's progress towards goal e. Initials of individual providing the service. Initials must correspond to a signature on the signature log section of the grid f. Duration (per grid in 45-2 & e-mail from state) g. Space for additional information as needed				*Grid, as described above, may only be used for the following services:*
Exceptions APSM 45-2	**Personal Assistance, Interpreter Services, Adult Day Health Care Services, MR Personal Care & In-Home Aide** (unless provided by home care agency) **CAP-MR/DD Respite** (Hourly, Community, Non-Institutional, Nursing) **and** Daily Service note required to include: a. Date of Service b. Duration of service c. Task Performed d. Signature (initials if full signature included on page)				
	Non-CAP-MR/DD Respite: Hourly service - note per date of service Community - per duration of event but not less than weekly * * Content requirements above a-d				
Corrections / Alterations APSM 30-1 APSM 45-2	**Requirements:** a. Corrections made by individual who recorded entry				
	b. 1 single line through error or inaccurate entry, ensure original is still legible				
	c. Record corrected entry legibly above or near original				
	d. Record date of correction and initials				
	e. Omitted words should not be "squeezed" in to note Added information should be made after the last tentry in record.				
	f. No alterations with correcting fluid/tape				

Record Number:

Reference:	Review Item	Met	Not Met	N/A	Comments
Record Review / Alterations APSM 45-1 HIPAA	Any time a consumer has reviewed their record there is documentation in the record to record this and the fact that a clinical staff person was with them when the record was reviewed.				
	If accuracy of record has been contested there is appropriate documentation in the record to support the findings of the contestment.				
	If electronic record-corrections made per standard/policy				
Signatures APSM 45-2	All entries must be signed as follows: a. Professionals: signature, credentials, degree, licensure				
	b. Paraprofessionals: signature & position				
	Countersignatures as required by facility / LME				
	If electronic record-signatures meet standards/policy				
Therapeutic Leave APSM 45-2	Documentation reflective of # of days of service with verification of leave. Documentation to include: a. Length of time of leave				
	b. Justification for each leave episode				
	c. Statement regarding consumer condition prior to leave and after return from leave				
Miscellaneous APSM 45-2	All assessments/evaluations include the date the service was rendered.				
	Notations in records of one consumer do not personally identify other consumers.				
	Each page, front and back, in the record includes the consumer's name and record number.				
	Documentation of attempts to ascertain why a consumer is not attending a service in accordance with established schedule.				
	All record documentation generated by the agency on a consumer is filed in the record.				
	Any information received from other treatment facilities / sources is filed in the medical record.				
	Any abbreviations noted in the record must be approved and present on agency abbreviations list				
	Any emails or faxes filed in the record follow agency policy/HIPAA				

Record Number:					
Reference:	**Review Item**	**Met**	**Not Met**	**N/A**	**Comments**
Research APSM 45-2 HIPAA	If consumer is a research project, a written consent authorizing participation must be obtained from the consumer/legally responsible person. The consent must contain the following: a. Consumer has been informed of any potential dangers that may exist and that the consumer understands the conditions of participation				
	b. Consumer has been informed of his/her rights to terminate participation without prejudicing the treatment he is receiving.				
Discharge APSM 45-2 APSM 95-2 APSM 30-1	Discharge information: Evidence that consumer or legally responsible person has been informed of discharge procedures and consumer rights.				
	Individualized Discharge plan to include referrals				
Incident Reports APSM 45-2	Incidents and other unusual circumstances are documented and include: a) Description of event b) Actions taken on behalf of consumer c) consumer's condition following event				
Documentation of Abuse/Neglect APSM 45-2	When consumer abuse is observed or suspected, facts, not opinions relative to abuse are documented, including reports made by the individual consumer and actions taken by staff				
	Documentation of major events, accidents or medical emergencies involving the consumer.				
Consents / Authorizations APSM 45-2 APSM 45-1	Consents are signed by the consumer / LRP				
	Written consent obtained for consent to treat with the following:				
	Consent is specific about benefits, potential risks & possible alternative methods of treatment, states how long consent is and states the procedures to follow to withdraw consent				
	Written consent in record that gives permission to seek emergency medical care from hospital/physician				
	Consent is obtained for antabuse.				
	Consent is obtained for Depro-Provera when used for non FDA approved purposes.				

PIEDMONT BEHAVIORAL HEALTHCARE
LME ON-SITE RECORD REVIEW MONITORING

Record Number:					
Reference:	**Review Item**	**Met**	**Not Met**	**N/A**	**Comments**
Consents / Authorizations	Any information released is accompanied by a consent to release form				
NCGS 122C-53 HIPAA	When written consent cannot be obtained, there is documentation in the record that includes justification for any verbal consent.				
	Consent to release form contains: consumer name; name of facility releasing information; name of individual to whom information is being released; information to be released; purpose for release; length of time consent is valid; statement that the consent is subject to revocation at any time except to the extent that action has already been taken; signature of LRP; date consent is signed.				
	Consent is not over one year old				
	Consents are obtained for medication that is known to have potential side effects				
	If HIV/AIDS information is released then the consent specifies this				
	Facility informs others whom information is released that redisclosure is prohibited w/o consumer consent				
	Documentation in the record that consumer has been notified that information may be disclosed without consent for reasons listed in 122C-52 through 122C-56.				
	Accounting of Release / Disclosure that includes: Consent form, Date information was released, Name of recipient, Information disclosed, Specific Reason for disclosure; Date; Full/legible signature of person who disclosed information and their title.				
	TOTALS	0	0	0	

Possible Scores:	0
# N/A	0
True score	0
# Met	0
# Not Met	0
%Met	#DIV/0!
%Not Met	#DIV/0!

GENERAL COMMENTS ON RECORDS: