|  |  |  |
| --- | --- | --- |
| Member Name: Click or tap here to enter text. | Member ID: Click or tap here to enter text. | U.R. Date: Click or tap here to enter text. |
| Provider and Program: Click or tap here to enter text. | | Reviewer Name: Click or tap here to enter text. |
| Review Period: Click or tap here to enter text. | | Intake/First Medi-Cal Billable Service: Click or tap here to enter text. |
|  | | Enrollment Date: Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **TRADITIONAL HEALING PRACTICES** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| A1 | Traditional Healing Practices | Are Traditional Healing Practices (addressed (curanderos, shaman, etc.) as needed? Individual Traditional Healing Practices (28050), Group Traditional Healing Practices (28051). |  |  |  |  |  |
| COMMENTS | |  | | | | | |
|  | |  | | | | | |
| **B** | **SPECIALIZED SERVICES** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| B1 | Specialized Services | Are specialized services addressed in the documentation (Geriatric, API, homeless, Alta Regional)? |  |  |  |  |  |
| COMMENTS | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **C** | **FAMILY/CAREGIVER SERVICES AND SUPPORTS** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| C1 | Family/Caregiver Services and Supports | Are services provided to family members or caregivers using the MHSA Family/Caregiver Services and Supports Code (28047)? | ☐ | ☐ | ☐ |  |  |
| C2 | Tracking Index | Is the MHSA Family/Caregiver Services and Supports (28047) Tracking Index completed? | ☐ | ☐ | ☐ |  |  |
| C3 | Separate Chart | Are mental health records for family members or caregivers filed in a separate file and not in the primary client’s chart? | ☐ | ☐ | ☐ |  |  |
| C4 | Documented Activities | Ensure that documented activities are those that would not be supported or reimbursed by Medi-Cal under another treatment code. Examples may include Case Management and/or Collateral. | ☐ | ☐ | ☐ |  |  |
| COMMENTS | |  | | | | | |
|  | |  | | | | | |
| **D** | **CLIENT SERVICES AND SUPPORTS** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| D1 | Client Services and Supports | Are Client Services and Supports services provided as needed? Client Services and Supports (28045) | ☐ | ☐ | ☐ |  |  |
| D2 | Client Services and Supports | Are the client services and support provided to the client and not just on the behalf of the client? | ☐ | ☐ | ☐ |  |  |
| D3 | Documented Activities | Ensure that documented activities are those that would not be supported or reimbursed by Medi-Cal under another treatment code. Examples may include Rehabilitation, Case Management, and/or Individual Therapy. | ☐ | ☐ | ☐ |  |  |
| COMMENTS | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E** | **BENEFITS ACQUISITION** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| E1 | Benefits Acquisition | Are Benefits Acquisition services provided as needed? Benefits Acquisition (28048) |  |  |  |  |  |
| E2 | Benefits Acquisition | Do Benefits Acquisition progress notes speak to assisting the client to identify and obtain appropriate entitlements and benefits? |  |  |  |  |  |
| COMMENTS | |  | | | | | |
|  | |  | | | | | |
| **F** | **SERVICE NOTES** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| F1 | Service Notes | Is there a service note for each service code billed? |  |  |  |  |  |
| F2 | Service Notes That Need to be Appended or Disallowed | Please list the service notes that need to be appended (within 45 days from the date of service) or disallowed on the supplemental worksheet, including the date and billing code of the service note and the reason for the disallowance. Please indicate if the service note needs to be appended or disallowed. **Provider must submit the supplemental worksheet with the corrected EUIT if “Reportable” is selected.** Selecting “Completed” means there are no service notes that need to be amended or disallowed. |  |  |  |  |  |
| COMMENTS | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **G** | **MODE 60 FLEXIBLE FUNDING** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| G1 | Mode 60 Flexible Funding | Have Mode 60 flexible funding expenditures been made for the client?If yes, answer G2, G3 and G4. | ☐ | ☐ | ☐ |  |  |
| G2 | Client Services Report, (Single Client): Summary of Mode 60 Services | Ensure that Mode 60 flexible funding expenditures were provided based on client’s documented needs or likelihood that the delay in expenditure will pose significant hardship and would likely exacerbate their mental health condition. (This would not apply to Providers using non-MHSA funding sources). | ☐ | ☐ | ☐ |  |  |
| G3 | Documentation Prior to Mode 60 Expenditures | Is there documentation for each Mode 60 flexible funding expenditure speaking to the consideration of natural supports and/or community resources prior to the expenditure? (This would not apply to Providers using non-MHSA funding sources). | ☐ | ☐ | ☐ |  |  |
| G4 | Mode 60 Flexible Funding: Problem List/ Care Plan Requirement | Ensure that Mode 60 flexible funding expenditures were reflected in the problem list or if applicable, active care plan. | ☐ | ☐ | ☐ |  |  |
| COMMENTS | |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **H** | **FULL SERVICE PARTNERSHIP (FSP) ONLY** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| H1 | PAF | Was a Partnership Assessment Form (PAF) completed upon opening to an FSP and is the form filed in the chart? |  |  |  |  |  |
| H2 | 3M | Was a Quarterly Assessment Form (3M) completed quarterly for the client and are the forms filed in the chart? |  |  |  |  |  |
| H3 | KET | Were Key Event Tracking Forms (KET) completed as appropriate? |  |  |  |  |  |
| COMMENTS | |  | | | | | |
|  | |  | | | | | |
| **I** | **Client Housing Plan/ Housing Related Flex Funds** | | | | | | |
|  |  | Requirements | Completed | Reportable | N/A | Reviewer Comments | Program Response |
| I1 | Client Housing Plan/ Housing Related Flex Funds | If the program is billing for any Mode 60 housing related flex funds or Housing Subsidies and Support Services: Ensure that there is an updated Problem List and if applicable, Care Plan reflecting the need for these services as well as an active Client Housing Plan in place prior to any housing related flex funds being provided. |  |  |  |  |  |
| I2 | Staff’s Signature on the Service Note containing the Care Plan | Verify that there is a qualified staff’s signature on the service note containing the Client Housing Plan. |  |  |  |  |  |
| COMMENTS | |  | | | | | |

|  |  |
| --- | --- |
| Overall strengths found within the chart |  |