

CYCS - Quality Assurance Audit Tool

Clinic/Program: _____
 Chart Number: _____
 Auditor: _____

Providers: _____
 Date of Audit: _____
 Date Corrections Due: _____

| Document/ Error Type | | | STANDARD | MET | NOT MET | N/A | COMMENTS |
|----------------------|-----|--|---|-----|---------|-----|----------|
| Legal Administration | TCD | 1 | Outpatient consent - Signed appropriately DATE: _____ | | | | |
| | QoC | 2 | NOPP | | | | |
| | | 3 | Advance Directive Notification. (Adult charts only) | | | | |
| HIP | 4 | Information Release Form(s) when applicable. | | | | | |
| CANS | QoC | 5 | CANS-SB completed within 30 days of opening & periodically (3 or 6 months) | | | | |
| Clinical Assessment | TCD | 6 | Initial Clinical Assessment dated _____. Medical Necessity justified in "presenting problems" and supports Dx and signed/dated by all staff. | | | | |
| | | 7 | Clinical Assessment content is generally congruent with CANS-SB Scores | | | | |
| | | 8 | The mental status exam/risk factors completed by Masters level or above. | | | | |
| CRE | QoC | 9 | Client Resource Evaluation is completed appropriately and signed. | | | | |
| Alert | | 10 | Alert Sheet (Allergies and Physical Ailments) Completed. | | | | |
| CN | | 11 | Care Necessity Form is completed with all potentially applicable items checked. | | | | |
| Dx | TCD | 12 | Diagnosis on blue form is complete/appropriate with ICD-10-CM diagnosis. Signed by an LPHA provider or co-signed by an LPHA provider prior to tx services rendered. | | | | |
| Client Recovery Plan | TCD | 13 | The goals and objectives on the Client Recovery Plan address the clients' current symptoms. | | | | |
| | | 14 | The Client Recovery Plan's goals and objectives are behavioral, have baseline measurements, and correspond with client diagnosis. | | | | |
| | | 15 | The Client Recovery Plan is signed and dated by the provider(s), consumer, guardian, and Supervisor (if provider not licensed) for services provided. | | | | |
| | | 16 | Starting and end dates on the Client Recovery Plan are clearly documented and up to date. START DATE: _____ END DATE: _____ | | | | |
| Progress Notes | SSD | 17 | Progress notes include: (1) client's current condition, (2) dysfunction/problem addressed, (3) staff intervention and (4) client response. | | | | |
| | | 18 | Services documented in progress notes are authorized by the client recovery plan, except Crisis Intervention, Assessment, or Plan Development. | | | | |
| | | 19 | Katie A. Subclass Member: (1) Clearly Identified, (2) ICC on CRP, & (3) ICC provided at least every 90 days. | | | | |
| | | 20 | Child & Family Team (CFT) Meetings documented appropriately | | | | |

| Document/ Error Type | | STANDARD | | | | MET | NOT MET | N/A | COMMENTS | | | |
|-------------------------------|--|----------|--|----|-----|-------------------------|---|---------------------------|----------|----------------|-----|--|
| Medication Support Services | TMD | 21 | The Psychiatric Evaluation is complete and signed appropriately. | | | | | | | | | |
| | | 22 | The diagnostic impression from the psychiatric evaluation is congruent with the diagnosis on blue sheet. | | | | | | | | | |
| | | 23 | Medication consents for current medications are accurately completed. | | | | | | | | | |
| | QoC | 24 | Name of medication, dosage, and frequency are entered on the OMR. | | | | | | | | | |
| | | 25 | AIMS and Physical Assessment Forms are current and annually updated. | | | | | | | | | |
| | | 26 | Alert Sheet (Allergies and Physical Ailments) Completed. | | | | | | | | | |
| CANS-SB Items | | Score | Assess. | Dx | CRP | CANS-SB Items | | Score | Assess. | Dx | CRP | |
| Psychosis-Thought Disorder | | | | | | Anger Control | | | | | | |
| Impulsivity/Hyperactivity | | | | | | Eating Disturbances | | | | | | |
| Depression | | | | | | Emo/Phys. Dysregulation | | | | | | |
| Anxiety | | | | | | Behavioral Regressions | | | | | | |
| Mania | | | | | | Somatization | | | | | | |
| Oppositional | | | | | | Substance Use | | | | | | |
| Conduct | | | | | | | | | | | | |
| Adjustment to Trauma | | | | | | | | | | | | |
| Attachment Difficulties | | | | | | | | | | | | |
| Number | Staff Instructions | | | | | | | Completed/Staff Signature | | Date Corrected | | |
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| Error Type & Disallowance Key | | | | | | | | | | | | |
| TCD | Errors will result in ALL Services Disallowed (Total Chart Death) | | | | | HIP | Errors may result in a HIPAA violation | | | | | |
| TMD | Errors will result in ALL Medication Support Services Disallowed (Total MSS Disallowed) | | | | | QoC | Errors result in Quality of Care deficiency | | | | | |
| SSD | Errors will result in Specific Service Disallowed | | | | | | | | | | | |
| Note: | | | | | | | Clinic Supervisor: | | | | | |