

Quality Assurance Audit Tool - CANS-SB

Clinic/Program: _____ Chart Number: _____ Providers: _____ Date of Audit: _____
 Auditor: _____ Date Corrections Due: _____

| Document/ Error Type | | STANDARD | MET | NOT MET | N/A | COMMENTS |
|----------------------|-----|----------|---|---------|-----|----------|
| Legal Administration | TCD | 1 | Outpatient consent - Signed appropriately; DATE: _____ | | | |
| | | 2 | NOPP | | | |
| | QoC | 3 | Advance Directive Notification (Clients age 18 and over) | | | |
| | | 4 | Evidence that State Informing Materials were provided | | | |
| | | 5 | SOGI (Sexual Orientation Gender Identity) | | | |
| | | 6 | PEI Demographics (PEI Programs Only) | | | |
| | | 7 | Katie A. Notification to CFS via email/fax | | | |
| | HIP | 8 | Information Release Form(s), when applicable | | | |
| | | 9 | All ROI's Fully Completed including ROIs with school OR justification on the CRP indicating why a school ROI is not completed | | | |
| | | 10 | Newest CSI Assessment Data Collection Form | | | |
| CANS | QoC | 11 | CANS-SB completed within 30 days of opening & periodically (3 or 6 months) | | | |
| Clinical Assessment | TCD | 12 | Initial Clinical Assessment - DATE: _____ Medical Necessity justified in "Presenting Problems" and supports Dx's and signed/dated by all staff | | | |
| | | 13 | Clinical Assessment content is generally congruent with CANS-SB Scores | | | |
| | | 14 | Pediatric Symptom Checklist - 35 (PSC - 35) or Note is included about no involved caregiver | | | |
| | | 15 | Finding Your ACES Scoresheet | | | |
| | | 16 | The mental status exam/risk factors completed by Master's level or above | | | |
| CRE | QoC | 17 | Client Resource Evaluation is completed appropriately and signed | | | |
| CN | | 18 | Care Necessity Form is completed with all potentially applicable items checked | | | |
| Dx | TCD | 19 | Diagnosis on blue form is complete/appropriate with ICD-10-CM diagnoses spelled out; signed/co-signed by an LPHA clinician prior to treatment services rendered | | | |
| Client Recovery Plan | TCD | 20 | The goals and objectives on the CRP address the client's current symptoms | | | |
| | | 21 | For school aged clients, impact of illness on school functioning is addressed as a goal(s) <u>OR</u> the clients/caregiver declined this focus and this is clearly documented | | | |
| | | 22 | CRP goals/objectives are behavioral, have baseline measures, and corresponding w/ dxs | | | |
| | | 23 | CRP is signed/dated (i.e., client-required, service provider(s)-required, guardian-best practice) | | | |
| | | 24 | Starting and end dates on the Client Recovery Plan are clearly documented and up to date START DATE: _____ END DATE: _____ | | | |
| Progress Notes | SSD | 25 | Progress notes include: (1) client's current condition; (2) dysfunction/problem addressed; (3) staff intervention; (4) client response; and (5) Next steps or follow up plan | | | |
| | | 26 | All services documented in progress notes are authorized by the Client Recovery Plan (CRP) except Assessment, Plan Development and Crisis Intervention | | | |

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|--|---|----------|---|----|-----|--------------------------------------|---|-----|----------|---------------------------------------|---------|-----|---|--|--|--|--|-------|---------|----|-----|
| Progress Notes | SSD | 27 | Katie A. Subclass Member: (1) Clearly Identified as Subclass on Care Necessity & Episode Opening, (2) ICC Coordinator is Clearly Identified, (3) ICC on CRP & (4) ICC provided at least every 90 days | | | | | | | | | | | | | | | | | | |
| | | 28 | Child & Family Team (CFT) Meetings documented appropriately; ICP included in records section | | | | | | | | | | | | | | | | | | |
| Document/ Error Type | | STANDARD | | | | MET | NOT MET | N/A | COMMENTS | | | | | | | | | | | | |
| Med Support Services | TMD | 29 | The Psychiatric Evaluation is complete and signed appropriately | | | | | | | | | | | | | | | | | | |
| | | 30 | The diagnostic impression from the psychiatric evaluation is congruent with the diagnosis on blue sheet | | | | | | | | | | | | | | | | | | |
| | | 31 | Medication consents for current medications are accurately completed | | | | | | | | | | | | | | | | | | |
| | QoC | 32 | Name of medication, dosage, and frequency are entered on the OMR | | | | | | | | | | | | | | | | | | |
| | | 33 | AIMS and Physical Assessment Forms are current and annually updated | | | | | | | | | | | | | | | | | | |
| | | 34 | Alert Sheet (Allergies and Physical Ailments) Completed | | | | | | | | | | | | | | | | | | |
| CANS-SB Core Items | | | | | | | | | | | | | | | | | | | | | |
| Life Domain Functioning | | Score | Assess. | Dx | CRP | Behavioral/Emotional Needs | | | | Score | Assess. | Dx | CRP | Risk Behaviors | | | | Score | Assess. | Dx | CRP |
| Family Functioning | | | | | | Psychosis (Thought Disorder) | | | | | | | | Suicide Risk | | | | | | | |
| Living Situation | | | | | | Impulsivity/Hyperactivity | | | | | | | | Non-Suicidal Self Injurious Bx | | | | | | | |
| Social Functioning | | | | | | Depression | | | | | | | | Other Self Harm (Reckless.) | | | | | | | |
| Recreational | | | | | | Anxiety | | | | | | | | Danger to Others | | | | | | | |
| Developmental/Intellectual | | | | | | Mania | | | | | | | | Sexual Aggression | | | | | | | |
| Job Functioning | | | | | | Oppositional | | | | | | | | Runaway | | | | | | | |
| Legal | | | | | | Conduct | | | | | | | | Delinquent Behavior | | | | | | | |
| Decision Making | | | | | | Adjustment to Trauma | | | | | | | | Fire Setting | | | | | | | |
| Medical/Physical | | | | | | Attachment Difficulties | | | | | | | | Intentional Misbehavior | | | | | | | |
| Sexual Development | | | | | | Anger Control | | | | | | | | Exploitation | | | | | | | |
| Gender Identity | | | | | | Eating Disturbances | | | | | | | | Grave Disability | | | | | | | |
| Sleep | | | | | | Emotional/Physical Dysreg | | | | | | | | Number of Prior Psychiatric Hospitalizations (past 6 months) | | | | | | | |
| School Behavior | | | | | | Behavioral Regressions | | | | | | | | Psychiatric Crisis Episodes w/o Hospitalization | | | | | | | |
| School Achievement | | | | | | Somatization | | | | | | | | | | | | | | | |
| School Attendance | | | | | | Substance Abuse | | | | | | | | | | | | | | | |
| Cultural Factors | | Score | Assess. | Dx | CRP | Trauma | | | | Score | Assess. | Dx | CRP | Trauma (continued) | | | | Score | Assess. | Dx | CRP |
| Language | | | | | | Sexual Abuse | | | | | | | | War/Terrorism | | | | | | | |
| Traditions and Rituals | | | | | | Physical Abuse | | | | | | | | Victim/Witness to Criminal Activity | | | | | | | |
| Cultural Stress | | | | | | Emotional Abuse | | | | | | | | | | | | | | | |
| Sexual Orientation | | | | | | Neglect | | | | | | | | Disruption in Caregiving/Attachment Losses | | | | | | | |
| Discrimination Bias | | | | | | Medical Trauma | | | | | | | | Parental Criminal Behavior | | | | | | | |
| Cultural Differences w/in Family | | | | | | Witness to Family Violence | | | | | | | | Bullied by Others | | | | | | | |
| Cultural Diversity | | | | | | Witness to Community/School Violence | | | | | | | | | | | | | | | |
| Cultural Appropriateness of Service Family | | | | | | Natural or Manmade Disaster | | | | | | | | | | | | | | | |
| 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) | | | | | | | | |
| SSD | Errors will result in Specific Services Disallowed | | | | | QoC | Errors result in Quality of Care deficiency | | | | | | | | | | | | | | |
| Note: | | | | | | | | | | Clinic Supervisor Signature and Date: | | | | | | | | | | | |