CONFIDENTIAL PATIENT INFORMATION: See California Welfare and Institutions Code Section 5328.

San Mateo County Behavioral Health and Recovery Services Quality Management Managed Care Site and Chart Review - Individual Providers

| Provider | Address | City | | |
|-------------------------|--|------|----|-------|
| Phone | Fax Email | | | |
| Office | Review | Yes | No | Notes |
| Physical Environment | Office space is safe and suitable for San Mateo County clients. | | | |
| | Consumer Rights & Problem Resolution Brochures are available upon request. | | | |
| Safety | Provides clients with information to access emergency care during non-business hours. | | | |
| | Office is wheelchair accessible. | | | |
| Medical Records | Secure storage system for active and inactive charts. | | | |
| | Client records are retained for a minimum of 10 years, except for minors, whose records are kept for at least 1 year after the minor has reached 18 years, but in no case less than 10 years. | | | |
| Documentation | Standards | Yes | No | Notes |
| Overall Chart | Each client has a separate and distinct chart. | | | |
| | Re-authorization paperwork and other relevant documents are in the chart. | | | |
| Progress Notes | Every note is signed with provider's name and license. | | | |
| | Dated, legible progress note for every service claimed. | | | |
| | Interventions relate to diagnosis and treatment plan goals. | | | |
| | Notes document any high risk SI/HI/other with updates. | | | |
| | As needed, notes show coordination with PCP/others. | | | |
| | If applicable, client signed authorization to release PHI. | | | |
| Med Consent | Signed w/ license and dated w/in 12 months by physician. | | | |
| (Recommended, | Signed and dated by client/parent. | | | |
| if applicable) | Includes all medications ordered for client. | | | |

Comments

Reviewer Date