

DMH CYF Intensive Community Services Record Review Checklist

Date of Review: _____ **DMH Reviewer:** _____

Model: ☐ IHBTC ☐ TGC Provider: _____ Program: _____

Site Address: _____

Youth Name: _____ **DOB:** _____ **Enrollment Date:** _____ **d/c date:** _____

*R denotes items that must be in record to meet Rehabilitations Options standards, C denotes items that are contractual

C/R*	Document Checklist	Documentation in Youth Record?	Notes (include any notes on gaps that require void dates)
R	An individual record is created and maintained for each youth.	<input type="checkbox"/> yes <input type="checkbox"/> no	
C	Documentation of Initial Safety Plan (within 8 hours of intake)	<input type="checkbox"/> yes <input type="checkbox"/> no	
C	Documentation of Suicide Screening	<input type="checkbox"/> yes <input type="checkbox"/> no	
C	Documentation of Substance Abuse Screening	<input type="checkbox"/> yes <input type="checkbox"/> no	
C	Documentation of Full Safety Plan For youth enrolled in TGC, due within 72 hours of intake For youth enrolled in IHBTC, due with first treatment plan	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on time <input type="checkbox"/> late	
R	Comprehensive Assessment date due: / / (contract -due 20 days from enrollment date) (rehab – due 45 days from enrollment date) date signed: / /	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on time <input type="checkbox"/> late (late = more than 45 days from enrollment) <input type="checkbox"/> signed by LPHA	If assessment is late, list the date so we can look at void dates
R	Record includes clinical formulation	<input type="checkbox"/> yes <input type="checkbox"/> no	

		<input type="checkbox"/> on time <input type="checkbox"/> late (late = more than 45 days from enrollment) <input type="checkbox"/> signed by LPHA	
R	Record includes Mental Status Exam	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on time <input type="checkbox"/> late (late = more than 45 days from enrollment)	
C	Comprehensive Assessment – includes CANS	<input type="checkbox"/> yes <input type="checkbox"/> no	
R	Treatment Plan date due: / / (contract - due 30 days from enrollment date) (rehab – due 45 days from enrollment date) date signed: / /	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on time <input type="checkbox"/> late (late = more than 45 days from enrollment) <input type="checkbox"/> signed by LPHA	
C	Treatment Plan – signed by family	<input type="checkbox"/> signed by parent/LAR <input type="checkbox"/> signed by youth/young adult <input type="checkbox"/> not signed	
R	Ongoing documentation - Each person's record contains information sufficiently detailed to document the services the person received.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> notes are signed <input type="checkbox"/> notes are dated	
R	Documentation of updated Comprehensive Assessment (updated assessment due annually at minimum, a year from date of original assessment)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on time <input type="checkbox"/> late <input type="checkbox"/> signed by LPHA	
R	Documentation of periodic reviews of Treatment Plan (minimum of quarterly) (Treatment plans due quarterly, from date of enrollment)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> on time <input type="checkbox"/> late <input type="checkbox"/> signed by LPHA	

C	Updated Treatment Plans signed by Family	<input type="checkbox"/> signed by parent/LAR <input type="checkbox"/> signed by youth/young adult <input type="checkbox"/> not signed	
R	Documentation of Parent/Caregiver and Youth/Young Adult participation in treatment planning.	<input type="checkbox"/> yes <input type="checkbox"/> no	
R	Documentation of Transition/Discharge Plan, if applicable	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Summary Notes: (please describe strengths of record as well as missing documentation and whether record met documentation for rehab options, needs corrective action, etc)			