**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**

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| --- | --- | --- | --- |
| **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.** | **yes no** |  |
| C | Documentation of Initial Safety Plan (within 8 hours of intake) | yes no |  |
| C | Documentation of Suicide Screening | yes no |  |
| C | Documentation of Substance Abuse Screening | yes 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 | yes no  on time late |  |
| **R** | **Comprehensive Assessment**  **date due: / / (contract -due 20 days from enrollment date)**  **(rehab – due 45 days from enrollment date)**  **date signed: / /** | **yes no**  **on time late**  **(late = more than 45 days from enrollment)**  ** signed by LPHA** | If assessment is late, list the date so we can look at void dates |
| **R** | **Record includes clinical formulation** | **yes no**  **on time late**  **(late = more than 45 days from enrollment)**  ** signed by LPHA** |  |
| **R** | **Record includes Mental Status Exam** | **yes no**  **on time late**  **(late = more than 45 days from enrollment)** |  |
| C | Comprehensive Assessment – includes CANS | yes no |  |
| **R** | **Treatment Plan**  **date due: / / (contract - due 30 days from enrollment date)**  **(rehab – due 45 days from enrollment date)**  **date signed: / /** | **yes no**  **on time late**  **(late = more than 45 days from enrollment)**  ** signed by LPHA** |  |
| C | Treatment Plan – signed by family |  signed by parent/LAR   signed by youth/young adult   not signed |  |
| **R** | **Ongoing documentation - Each person's record contains information sufficiently detailed to document the services the person received.** | **yes no**  ** notes are signed**  ** notes are dated** |  |
| **R** | **Documentation of updated Comprehensive Assessment** | **yes no**  **on time late**  ** signed by LPHA** |  |
| **R** | **Documentation of periodic reviews of Treatment Plan (minimum of quarterly)** | **yes no**  **on time late**  ** signed by LPHA** |  |
| C | Updated Treatment Plans signed by Family |  signed by parent/LAR   signed by youth/young adult   not signed |  |
| **R** | **Documentation of Parent/Caregiver and Youth/Young Adult participation in treatment planning.** | **yes no** |  |
| **R** | **Documentation of Transition/Discharge Plan, if applicable** | **yes no 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) | | | |