**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 PlanFor youth enrolled in TGC, due within 72 hours of intakeFor 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) |