

ASSESSMENT AND TREATMENT PLANNING - TABLE OF CONTENTS/QA CHECKLIST 822-4

****Please note the checklist below is NOT inclusive of all regulatory requirements.****

Section		Tasks Checklist	
1.	Screening/Brief Intervention	<input type="checkbox"/> Screening Tool Completed	<input type="checkbox"/> NA
		<input type="checkbox"/> Note(s) Signed/Dated	
Referred for:		<input type="checkbox"/> Treatment Assessment	<input type="checkbox"/> Other Services
Staff Member Reviewing			Date
2.	Admission Assessment	<input type="checkbox"/> Clinical Assessment of presenting problem	
		<input type="checkbox"/> AOD History and Treatment History	
		<input type="checkbox"/> Brief Mental Health Screening	
		<input type="checkbox"/> Identified Patient priority issues	
		<input type="checkbox"/> Level of Care Determination Completed	
		<input type="checkbox"/> Initial Plan of Services (including referral if needed)	
		<input type="checkbox"/> Admission Decision Signed/Dated	
		<input type="checkbox"/> Patient Informed of decision	
		<input type="checkbox"/> Signed Rules/Regulations/Patient Rights/Voluntary	
		<input type="checkbox"/> Admission Assessment Notes signed/dated	
		Staff Member Reviewing	
3	Comprehensive Evaluation	<input type="checkbox"/> Chemical Use and Abuse History	
		<input type="checkbox"/> Physical Health Info. (Med. Assess, Physical, etc.)	
		<input type="checkbox"/> Communicable Disease Assessment	
		<input type="checkbox"/> Medical Assessment Completed, or	
		<input type="checkbox"/> Physical Completed, or, reviewed, or referred.	
		<input type="checkbox"/> Mental Health/Lethality Assessment Completed	
		<input type="checkbox"/> All other functional areas addressed	
		<input type="checkbox"/> Completed, signed, dated by QHP within 45 days of admission	
Staff Member Reviewing			Date
4	Comprehensive Treatment/Recovery Plan	<input type="checkbox"/> Based on Comprehensive Evaluation	
		<input type="checkbox"/> Addresses major life areas	
		<input type="checkbox"/> Includes description of type and frequency of services to be provided	
		<input type="checkbox"/> Developed by responsible clinical staff person and patient; signed, dated within 45 days of admission	
		<input type="checkbox"/> Reviewed, approved, signed, dated by MDT within 45 days of admission	
Staff Member Reviewing			Date
5	Treatment/Recovery Plan Review	<input type="checkbox"/> Reviewed within appropriate 90/180 day period	
		<input type="checkbox"/> Evidence of Consultation with Patient	
		<input type="checkbox"/> Summary of progress in each goal area	
		<input type="checkbox"/> New goals added as necessary	
		<input type="checkbox"/> Reviewed, signed and date by MDT member	
Staff Member Reviewing			Date