

Health and Behavior Intervention Audit Tool

Local Health Department: _____ Date _____

Reviewer(s):

Client Identifier

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1. Demographic Data

	1	2	3	4	5	6	7	8	9	10
Name										
Medicaid Number										
Date of Birth										
Race/Ethnicity										
County of Residence										
Address										
Phone										
Estimated Due Date (EDD)										
Date Pregnancy Ended										

	Yes	No
Record compliant?		
Comments:		

2. Referral/Screening

	1	2	3	4	5	6	7	8	9	10		
Referral/Screening documents a covered condition appropriate for service												
Source of referral documented												
Timely response												
										Yes	No	
Record compliant?												
Comments:												

3. Psychosocial Assessment

	1	2	3	4	5	6	7	8	9	10		
Presenting problem(s) identified												
Complete assessment of factors affecting presenting problem(s)												
Summary of assessment documented												
Total service time component (minutes=units)												
										Yes	No	
Record compliant?												
Comments:												

4. Treatment Plan

	1	2	3	4	5	6	7	8	9	10		
Treatment plan for each identified problem, including client centered goals/objectives												
Goals/objectives are time specific and measurable												
Initial treatment plan signed and dated by client and LCSW												
Documentation of coordination of care with prenatal care provider, CMHRP, and/or other referral sources as appropriate												
										Yes	No	
Record compliant?												
Comments:												

5. Subsequent Contacts/Progress Notes

	1	2	3	4	5	6	7	8	9	10
Treatment plan reviewed and updated monthly or more frequently, if indicated										
Treatment outcomes documented, as appropriate										
Treatment summary/impressions documented										
Total service time component (minutes=units)										
Documentation of coordination of care, as appropriate										

	Yes	No
Record compliant?		
Comments:		

6. Closure

	1	2	3	4	5	6	7	8	9	10
Reason for closure documented										
Final status of treatment plan goals/objectives										

	Yes	No
Record compliant?		
Comments:		

7. Policy and procedure

	1	2	3	4	5	6	7	8	9	10
Policy for Provision HBI services										
Policy for patients experiencing mental health crises										
Policy contains information on referrals and resources to be provided to patients experiencing interpersonal violence										
Policy contains information on referrals and resources to be provided to patients using substances										

	Yes	No
Record compliant?		
Comments:		

8. Staffing Provider Qualifications Met
 (Current licensure held by LCSW)

	1	2	3	4	5	6	7	8	9	10

	Yes	No
Record compliant?		
Comments:		

HEALTH AND BEHAVIOR INTERVENTION AUDIT TOOL GUIDANCE

DPH = Division of Public Health requirement
NC Medicaid = NC Medicaid Clinical Coverage Policy requirement

1. Demographic Data

REQUIRED COMPONENTS

- Name (NC Medicaid 1M-3, 7.0)
- Date of Birth (NC Medicaid 1M-3, 7.0)
- Race/Ethnicity (DPH)
- County of Residence (DPH)
- Medicaid Number (NC Medicaid 1M-3, 7.0)
- Address (DPH)
- Telephone Number (DPH)
- Estimated Due Date (EDD) (NC Medicaid 1M-3, 7.0)
- Date pregnancy ended (NC Medicaid 1M-3, 7.0)

The information listed in this section is required but does not have to be noted using a separate form.

2. Referral/Screening

REQUIRED COMPONENTS

- The specific covered condition, as stated by the referral source and verified by the HBI provider, must be clearly noted. (NC Medicaid 1M- 3, 7.0)
- The referral or screening document must specify the referral source. (DPH)
- A response to all referrals is required within 1 week. Urgency of referrals is agency-determined and an appropriate policy for emergency referrals must be in place. (DPH)

A screening form and/or a referral can be used to bring a client to the attention of the provider. A screening and/or referral may come from any provider who has assessed the client to have specific psychosocial needs or self-referral.

3. Psychosocial Assessment

REQUIRED COMPONENTS

- Presenting problem(s). If presenting problem is not a HBI covered condition, the covered condition indicating program eligibility must also be documented. (DPH)
- Complete assessment of factors affecting presenting problem. (DPH)
- Summation of assessment. If DSM V diagnosis or Global Assessment of Function estimation were preferred by the LCSW, this would be an appropriate location for them. (DPH)
- Assessment signed and dated. (NC Medicaid 1M-3, 7.0)
- Total service time component (30 minutes = 2 units). (NC Medicaid 1M-3, 7.0)

Review of other information in the client's clinical/CMHRP record can also be conducted.

The assessment should incorporate the views and opinions of the client to assure that planning and treatment are relevant to their experience.

4. Treatment Plan

REQUIRED COMPONENTS

- Client-centered goal(s)/objective(s) specified. The presenting problem is a simple statement of the client's perception of the issue to be addressed in treatment. (DPH)
- Goals should be (DPH):
 - Client-centered
 - negotiated with the client
 - timeframe specific
 - relate to the presenting problem(s) and additional issues from initial assessment and subsequent reviews/updates
 - objectively written with a solution focus
- Timeframe(s) specified, as negotiated with the client. The time it may take to reach the goal(s) should be as specific as possible to demonstrate expected progress.
- The treatment plan must be signed and dated by the client (DPH) and the provider. (NC Medicaid 1M-3, 7.0)
- Documentation of coordination of care with all other caregivers, as appropriate, to avoid duplication of services. (NC Medicaid 1M-3, 7.0)

The treatment plan is a formalized tool that makes the purpose of intervention clear to everyone involved. It acts as the foundation to treatment and guides all intervention. It may be amended throughout treatment to reflect the changing needs of the client/client system.

5. Subsequent Contacts/Progress Notes

REQUIRED COMPONENTS

- Treatment plan reviewed monthly, or more frequently if indicated. (DPH) A periodic update of the treatment plan is indicated as a client progresses through intervention. As objectives and goals are attained, this should be noted on the treatment plan and in progress notes. Provider initial and date will suffice as indication of review on the treatment plan.
- Treatment outcomes are documented. (DPH)
- Summary/impressions documented. Progress notes are a brief account of client-provider interaction as the client moves toward their treatment goal(s). (DPH)
- Total service time component (30 minutes = 2 units). (NC Medicaid 1M-3, 7.0)

According to the HIPPA privacy regulations, there are very specific guidelines about psychotherapy notes. Due to this service being provided by LCSWs who are deemed qualified psychotherapy providers, it is highly recommended that the agency administration establishes guidelines pertaining to these notes. For additional information, reference publications by the National Association of Social Workers (NASW).

6. Closure

REQUIRED COMPONENTS

- Reason for closure documented. (DPH)
- Final status of treatment plan goals/objectives documented. (DPH)

7. Policy and Procedure

REQUIRED COMPONENTS

- Policy documents contain policies and procedures for the provision of HBI services. (DPH)
- Policy documents contain a protocol regarding response to patients experiencing mental health emergencies. (DPH)
- Policy outlines referrals and resources to be provided to patients using substances and to patients experiencing interpersonal violence. (DPH)

8. Staffing Provider Qualifications Met

REQUIRED COMPONENTS

The qualifications of Licensed Clinical Social Worker (LCSW) must be held by anyone providing Health and Behavior Intervention services. The notation of "LCSW" must appear as part of the provider's signature in all professionally based documentation. (NC Medicaid 1M-3, 6.0)