Outpatient (OP) Consultation Chart Audit Tool

MassHealth version of 9/13/2017

Section 1: Background information	
Provider agency name	
Provider site	
Reviewer name (last name, first name)	
Date of review	
Member MCE	
MMIS #	
Member DOB	
Member gender	
Member primary language	
Earliest date of OP service during past 12 months (from chart)	
The member met with the OP **less than 8 times** in the past 12 months. (If yes, end review here)	
Number of OP visits during past 12 months (from chart: psychodiagnostic assessment, individual, family, or consultation; do not count group or medication visits).	
Is the member Standard or CommonHealth?	
While receiving OP services at this agency, has the youth received either ICC our IHT? (If the youth has been in OP for more than a year, consider only the past twelve months in answering this question.) (*if so, end review here*)	
Is Evaluation of Need for ICC in chart, current to last six months?	
If so, were MNC for ICC met?	
If so, was ICC discussed with family?	
If so, was the outcome to refer or not to refer to ICC?	
During the last 12 months, has the member declined a recommendation from the OP therapist for referral to ICC or IHT? (if so, end review here)	

Section 2: Assessment and Planning	
Reviewer please indicate your degree of agreement with the following statements (4 point scale):	Rating
1. The initial assessment presents a clear picture of the reason(s) for initiating the outpatient treatment service 1 Not at all 2 Slightly 3 Substantially 4 Completely	
2. The outpatient clinician has gathered relevant historical and contextual data about the child and family, sufficient to support an understanding of the child's diagnosis and functioning. This includes exploration, when relevant, of child and family history of trauma, loss, DV and substance abuse. (Initial assessment including CANS, and ongoing notes) 1 Not at all 2 Slightly 3 Substantially 4 Completely	
3. The clinician has identified child and family strengths and has incorporated them into the treatment approach. 1 Not at all 2 Slightly 3 Substantially 4 Completely	
4. The clinician has developed and articulated a formulation, or theory of the case, that explains how relevant factors in the child's life contribute to the presenting problem(s) and that provides a rationale for treatment interventions. 1 Not at all 2 Slightly 3 Substantially 4 Completely	
5. The treatment plan, including any use of additional services (including diagnostic procedures or hub-dependent services) or supports is clear and is appropriate given the assessment and formulation. 1 Not at all 2 Slightly 3 Substantially 4 Completely	
6. The clinician has involved the caregiver(s) and youth (to the extent it is developmentally appropriate) as active participants in treatment planning. 1 Not at all 2 Slightly 3 Substantially 4 Completely	
7. Ongoing assessment. As treatment has continued, the clinician has confirmed or altered the formulation through considering new information. (This may be apparent in assessment updates or plan updates or in progress notes.) 1 Not at all 2 Slightly 3 Substantially 4 Completely	
Sum of ratings from rows 1 through 7:	

Section 3: Teaming, Delivery and Coordination							
A. Possible Supports & Providers	B. There is evidence that the youth and family are involved with this collateral during the last 12 months. If yes, check this column.	C. Collaborating by the OP Provider would be clinically beneficial. If yes, check this column.	D. If yes to column C, is the amount of collaboration sufficient to meet the youth and family need? Choose from the options below:				E. Reviewer believes youth and family could benefit from a referral to this support/provider.
			1. Yes	2. Partially	3. No	4. Parent Declined	
Community & Educational Supports							
1. Family/Friends							
2. School/ Educational Providers / Early Intervention							
3. Child Care/ After School Providers							
4. Community Supports (ex. Coach, Pastor, etc)							
Service Providers							
5. Youth's Medical Doctor/Nurse							
6. Psychiatrist/Psychiatric Nurse							
7. Family Therapist							
8. Group Therapist							
9. Psychiatric Hospital/Partial Hospital Provider							
10. CBAT/Residential Provider							
11. Mobile Crisis Provider							
CBHI Service Providers							
12. Therapeutic Mentor							
13. In-Home Behavioral Services							
14. Family Partner							
State Agencies							
15. Department of Child and Family (DCF)							
16. Department of Mental Health (DMH)							
17. Department of Youth Services (DYS)							
18. Department of Developmental Services							

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			1. Yes	2. Partially	3. No	4. Parent Declined	
(DDS)							
19. Bureau of Substance Abuse Services (BSAS)							
20. Juvenile Court / Probation Office							
Other – Use Space to Write in Other Resources							
22. Other:							
23. Other:							
24. Other:							
CBHI Service Providers							
25. In-Home Therapist	N/A	N/A	N/A	N/A	N/A	N/A	
26. Intensive Care Coordinator	N/A	N/A	N/A	N/A	N/A	N/A	
Number of checks in column:							
Number of checks in column D (1 through 4) divided by number of checks in column C							

If reviewer identifies NO collaterals with whom the OP clinician should have collaborated, check here: ☐

Section 4: Concurrent indicators Please check if any of these events is found in the record. These items, when aggregated, provide an overall sense of the acuity and complexity of the youth's needs.			
Child welfare involvement	51a filed in last 12 mos (number of times)	number	
	Child in DCF placement anytime last 12 mos	Yes / no	
DMH involvement	Child referred for or has DMH case management	Yes / no	
	Child out of home in DMH placement anytime last 12 mos	Yes / no	
DYS involvement	Child committed to DYS anytime last 12 mos	Yes / no	
	DYS conditional grant of liberty revoked in last 12 mos (youth "pulled back in")	Yes / no	
BH crisis	Number of MCI encounters last 12 mos	Number	
BH acute	Number of CBAT or inpatient admissions last 12 mos (do not count stepdown or transfer as separate admission)	Number	
Law enforcement	Child arrested by police in last 12 mos	Yes / no	
Court	Child has CRA (previously CHINS) petition filed last 12 mos	Yes / no	
	Child has delinquency charge current in last 12 mos	Yes / no	
Medical	Hospital admission for accident / physical trauma last 12 mos	Yes / no	
	Hospital admission for other non-elective medical cause last 12 mos	Yes / no	
Family	Family member psychiatrically or medically hospitalized last 12 mos	Yes / no	
	Family member obtains restraining order during last 12 mos	Yes / no	
Homeless	Youth homeless in last 12 mos	Yes / no	
School	Youth expelled from school last 12 mos	Yes / no	
	Youth has out-of-school suspension last 12 mos (number of times)	Number	
Total number of indicators (sum of counts, a Yes is a 1):			

Summary comments	
Reviewer judgment: Areas of OP work where practice was of exceptional quality.	
Reviewer judgment: Areas where practice was acceptable but could have been strengthened.	
Reviewer judgment: Areas where practice was substandard, not consistent with service specification.	
Reviewer questions or comments on scoring issues:	
Total time spent in reading and scoring this chart (minutes):	

Outpatient (OP) Consultation Chart Audit Tool User Guide

Amount of Records to Review: 25 (max) or 10% (whatever it the lesser number) of enrolled membership involved in outpatient per region (5 regions) per plan
Whose records to review: Medicaid members under 21 years old who received at least 8 units of OP in last year AND had no claims for ICC or IHT in last year.
Lookback period: Maximum of 1 year except for Assessment form, which may be older than one year.
Where the evidence will be found in the youth's treatment record: Assessment, Treatment Plan, Progress Notes, Releases, CANS, Letters, Email, Billing, and Other

Use Comments sections for reviewers to make notes & for training purposes; Not to be included in reports from this data

- **Column A:** A list of providers and supports that the OP provider could potentially collaborate with depending on the youth/family's need and agreement. The green sections are headers to help orient the reviewer and should not be completed. There is a N/A – No appropriate supports identified so that if that is the case it can be documented and not appear that the tool was not completed.
- **Column B:** This column indicates providers or supports with which the child / family is already involved in some way.
- **Column C:** For determining whether the youth and family need the outpatient provider to coordinate or collaborate, consider whether that support exists and whether it would be clinically appropriate considering the member's strengths and needs. Check the box only if the need is identified as appropriate by the reviewer. Supports checked in column C but not column B are those which the clinician should try to engage, with member consent. It is logically possible that a provider or support with whom the family is already engaged does not need any collaboration from the OP clinician (check on B but not C) but this would be unusual. Family declining permission does not mean no need for collaboration; this contingency can be indicated in column D4.
- **Column D:** If the answer to Column C on the row is yes, review the record to determine whether the OP Provider has made diligent effort to be in contact with that support. Use clinical judgment as to whether the level of effort was appropriate, could have used additional contacts / consults, or was missing needed contacts altogether. Choose as many as is appropriate.
    - Answer:
        - Yes – Appropriate level of contact is documented taking place, or diligent effort was made to do so
        - Partially – Some appropriate contacts and some missed opportunities for collaboration
        - No – Contacts are not present in the record according to member's/member's family need and no real effort was shown
        - Parent Declined - The youth or the youth's family chose to not allow the OP provider to contact that support.
    - Diligent effort means repeated efforts to establish contact, and creativity as needed (e.g. escalate call to DCF supervisor; arrange calls at times convenient for the collateral; if one mode of communication does not work, one or two others are tried).