



**MARION COUNTY HEALTH DEPARTMENT COMMUNITY & PROVIDER SERVICES (CAPS)
CLINICAL RECORD REVIEW TOOL (REVISED 01/2009)**

Reviewer Last: _____ Client Name: _____
Date of Review: _____ DOB: _____ ☐ Adult ☐ Child
Dates of Service under review: _____ to: _____

Date of Enrollment CPMS: _____
Date of Termination CPMS (if applicable): _____
Date client signed Consent to Treat: _____

I. MENTAL HEALTH ASSESSMENT (MHA)

Is a MHA: ☐ Present ☐ Not Present (go to section II)
Date of most recent MHA: _____ Is MHA: ☐ Initial ☐ Update
Is the MHA signed by a QMHP or higher? ☐ Yes ☐ No
If update, is the MHA reviewed and signed by an LMP? ☐ Yes ☐ No

Using the table below, please mark the appropriate box for each item contained in the MHA. Only one marked box per row is allowed. **NOTE:** If Review for Completeness is selected comments must be included.

	Meets Expectations	Review for Completeness	Absent
Mental Status Included. OAR 309-032-0575(1)			
Diagnostic summary to support diagnosis (I-V axes). OAR 309-016-0080(3)(b), 309-016-0370(3)(b)			
Assessment that documents symptoms to support diagnosis. OAR 309-032-0575(1)			
Documentation of health education that includes promotion and maintenance of optimal health care status to include identification of tobacco use, referral for tobacco cessation interventions (educations material, tobacco cessation groups, pharmacological benefits and the Oregon Tobacco Quit Line (1-877-270-STOP)). Effective January 1, 2008.			
Clinical formulation that provides a description of:			
➤ Presenting problem. OAR 309-032-0575(1)(b)			
➤ Biological, cultural, psychological, and social factors that are a priority for intervention. OAR 309-032-0575(1)(b)			
➤ Clinical events and/or course of illness including onset, duration, and severity of presenting concerns. OAR 309-032-0575(1)(c)			
➤ Client and/or family expectations for recovery. OAR 309-032-0575(1)(d)			
➤ Issues/concerns that warrant treatment or management are included. OAR 309-032-0575(1)(e)			
➤ Justification for treatment and prognosis. OAR 309-032-0575(1)(f)			

Reviewer comments of MHA (e.g. template, readability, ease of finding items, exceptional documentation, etc):

II. TREATMENT PLAN

Is a Treatment Plan: ☐ Present ☐ Not Present (go to section II)

Date of most recent Treatment Plan: _____ Is Treatment Plan: ☐ Initial ☐ Update

Is the Treatment Plan signed by a QMHP or higher? ☐ Yes ☐ No

Is the Treatment Plan reviewed and signed by an LMP? ☐ Yes ☐ No

Using the table below, please mark the appropriate box for each item contained in the Treatment Plan. Only one marked box per row is allowed. **NOTE:** If Review for Completeness is selected comments must be included.

	Meets Expectations	Review for Completeness	Absent	N/A
Goals addressed are based upon assessed needs. OAR 309-032-0575(2)(a)				
Goals and objectives are individualized, measurable, timely, and culturally appropriate to the client's identified service needs. OAR 309-016-0080(2)(b), 309-016-0370(2)(b), 309-032-0575(2)(b)				
Objectives include frequency and duration, and the individuals responsible for the services. OAR 309-032-0575(2)(b)(B)				
Documents of client/parent/guardian/natural supports involvement. OAR 309-016-0080(1)(i), 309-016-0370(1)(i), 309-032-0575(2)(c)(D)				
UPDATE ONLY: Updated at least annually or in response to a client request or treatment need. OAR 309-016-0080(3), 309-016-0350, 309-016-0370(2)				

Reviewer comments of Treatment Plan (e.g. template, readability, ease of finding items, exceptional documentation, etc):

III. DISCHARGE SUMMARY

Is client currently: ☐ Closed ☐ Open with last contact over 90 days ago ☐ Open with contact in last 90 days (go to section V)

Last date of client contact: _____

Is Discharge Summary: ☐ Present ☐ Not Present (go to section V)

Date of Discharge Summary: _____ ☐ Planned ☐ Unplanned

Using the table below, please mark the appropriate box for each item contained in the Discharge Summary. Only one marked box per row is allowed. **NOTE:** If Review for Completeness is selected comments must be included.

	Meets Expectations	Review for Completeness	Absent	N/A
Documentation of last service contact with client, diagnosis at enrollment, and summary stating effectiveness of treatment and progress towards treatment plan goals. OAR 309-032-0575 (5)(a)				
Description of reason for discharge, changes in diagnosis, current diagnosis and level of functioning, and prognosis and recommendations for further treatment. OAR 309-032-0575 (5)(b)				
PLANNED DISCHARGE: Documentation of client participation in termination planning and preparation to further client recovery. OAR 309-032-0575 (5)(c)				
UNPLANNED DISCHARGE: Documentation of effort to contact client or reasons why efforts were not made. OAR 309-032-0575 (5)(d)				

Reviewer comments of Discharge Summary (e.g. template, readability, ease of finding items, exceptional documentation, etc):

Has client received service as evidenced by paid MVBCN claims: ☐ Yes ☐ No (go to VI)

[illegible]

V. FINAL QUESTIONS, COMMENTS, AND REVIEWER SIGNATURE

Reviewer signature: _____ Date: _____

Reviewer comments of Clinical Record: