

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

<b>Provider Name &amp; Site Location:</b>	<b>Audit Date:</b>
<b>Funding Type:</b>	<b>Auditor:</b>
<b>Population (Adult or Adol.):</b>	<b>Client ID#:</b>
<b>INDICATOR</b>	<b>Earned</b>   <b>Possible</b>
<b>COMMENTS</b>	

CLIENT RIGHTS (IDAPA 16.07.20 Section 350.01-.08)			
<b>1</b>	All alcohol and substance disorders treatment or recovery support services program must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. The client must sign acknowledgement of understanding these rights. (Hard Copy Signatures)		1
	Signed form is in the client's record? <i>[yes=1, no=0]</i>		1
<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

CLIENT RELEASES AND COLLATERAL CONTACTS			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>		1
<b>3</b>	Does the client record include a completed DHW release of information form, no blank lines and is signed? (If the client is an adolescent, under 16, a parent or guardian has to sign the release). <i>[yes=1, no=0]</i>		1
<b>4</b>	Does the client record include Release of Information (a signed client authorization to exchange specific treatment information with a specified person or agency) forms that have been correctly completed? (Not to include DHW release). <i>[yes=1, no=0]</i> <i>If a record contains more than one release - enter # of releases created by treatment agencies in comments.</i>		1
<b>5</b>	<b>Criminal Justice only</b> - The client record evidences the clinician is attempting communication with correctional staff in situations where the client is on supervised probation or parole at both the state and county level. A release of information is necessary as applicable by law. <i>[yes=1, no=0, NA= blank]</i> <i>Look for documentation of communication.</i>		
<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

REFERRALS FOR TESTING			
6	Is there documentation that the client was given a referral or information regarding HIV testing? <i>[yes=1, no=0]</i>		1
7	Is there documentation that the client was given a referral or information regarding TB testing? <i>[yes=1, no=0]</i>		1
<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 & 04)			
8	<b>Assessments</b> completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. <i>[yes=1, no=0] Check electronic signature in WITS to verify it is signed by clinician.</i>		1
9	<b>Progress Notes.</b> Notes for each treatment session charting the client's progress must include personalized description of the session. <i>[1 point possible for each date audited] Enter audited dates of service in comment section</i>		5
<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

Individualized Service Plans (Treatment and Discharge) and Discharge Summary (IDAPA 16.07.20, Section 380.04)			
10	<b>Service Plan Development Timeline.</b> A service plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility and within thirty (30) days of completion or receipt of state approved assessment in outpatient setting. <i>[yes=1, no=0]</i>		1
11	<b>Updates.</b> The service plan must be updated, as required, at least every seven (7) days in a residential setting and ninety (90) days in outpatient setting. <i>[1 point possible for each required update, NA=blank]</i>		

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12	<b>Service Plan Collaboration.</b> Was the development of a service plan (treatment and discharge plan) a collaborative process involving the client and other support and service systems? <i>[yes=1, no=0] If client chooses not to have others involved this must be documented in GRRS assessment or in progress note</i>	1	
13	Are the listed services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery? <i>[yes=1, no=0] See service plan</i>	1	
14	<b>Referrals.</b> Is there evidence of referrals for needed services not provided by the program including those for recovery support services that support treatment as defined in Subsection 012.03 of IDAPA rules? <i>[yes=1, no=0, NA=blank] See service plan</i>		
15	Does the plan evidence goals to achieve a recovery-oriented lifestyle? <i>[yes=1, no=0]</i>	1	
16	Do the objectives relate to the goals and are they written in measurable terms, with targeted expected achievement dates? <i>[yes=1, no=0]</i>	1	
17	Does the service plan include service frequency? <i>[yes=1, no=0]</i>	1	
18	Does the service plan include outline for including the family or other social supports? <i>[yes=1, no=0]</i>	1	
19	Do the service plan goals and objectives reflect the service needs identified on the assessment? <i>[yes=1, no=0]</i>	1	
20	<b>Discharge Criteria.</b> Is the criteria to be met for discharge from services clearly outlined? <i>[yes=1, no=0] See service plan or discharge plan</i>	1	
21	Does the service plan include a plan for services to be provided after discharge? <i>[yes=1, no=0]</i>	1	
22	<b>Discharge Summary.</b> A discharge summary must be entered in the client record within fifteen (15) days following discharge. <i>[yes=1, no=0, NA= blank]</i>		
23	<b>Discharge Summary.</b> Includes client status at discharge and treatment progress. <i>[yes=1, no=0, NA= blank]</i>		
24	<b>Discharge Summary.</b> Includes summary of services to be provided after discharge. <i>[yes=1, no=0, NA= blank]</i>		

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

25	Discharge Summary. Includes referrals for further treatment. <i>[yes=1, no=0, NA=blank]</i>			
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Sub-total Individualized Service Plans	0	10
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**PWWC for future use**

26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>			
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Sub-total PWWC:	0	0
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TOTAL	0	22
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Comments:

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Provider Name & Site Location:	0	Audit Date:	1/0/00
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Population (Adult or Adol.):		Client ID#:	
<b>INDICATOR</b>		<b>Earned</b>   <b>Possible</b>	<b>COMMENTS</b>

CLIENT RIGHTS (IDAPA 16.07.20 Section 350.01-.08)			
<b>1</b>	All alcohol and substance disorders treatment or recovery support services program must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. The client must sign acknowledgement of understanding these rights. (Hard Copy Signatures)		
	Signed form is in the client's record? <i>[yes=1, no=0]</i>	1	
<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

CLIENT RELEASES AND COLLATERAL CONTACTS			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>	1	
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<b>4</b>	Does the client record include Release of Information (a signed client authorization to exchange specific treatment information with a specified person or agency) forms that have been correctly completed? (Not to include DHW release). <i>[yes=1, no=0]</i> <i>If a record contains more than one release - enter # of releases created by treatment agencies in comments.</i>	1	
<b>5</b>	<b>Criminal Justice only</b> - The client record evidences the clinician is attempting communication with correctional staff in situations where the client is on supervised probation or parole at both the state and county level. A release of information is necessary as applicable by law. <i>[yes=1, no=0, NA= blank]</i> <i>Look for documentation of communication.</i>		
<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

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<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 & 04)			
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25	<b>Discharge Summary.</b> Includes referrals for further treatment. <i>[yes=1, no=0, NA=blank]</i>			
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Sub-total Individualized Service Plans 0 10

<b>PWWC for future use</b>				
26	<b>Completed checklist in file.</b> <i>[1 point possible for each PWWC chart]</i>			

Sub-total PWWC: 0 0

TOTAL 0 22

Comments:

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<b>INDICATOR</b>		<b>Earned</b>   <b>Possible</b>	<b>COMMENTS</b>

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<b>25</b>	<b>Discharge Summary.</b> Includes referrals for further treatment. <i>[yes=1, no=0, NA=blank]</i>			
<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

PWWC <span style="color: red;">for future use</span>			
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>		

Sub-total PWWC: 

0	0
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TOTAL 

0	22
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Comments:

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Provider Name & Site Location:	0	Audit Date:	1/0/00
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<b>INDICATOR</b>		<b>Earned</b>   <b>Possible</b>	<b>COMMENTS</b>

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<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

CLIENT RELEASES AND COLLATERAL CONTACTS			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>	1	
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<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

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<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

<b>PWWC for future use</b>				
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>			
<b>Sub-total PWWC:</b>		<b>0</b>	<b>0</b>	
<b>TOTAL</b>		<b>0</b>	<b>22</b>	

Comments:

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<b>5</b>	<b>Criminal Justice only</b> - The client record evidences the clinician is attempting communication with correctional staff in situations where the client is on supervised probation or parole at both the state and county level. A release of information is necessary as applicable by law. <i>[yes=1, no=0, NA= blank]</i> <i>Look for documentation of communication.</i>		
<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

REFERRALS FOR TESTING			
6	Is there documentation that the client was given a referral or information regarding HIV testing? <i>[yes=1, no=0]</i>		1
7	Is there documentation that the client was given a referral or information regarding TB testing? <i>[yes=1, no=0]</i>		1
<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 & 04)			
8	<b>Assessments</b> completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. <i>[yes=1, no=0] Check electronic signature in WITS to verify it is signed by clinician.</i>		1
9	<b>Progress Notes.</b> Notes for each treatment session charting the client's progress must include personalized description of the session. <i>[1 point possible for each date audited] Enter audited dates of service in comment section</i>		5
<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

Individualized Service Plans (Treatment and Discharge) and Discharge Summary (IDAPA 16.07.20, Section 380.04)			
10	<b>Service Plan Development Timeline.</b> A service plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility and within thirty (30) days of completion or receipt of state approved assessment in outpatient setting. <i>[yes=1, no=0]</i>		1
11	<b>Updates.</b> The service plan must be updated, as required, at least every seven (7) days in a residential setting and ninety (90) days in outpatient setting. <i>[1 point possible for each required update, NA=blank]</i>		

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

12	<b>Service Plan Collaboration.</b> Was the development of a service plan (treatment and discharge plan) a collaborative process involving the client and other support and service systems? <i>[yes=1, no=0] If client chooses not to have others involved this must be documented in GRRS assessment or in progress note</i>	1	
13	Are the listed services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery? <i>[yes=1, no=0] See service plan</i>	1	
14	<b>Referrals.</b> Is there evidence of referrals for needed services not provided by the program including those for recovery support services that support treatment as defined in Subsection 012.03 of IDAPA rules? <i>[yes=1, no=0, NA=blank] See service plan</i>		
15	Does the plan evidence goals to achieve a recovery-oriented lifestyle? <i>[yes=1, no=0]</i>	1	
16	Do the objectives relate to the goals and are they written in measurable terms, with targeted expected achievement dates? <i>[yes=1, no=0]</i>	1	
17	Does the service plan include service frequency? <i>[yes=1, no=0]</i>	1	
18	Does the service plan include outline for including the family or other social supports? <i>[yes=1, no=0]</i>	1	
19	Do the service plan goals and objectives reflect the service needs identified on the assessment? <i>[yes=1, no=0]</i>	1	
20	<b>Discharge Criteria.</b> Is the criteria to be met for discharge from services clearly outlined? <i>[yes=1, no=0] See service plan or discharge plan</i>	1	
21	Does the service plan include a plan for services to be provided after discharge? <i>[yes=1, no=0]</i>	1	
22	<b>Discharge Summary.</b> A discharge summary must be entered in the client record within fifteen (15) days following discharge. <i>[yes=1, no=0, NA= blank]</i>		
23	<b>Discharge Summary.</b> Includes client status at discharge and treatment progress. <i>[yes=1, no=0, NA= blank]</i>		
24	<b>Discharge Summary.</b> Includes summary of services to be provided after discharge. <i>[yes=1, no=0, NA= blank]</i>		

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

25	<b>Discharge Summary.</b> Includes referrals for further treatment. [ <i>yes=1, no=0, NA=blank</i> ]			
<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

PWWC <b>for future use</b>			
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>		

Sub-total PWWC: 

0	0
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TOTAL 

0	22
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Comments:

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

<b>Provider Name &amp; Site Location:</b>	0	<b>Audit Date:</b>	1/0/00
<b>Funding Type:</b>		<b>Auditor:</b>	0
<b>Population (Adult or Adol.):</b>		<b>Client ID#:</b>	
<b>INDICATOR</b>		<b>Earned</b>   <b>Possible</b>	<b>COMMENTS</b>

CLIENT RIGHTS (IDAPA 16.07.20 Section 350.01-.08)			
<b>1</b>	All alcohol and substance disorders treatment or recovery support services program must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. The client must sign acknowledgement of understanding these rights. (Hard Copy Signatures)		
	Signed form is in the client's record? <i>[yes=1, no=0]</i>	1	
<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

CLIENT RELEASES AND COLLATERAL CONTACTS			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>	1	
<b>3</b>	Does the client record include a completed DHW release of information form, no blank lines and is signed? (If the client is an adolescent, under 16, a parent or guardian has to sign the release). <i>[yes=1, no=0]</i>	1	
<b>4</b>	Does the client record include Release of Information (a signed client authorization to exchange specific treatment information with a specified person or agency) forms that have been correctly completed? (Not to include DHW release). <i>[yes=1, no=0]</i> <i>If a record contains more than one release - enter # of releases created by treatment agencies in comments.</i>	1	
<b>5</b>	<b>Criminal Justice only</b> - The client record evidences the clinician is attempting communication with correctional staff in situations where the client is on supervised probation or parole at both the state and county level. A release of information is necessary as applicable by law. <i>[yes=1, no=0, NA= blank]</i> <i>Look for documentation of communication.</i>		
<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

REFERRALS FOR TESTING			
6	Is there documentation that the client was given a referral or information regarding HIV testing? <i>[yes=1, no=0]</i>		1
7	Is there documentation that the client was given a referral or information regarding TB testing? <i>[yes=1, no=0]</i>		1
<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 & 04)			
8	<b>Assessments</b> completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. <i>[yes=1, no=0] Check electronic signature in WITS to verify it is signed by clinician.</i>		1
9	<b>Progress Notes.</b> Notes for each treatment session charting the client's progress must include personalized description of the session. <i>[1 point possible for each date audited] Enter audited dates of service in comment section</i>		5
<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

Individualized Service Plans (Treatment and Discharge) and Discharge Summary (IDAPA 16.07.20, Section 380.04)			
10	<b>Service Plan Development Timeline.</b> A service plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility and within thirty (30) days of completion or receipt of state approved assessment in outpatient setting. <i>[yes=1, no=0]</i>		1
11	<b>Updates.</b> The service plan must be updated, as required, at least every seven (7) days in a residential setting and ninety (90) days in outpatient setting. <i>[1 point possible for each required update, NA=blank]</i>		

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

12	<b>Service Plan Collaboration.</b> Was the development of a service plan (treatment and discharge plan) a collaborative process involving the client and other support and service systems? <i>[yes=1, no=0] If client chooses not to have others involved this must be documented in GRRS assessment or in progress note</i>	1	
13	Are the listed services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery? <i>[yes=1, no=0] See service plan</i>	1	
14	<b>Referrals.</b> Is there evidence of referrals for needed services not provided by the program including those for recovery support services that support treatment as defined in Subsection 012.03 of IDAPA rules? <i>[yes=1, no=0, NA=blank] See service plan</i>		
15	Does the plan evidence goals to achieve a recovery-oriented lifestyle? <i>[yes=1, no=0]</i>	1	
16	Do the objectives relate to the goals and are they written in measurable terms, with targeted expected achievement dates? <i>[yes=1, no=0]</i>	1	
17	Does the service plan include service frequency? <i>[yes=1, no=0]</i>	1	
18	Does the service plan include outline for including the family or other social supports? <i>[yes=1, no=0]</i>	1	
19	Do the service plan goals and objectives reflect the service needs identified on the assessment? <i>[yes=1, no=0]</i>	1	
20	<b>Discharge Criteria.</b> Is the criteria to be met for discharge from services clearly outlined? <i>[yes=1, no=0] See service plan or discharge plan</i>	1	
21	Does the service plan include a plan for services to be provided after discharge? <i>[yes=1, no=0]</i>	1	
22	<b>Discharge Summary.</b> A discharge summary must be entered in the client record within fifteen (15) days following discharge. <i>[yes=1, no=0, NA= blank]</i>		
23	<b>Discharge Summary.</b> Includes client status at discharge and treatment progress. <i>[yes=1, no=0, NA= blank]</i>		
24	<b>Discharge Summary.</b> Includes summary of services to be provided after discharge. <i>[yes=1, no=0, NA= blank]</i>		

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

25	<b>Discharge Summary.</b> Includes referrals for further treatment. [ <i>yes=1, no=0, NA=blank</i> ]			
<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

PWWC <b>for future use</b>			
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>		

Sub-total PWWC: 

0	0
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TOTAL 

0	22
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Comments:

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

Provider Name & Site Location:	0	Audit Date:	1/0/00
Funding Type:		Auditor:	0
Population (Adult or Adol.):		Client ID#:	
<b>INDICATOR</b>		<b>Earned</b>   <b>Possible</b>	<b>COMMENTS</b>

CLIENT RIGHTS (IDAPA 16.07.20 Section 350.01-.08)			
<b>1</b>	All alcohol and substance disorders treatment or recovery support services program must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. The client must sign acknowledgement of understanding these rights. (Hard Copy Signatures)		
	Signed form is in the client's record? <i>[yes=1, no=0]</i>	1	
<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

CLIENT RELEASES AND COLLATERAL CONTACTS			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>	1	
<b>3</b>	Does the client record include a completed DHW release of information form, no blank lines and is signed? (If the client is an adolescent, under 16, a parent or guardian has to sign the release). <i>[yes=1, no=0]</i>	1	
<b>4</b>	Does the client record include Release of Information (a signed client authorization to exchange specific treatment information with a specified person or agency) forms that have been correctly completed? (Not to include DHW release). <i>[yes=1, no=0]</i> <i>If a record contains more than one release - enter # of releases created by treatment agencies in comments.</i>	1	
<b>5</b>	<b>Criminal Justice only</b> - The client record evidences the clinician is attempting communication with correctional staff in situations where the client is on supervised probation or parole at both the state and county level. A release of information is necessary as applicable by law. <i>[yes=1, no=0, NA= blank]</i> <i>Look for documentation of communication.</i>		
<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

REFERRALS FOR TESTING			
6	Is there documentation that the client was given a referral or information regarding HIV testing? <i>[yes=1, no=0]</i>		1
7	Is there documentation that the client was given a referral or information regarding TB testing? <i>[yes=1, no=0]</i>		1
<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 & 04)			
8	<b>Assessments</b> completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. <i>[yes=1, no=0] Check electronic signature in WITS to verify it is signed by clinician.</i>		1
9	<b>Progress Notes.</b> Notes for each treatment session charting the client's progress must include personalized description of the session. <i>[1 point possible for each date audited] Enter audited dates of service in comment section</i>		5
<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

Individualized Service Plans (Treatment and Discharge) and Discharge Summary (IDAPA 16.07.20, Section 380.04)			
10	<b>Service Plan Development Timeline.</b> A service plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility and within thirty (30) days of completion or receipt of state approved assessment in outpatient setting. <i>[yes=1, no=0]</i>		1
11	<b>Updates.</b> The service plan must be updated, as required, at least every seven (7) days in a residential setting and ninety (90) days in outpatient setting. <i>[1 point possible for each required update, NA=blank]</i>		

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

12	<b>Service Plan Collaboration.</b> Was the development of a service plan (treatment and discharge plan) a collaborative process involving the client and other support and service systems? <i>[yes=1, no=0] If client chooses not to have others involved this must be documented in GRRS assessment or in progress note</i>	1	
13	Are the listed services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery? <i>[yes=1, no=0] See service plan</i>	1	
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16	Do the objectives relate to the goals and are they written in measurable terms, with targeted expected achievement dates? <i>[yes=1, no=0]</i>	1	
17	Does the service plan include service frequency? <i>[yes=1, no=0]</i>	1	
18	Does the service plan include outline for including the family or other social supports? <i>[yes=1, no=0]</i>	1	
19	Do the service plan goals and objectives reflect the service needs identified on the assessment? <i>[yes=1, no=0]</i>	1	
20	<b>Discharge Criteria.</b> Is the criteria to be met for discharge from services clearly outlined? <i>[yes=1, no=0] See service plan or discharge plan</i>	1	
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# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

25	<b>Discharge Summary.</b> Includes referrals for further treatment. [ <i>yes=1, no=0, NA=blank</i> ]			
<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

PWWC <i>for future use</i>			
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>		

Sub-total PWWC: 

0	0
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TOTAL 

0	22
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Comments:

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

Provider Name & Site Location:	0	Audit Date:	1/0/00
Funding Type:		Auditor:	0
Population (Adult or Adol.):		Client ID#:	
<b>INDICATOR</b>		<b>Earned</b>   <b>Possible</b>	<b>COMMENTS</b>

CLIENT RIGHTS (IDAPA 16.07.20 Section 350.01-.08)			
<b>1</b>	All alcohol and substance disorders treatment or recovery support services program must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. The client must sign acknowledgement of understanding these rights. (Hard Copy Signatures)		
	Signed form is in the client's record? <i>[yes=1, no=0]</i>	1	
<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

CLIENT RELEASES AND COLLATERAL CONTACTS			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>	1	
<b>3</b>	Does the client record include a completed DHW release of information form, no blank lines and is signed? (If the client is an adolescent, under 16, a parent or guardian has to sign the release). <i>[yes=1, no=0]</i>	1	
<b>4</b>	Does the client record include Release of Information (a signed client authorization to exchange specific treatment information with a specified person or agency) forms that have been correctly completed? (Not to include DHW release). <i>[yes=1, no=0]</i> <i>If a record contains more than one release - enter # of releases created by treatment agencies in comments.</i>	1	
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<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

REFERRALS FOR TESTING			
6	Is there documentation that the client was given a referral or information regarding HIV testing? <i>[yes=1, no=0]</i>		1
7	Is there documentation that the client was given a referral or information regarding TB testing? <i>[yes=1, no=0]</i>		1
<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 & 04)			
8	<b>Assessments</b> completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. <i>[yes=1, no=0] Check electronic signature in WITS to verify it is signed by clinician.</i>		1
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<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

Individualized Service Plans (Treatment and Discharge) and Discharge Summary (IDAPA 16.07.20, Section 380.04)			
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11	<b>Updates.</b> The service plan must be updated, as required, at least every seven (7) days in a residential setting and ninety (90) days in outpatient setting. <i>[1 point possible for each required update, NA=blank]</i>		

## BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

12	<b>Service Plan Collaboration.</b> Was the development of a service plan (treatment and discharge plan) a collaborative process involving the client and other support and service systems? <i>[yes=1, no=0] If client chooses not to have others involved this must be documented in GRRS assessment or in progress note</i>	1	
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# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

25	<b>Discharge Summary.</b> Includes referrals for further treatment. [ <i>yes=1, no=0, NA=blank</i> ]			
<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

# BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

PWWC <i>for future use</i>			
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>		

Sub-total PWWC: 

0	0
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TOTAL 

0	22
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Comments:

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool**

<b>Provider Name &amp; Site Location:</b>	0	<b>Audit Date:</b>	1/0/00
<b>Funding Type:</b>		<b>Auditor:</b>	0
<b>Population (Adult or Adol.):</b>		<b>Client ID#:</b>	
<b>INDICATOR</b>		<b>Earned</b>	<b>Possible</b>
<b>COMMENTS</b>			

<b>CLIENT RIGHTS (IDAPA 16.07.20 Section 350.01-.08)</b>			
<b>1</b>	All alcohol and substance disorders treatment or recovery support services program must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. The client must sign acknowledgement of understanding these rights. (Hard Copy Signatures)		
	Signed form is in the client's record? <i>[yes=1, no=0]</i>	1	
<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

<b>CLIENT RELEASES AND COLLATERAL CONTACTS</b>			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>	1	
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<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool**

<b>REFERRALS FOR TESTING</b>			
<b>6</b>	Is there documentation that the client was given a referral or information regarding HIV testing? <i>[yes=1, no=0]</i>	1	
<b>7</b>	Is there documentation that the client was given a referral or information regarding TB testing? <i>[yes=1, no=0]</i>	1	
<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

<b>CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 &amp; 04)</b>			
<b>8</b>	<b>Assessments</b> completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. <i>[yes=1, no=0] Check electronic signature in WITS to verify it is signed by clinician.</i>	1	
<b>9</b>	<b>Progress Notes.</b> Notes for each treatment session charting the client's progress must include personalized description of the session. <i>[1 point possible for each date audited] Enter audited dates of service in comment section</i>	5	
<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

<b>Individualized Service Plans (Treatment and Discharge) and Discharge Summary (IDAPA 16.07.20, Section 380.04)</b>			
<b>10</b>	<b>Service Plan Development Timeline.</b> A service plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility and within thirty (30) days of completion or receipt of state approved assessment in outpatient setting. <i>[yes=1, no=0]</i>	1	
<b>11</b>	<b>Updates.</b> The service plan must be updated, as required, at least every seven (7) days in a residential setting and ninety (90) days in outpatient setting. <i>[1 point possible for each required update, NA=blank]</i>		

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool**

12	<b>Service Plan Collaboration.</b> Was the development of a service plan (treatment and discharge plan) a collaborative process involving the client and other support and service systems? <i>[yes=1, no=0] If client chooses not to have others involved this must be documented in GRRS assessment or in progress note</i>		1	
13	Are the listed services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery? <i>[yes=1, no=0] See service plan</i>		1	
14	<b>Referrals.</b> Is there evidence of referrals for needed services not provided by the program including those for recovery support services that support treatment as defined in Subsection 012.03 of IDAPA rules? <i>[yes=1, no=0, NA=blank] See service plan</i>			
15	Does the plan evidence goals to achieve a recovery-oriented lifestyle? <i>[yes=1, no=0]</i>		1	
16	Do the objectives relate to the goals and are they written in measurable terms, with targeted expected achievement dates? <i>[yes=1, no=0]</i>		1	
17	Does the service plan include service frequency? <i>[yes=1, no=0]</i>		1	
18	Does the service plan include outline for including the family or other social supports? <i>[yes=1, no=0]</i>		1	
19	Do the service plan goals and objectives reflect the service needs identified on the assessment? <i>[yes=1, no=0]</i>		1	
20	<b>Discharge Criteria.</b> Is the criteria to be met for discharge from services clearly outlined? <i>[yes=1, no=0] See service plan or discharge plan</i>		1	
21	Does the service plan include a plan for services to be provided after discharge? <i>[yes=1, no=0]</i>		1	
22	<b>Discharge Summary.</b> A discharge summary must be entered in the client record within fifteen (15) days following discharge. <i>[yes=1, no=0, NA= blank]</i>			
23	<b>Discharge Summary.</b> Includes client status at discharge and treatment progress. <i>[yes=1, no=0, NA= blank]</i>			
24	<b>Discharge Summary.</b> Includes summary of services to be provided after discharge. <i>[yes=1, no=0, NA= blank]</i>			

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool**

25	<b>Discharge Summary.</b> Includes referrals for further treatment. [ <i>yes=1, no=0, NA=blank</i> ]			
<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit Tool

PWWC <b>for future use</b>			
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>		

Sub-total PWWC: 

0	0
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TOTAL 

0	22
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Comments:

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit**

<b>Provider Name &amp; Site Location:</b>	0	<b>Audit Date:</b>	1/0/00
<b>Funding Type:</b>		<b>Auditor:</b>	0
<b>Population (Adult or Adol.):</b>		<b>Client ID#:</b>	
<b>INDICATOR</b>		<b>Earned</b>	<b>Possible</b>
<b>COMMENTS</b>			

<b>CLIENT RIGHTS (IDAPA 16.07.20 Section 350.01-.08)</b>			
<b>1</b>	All alcohol and substance disorders treatment or recovery support services program must have written policies and procedures to protect the fundamental human, civil, constitutional, and statutory rights of each client. The client must sign acknowledgement of understanding these rights. (Hard Copy Signatures)		
	Signed form is in the client's record? <i>[yes=1, no=0]</i>	0	1
<b>Sub-total Client Rights:</b>		<b>0</b>	<b>1</b>

<b>CLIENT RELEASES AND COLLATERAL CONTACTS</b>			
<b>2</b>	Does the client record include a completed Confidentiality Agreement with 42 CFR 2? <i>[yes=1, no=0]</i>	0	1
<b>3</b>	Does the client record include a completed DHW release of information form, no blank lines and is signed? (If the client is an adolescent, under 16, a parent or guardian has to sign the release). <i>[yes=1, no=0]</i>	0	1
<b>4</b>	Does the client record include Release of Information (a signed client authorization to exchange specific treatment information with a specified person or agency) forms that have been correctly completed? (Not to include DHW release). <i>[yes=1, no=0] If a record contains more than one release - enter # of releases created by treatment agencies in comments.</i>	0	1
<b>5</b>	<b>Criminal Justice only</b> - The client record evidences the clinician is attempting communication with correctional staff in situations where the client is on supervised probation or parole at both the state and county level. A release of information is necessary as applicable by law. <i>[yes=1, no=0, NA= blank] Look for documentation of communication.</i>	0	0
<b>Sub-total Client Releases &amp; Collateral Contact:</b>		<b>0</b>	<b>3</b>

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit**

<b>REFERRALS FOR TESTING</b>			
<b>6</b>	Is there documentation that the client was given a referral or information regarding HIV testing? <i>[yes=1, no=0]</i>	1	
<b>7</b>	Is there documentation that the client was given a referral or information regarding TB testing? <i>[yes=1, no=0]</i>	1	
<b>Sub-total Referrals for Testing</b>		<b>0</b>	<b>2</b>

<b>CLIENT RECORDS (IDAPA 16.07.20, Section 375.03 &amp; 04)</b>			
<b>8</b>	<b>Assessments</b> completed With the Client. All assessments completed with the client must be dated, signed by the person providing the assessment, and give a full accounting of the findings of such assessments. <i>[yes=1, no=0] Check electronic signature in WITS to verify it is signed by clinician.</i>	1	
<b>9</b>	<b>Progress Notes.</b> Notes for each treatment session charting the client's progress must include personalized description of the session. <i>[1 point possible for each date audited] Enter audited dates of service in comment section</i>	5	
<b>Sub-total -Client Records</b>		<b>0</b>	<b>6</b>

<b>Individualized Service Plans (Treatment and Discharge) and Discharge Summary (IDAPA 16.07.20, Section 380.04)</b>			
<b>10</b>	<b>Service Plan Development Timeline.</b> A service plan must be developed within seventy-two (72) hours following admission to an inpatient or residential facility and within thirty (30) days of completion or receipt of state approved assessment in outpatient setting. <i>[yes=1, no=0]</i>	1	
<b>11</b>	<b>Updates.</b> The service plan must be updated, as required, at least every seven (7) days in a residential setting and ninety (90) days in outpatient setting. <i>[1 point possible for each required update, NA=blank]</i>		

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit**

12	<b>Service Plan Collaboration.</b> Was the development of a service plan (treatment and discharge plan) a collaborative process involving the client and other support and service systems? <i>[yes=1, no=0] If client chooses not to have others involved this must be documented in GRRS assessment or in progress note</i>		1	
13	Are the listed services deemed clinically necessary to facilitate the client's alcohol and substance use disorders recovery? <i>[yes=1, no=0] See service plan</i>		1	
14	<b>Referrals.</b> Is there evidence of referrals for needed services not provided by the program including those for recovery support services that support treatment as defined in Subsection 012.03 of IDAPA rules? <i>[yes=1, no=0, NA=blank] See service plan</i>			
15	Does the plan evidence goals to achieve a recovery-oriented lifestyle? <i>[yes=1, no=0]</i>		1	
16	Do the objectives relate to the goals and are they written in measurable terms, with targeted expected achievement dates? <i>[yes=1, no=0]</i>		1	
17	Does the service plan include service frequency? <i>[yes=1, no=0]</i>		1	
18	Does the service plan include outline for including the family or other social supports? <i>[yes=1, no=0]</i>		1	
19	Do the service plan goals and objectives reflect the service needs identified on the assessment? <i>[yes=1, no=0]</i>		1	
20	<b>Discharge Criteria.</b> Is the criteria to be met for discharge from services clearly outlined? <i>[yes=1, no=0] See service plan or discharge plan</i>		1	
21	Does the service plan include a plan for services to be provided after discharge? <i>[yes=1, no=0]</i>		1	
22	<b>Discharge Summary.</b> A discharge summary must be entered in the client record within fifteen (15) days following discharge. <i>[yes=1, no=0, NA= blank]</i>			
23	<b>Discharge Summary.</b> Includes client status at discharge and treatment progress. <i>[yes=1, no=0, NA= blank]</i>			
24	<b>Discharge Summary.</b> Includes summary of services to be provided after discharge. <i>[yes=1, no=0, NA= blank]</i>			

**BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit**

25	<b>Discharge Summary.</b> Includes referrals for further treatment. [ <i>yes=1, no=0, NA=blank</i> ]			
<b>Sub-total Individualized Service Plans</b>		<b>0</b>	<b>10</b>	

BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Quality Chart Audit

PWWC <i>for future use</i>			
26	Completed checklist in file. <i>[1 point possible for each PWWC chart]</i>		

Sub-total PWWC: 0 0

TOTAL 0 22

Comments:

# Business Psychology Associates Clinical Quality Chart Audit Totals

Provider Name & P**	0																								
Funding Type:	0																								
Population:	0																								
Audit Date:	1/0/00																								
Audit Conducted by:	0																								
	Client-1		Client-2		Client-3		Client-4		Client-5		Client-6		Client-7		Client-8		Client-9		Client-10		Agency Total		% Total		
	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P			
<b>Client Rights**</b>	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	10	0%
<b>Client Releases &amp; Collateral Contacts</b>	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3	0	30	0%
<b>Referrals for Testing</b>	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	20	0%
<b>Client Records</b>	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0	6	0	60	0%
<b>Individualized Service Plan &amp; Discharge Summary</b>	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	10	0	100	0%
<b>PWWC</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
<b>Overall Score</b>	0	22	0	22	0	22	0	22	0	22	0	22	0	22	0	22	0	22	0	22	0	22	0	220	0%
<b>Percent Totals:</b>	0%		0%		0%		0%		0%		0%		0%		0%		0%		0%						

<b>KEY</b>
P-(Possible)
S-(Score Earned)