

MEDICAID FILE AUDIT

Client File Name: _____

Date of Audit: _____

Contractor Name: _____

Completed by: _____

CHECK THE BOX THAT IS MOST ACCURATE	Incomplete or missing information, requires intervention (1)	Incomplete, requires correction (2)	Complete but several errors require correction (3)	Complete, minor errors to note for future entries (4)	Fully Complete , No Errors (5)
CLIENT FILE COMPLIANCE					
1. File contains initial intake paperwork..					
2. File contains completed contact sheet.					
3. File contains client/guardian signature on consent communication form.					
4. File contains client/guardian signature on therapy consent form.					
5. File contains client/guardian signature on limits of confidentiality form.					
6. File contains client/guardian signature on disclosure form.					
7. File contains client/guardian signature on ROI.					
8. File contains completed suicide hx.					
9. File contains completed medical hx.					
10. File contains client/guardian signature on Client Rights form.					
11. File contains client/guardian signature on Mental Health Assessment.					
12. File contains client/guardian signature on Treatment Plan.					
13. File contains ongoing Treatment Plans as applicable.					
14. Updated Treatment Plans contain client/guardian signatures.					
15. File contains completed Admission CCAR.					
16. File contains Discharge CCAR if applicable.					
17. File contains discharge summary if applicable.					
ELECTRONIC RECORDS COMPLIANCE					
18. Client record contains full name and Medicaid number.					
19. Client record contains address, phone number and DOB.					

20. Client record contains Insurance/Copay information for billing.					
21. Client record contains current diagnoses.					
22. Client record contains mini-mental status exam at intake.					
23. Client record contains intake note.					
24. Client record contains session notes.					
25. Client notes indicate place of service.					
26. Client notes indicate duration of service.					
27. Client notes indicate current diagnosis.					
28. Client notes indicate level of progress in session towards treatment goals.					
29. Client notes indicate subjective and objective content.					
30. Client notes are neutral and concise.					
31. Client notes indicate next scheduled appointment date/time.					
PROFESSIONALISM/ETHICS					
32. Communicates with CC on needs for file management.					
32. Maintains 2x locked files to support confidentiality.					
33. Maintains current caseload in <i>SimplePractice</i> and in file organization.					
34. Discharges files in a timely manner including CCARs and SimplePractice.					
35. Completes session notes weekly for billing compliance.					
36. Shares paperwork or billing concerns with CC in a timely manner.					
37. Checks professional email several times a day.					
38. Addresses client concerns immediately with appropriate supervision or consultation.					
39. Documents safety concerns or critical incident reports in client electronic and paper files.					
40. Notifies CC of safety or critical incidents in timely manner.					
41. Identifies coverage clinician for absences, notifying both clients, CC, and uses an out-of-office message.					

Additional Feedback:

Evaluator Signature: _____ Date: _____

By signing this form, I am indicating that I have read this report and have discussed its content with business name in compliance with my contract.

Contractor Signature: _____ Date: _____