**MRR Hybrid Chart and Program Compliance Check Lists**

**Program Compliance List**

In order to complete your virtual Medical Record Review, please submit the following documents. These documents can be sent via secure means (fax or encrypted email) anytime during the self-review period process but must be submitted **no later than the end of the 15-day review period.**  Programs may choose to deliver the required documents in person to our Camino Office – please coordinate directly with your QM Specialist so they may arrange timely pick up.

Please complete and submit the Program Compliance Check List and group required documents individually to be submitted with completed list.

**Program Compliance:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attached** | **N/A** | **Other:** | **Please indicate item attached or N/A, missing, etc** |
|  |  |  | **URC Records from \_\_\_\_\_\_\_\_\_\_**  (AOA) programs only. A/OA quarterly Utilization Review Committee (URC) process is documented and record is maintained, reviewing a minimum of 5 clients. |
|  |  |  | P&P which outlines the legal entity’s Program Integrity Process, along with an example of paid service verification. This example must contain CCBH report and an external document in which the client attests to receiving the service documented on the CCBH report. |
|  |  |  | P&P which outlines the legal entity’s self-monitoring process.   * Include samples of CCBH report(s) used to self-monitor as described in your program’s policy. |
|  |  |  | P& P which outlines the legal entity’s Notice of Adverse Benefit Determination process. |

**Pharmaceutical Review\*:** Please have your nurse or authorized staff member available during MRR exit conference for virtual on-site pharmaceutical review. \*If applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Attached** | **N/A** | **Other:** | **Please indicate item attached or N/A, missing, etc** |
|  |  |  | Medication Dispensing Log – must include date, client name, name/strength of drug, amount of drug, lot number, route of administration, and identifying information regarding the bottle, vial, etc |
|  |  |  | Medication Disposal Log – must include client name, name/strength of drug, prescription number, amount destroyed, date of destruction, and signature of witness(s) |
|  |  |  | Temperature Log – must be up to date and include room and fridge temperatures. |
|  |  |  | List of employees who have access to the medication room. |

**MRR Hybrid Chart and Program Compliance Check List**

**Hybrid Chart Check List**

In order to complete your virtual Medical Record Review, please submit the following documents. These documents can be sent via secure means (fax or encrypted email) anytime during the self-review period process but must be submitted **no later than the end of the 15-day review period**. Program may choose to deliver the required documents in person to our Camino Office – please notify your QM Specialist so they may arrange timely pick up.

**Hybrid Chart Review:** The following items are needed for EACH chart in your review. For each chart, complete this form and group required documents individually and submit along with the Hybrid Chart Check List.

|  |  |  |  |
| --- | --- | --- | --- |
| **Chart #:** |  |  | **CCBH number:** |
|  |  |  | **Please indicate item attached or N/A, missing, etc** |
| **Attached** | **N/A** | **Other:** | **Client Plan** |
|  |  |  | Initial Client Plan Signature Page   * if opened within 3 yrs of review period, or mark N/A |
|  |  |  | Client Plan Signature Page(s) for the plan(s) covering the review period   * include any client plan signature pages for revised client plans within review period |
|  |  |  | **Progress Notes and Forms** |
|  |  |  | Coordination of Care with Primary Care Physicians and Behavioral Health Form   * with evidence of coordination with, or documented reason why not completed   + Fax cover sheet, progress note, etc * If using own program form, be sure to include ROI |
|  |  |  | Informed Consent for Use of Psychotropic Medication form signed by both client and/or legal guardian and psychiatrist for clients prescribed psychotropic medication by program.   * If applicable, include current JV220 (CYF programs) |
|  |  |  | All applicable Youth Transition Self Evaluation (YTSE) forms based on client’s current age (16, 17, 17 ½, 18, and annually) |
|  |  |  | **Billing** |
|  |  |  | Any paper progress notes billed during current review period. |
|  |  |  | **Utilization Management/Review and Authorizations** |
|  |  |  | UM/UR forms for all charts if this activity occurred during the current review period. |
|  |  |  | Authorization forms **(CYF only)** for IHBS, TBS, START programs, if applicable. |
|  |  |  | Outcome measures along with mHOMS print out verifying submission to mHOMS database   * Provide all outcome measures for **past year** to demonstrate adherence to timelines including annual and all applicable timelines as per A/OA guidelines (every 6 months) or UM Cycle (CYF) |
|  |  |  | **Pathways to Well-Being** \*If applicable (CYF Programs) |
|  |  |  | Progress Report to Child Welfare Services |