

Louisiana - Provider Quality Monitoring Community Psychiatric Support and Treatment Psychosocial Rehabilitation Record Tool

Effective Date: August 5, 2024

These audit tools can be used for various types of audits that a provider may require. They ensure you are meeting state regulatory requirements.

Community Psychiatric Support and Treatment (CPST) Psychosocial Rehabilitation (PSR): General

Question

1. There is evidence within the record that the member is receiving Permanent Supportive Housing. This only applies if the member is receiving services from more than one Mental Health Rehabilitation (MHR) provider.
2. If a member is receiving services from more than one MHR there is evidence within the record the providers have documented coordination of care.
3. When an MHR member is being transferred there is evidence within the record that the two agency's coordinated care prior to the transfer.
4. When an MHR member is being transferred there is evidence within the record that the member has prescription refills if needed.

CPST/PSR: Member Choice form

Question

5. There is evidence of a Member Choice form is part of the member's clinical record.
6. There is evidence that the Member Choice form is signed prior to the start of MHR services and when transferring from one MHR provider to another.
7. There is evidence that the Member Choice form must be fully completed.
8. There is evidence that the Member Choice form is signed by all parties.

CPST/PSR: Initial evaluation

Question

9. There is evidence within the record that the Level of Care Utilization System/Children and Adolescent Level of Care Utilization System (LOCUS/CALOCUS) is performed by a licensed mental health professional (LMHP).
10. There is evidence within the record that assessments were performed prior to receiving Community Psychiatric Support and Treatment (CPST)/Psychosocial Rehabilitation (PSR).
11. There is evidence within the record that re-assessments occur at least once every 365 days until discharge for adults.
12. For youth, assessments must also be performed at least once every 180 days until discharge and/or any time there is a significant change to the member's circumstances.
13. There is evidence within the record that an assessment is performed any time there is a significant change to the member's circumstances.
14. Children and adolescents' assessments shall be completed with the involvement of the primary caregiver.
15. Services provided to children and adolescents must include communication with the family and/or legal guardian, including any agency legally responsible for the care or custody of the child.
16. Services provided to children and adolescents must include coordination with the family and/or legal guardian, including any agency legally responsible for the care or custody of the child.
17. For members 18 years of age and over, has at least a score of three on the LOCUS.

18. For members 18 years of age and over, member must meet the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of, serious mental illness (SMI) as evidenced by a rating of three or greater on the functional status domain on the LOCUS rating. (Dimension 2)
19. There is evidence of medical necessity, If applicable, for members 18 years of age and over, with longstanding deficits who do not experience any acute changes in their status and has previously met the criteria stated above regarding LOCUS scores, but who now meets a level of care of two or lower on the LOCUS, and needs subsequent medically necessary services for stabilization and maintenance at a lower intensity, may continue to receive CPST services and/or PSR.

CPST/PSR: Treatment Plan

Question

20. Treatment plans developed by an LMHP or physician.
21. There is evidence within the record that the member has received a signed copy of the treatment plan upon completion and after each revision.
22. There is evidence within the record that the member's parent/caregiver and/or family are involved in the member's treatment plan.
23. There is evidence that the treatment plan and approach are updated if member is not progressing.
24. There is evidence that the treatment plan and approach are updated if the family is not engaged to assure family involvement before reauthorization is considered.
25. There is evidence within the record that all team members have signed the treatment plan.
26. Specific interventions based on the assessed needs that must include reference to training material when delivering skills training. (PSR)
27. Treatment plans include services and interventions to support independent community living for transitioning adolescents in the setting of his or her own choice. (Ages 15 to 21)
28. Treatment plans include services and interventions to support independent community living for adults in the setting of his or her own choice.
29. Treatment plans includes services and interventions that must support integration in the community, including opportunities to seek employment, engage in community life, control personal resources, and improve functional skills at school, home or community.
30. Treatment plans include member's capacities.
31. Treatment plans include member's preferences.
32. Treatment plans include crisis avoidance interventions including the identification of risk factors including individualized back-up plans.
33. Treatment plans include crisis avoidance interventions including barriers with strategies to overcome them, including individualized back-up plans.
34. Evidence that the member record includes documentation of the treatment plan review at least once every 180 days or more often if indicated.

Progress notes

Question

35. There is evidence within the record that CPST services were provided telephonic, telehealth and/or face-to-face. (CMS has approved telehealth for CPST effective May 5, 2023).
36. There is evidence within the record that PSR services were provided face to face.

MHR services provided in school

Question

37. There is evidence within the record that the assessments indicate school related needs.
38. There is evidence that the assessment includes a review of school records.
39. There is evidence that the assessment includes interviews with school personnel.
40. There is evidence within the record that reassessment of need shall be conducted to be determined if services shall continue with school as a place of service.
41. There is evidence within the record that MHR providers shall collaborate with school personnel to collect data to monitor a member's progress.
42. The member must not be removed from a core class such as math, science, or English, without written permission from the parent and school personnel. A rationale must be documented in the member's record.
43. If allowed by the member's school, direct interventions may be delivered in the classroom if medically necessary and on the member's treatment plan.
44. There is evidence within the record of the written approval from the member's school prior to delivering services in a school setting.
45. There is evidence within the record that Providers are actively communicating with school personnel to avoid services duplication
46. There is evidence within the record that Providers are actively coordinating services with school personnel to avoid services duplication
47. Services in locations without the caregiver in attendance, such as school or community settings, shall have written approval by the parent/caregiver filed in each member's record.