



**DEPARTMENT OF STATE HEALTH SERVICES**  
**QUALITY MANAGEMENT AND COMPLIANCE UNIT**  
**CLIENT RECORD MATRIX**  
**ADULT PHARMACOTHERAPY**

**Date Completed:**

**Quality Management Specialist:**

**Contractor Name:**

**Contract Number:**

**Program ID Number:**

**BHIPS ID Number:**

**Admit Date:**

**Discharge Date:**

**Is the client reported as a completer on anchor report?**     Yes     No     Other

**Items *italicized* should be completed onsite at the Contractor location. All other items not italicized should be completed utilizing the BHIPS system prior to going onsite.**

<b>FINANCIAL ELIGIBILITY—ALL PROGRAMS</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
<p>What is the setting of the <u>documentation status</u> (<b>not the document status</b>) on the financial eligibility screen in BHIPS?  <b>Note:</b> All treatment Contractors are required to use the financial eligibility form in BHIPS, and they will not be able to bill unless it is complete.</p> <ul style="list-style-type: none"> <li>• When documentation status is set to <i>In File</i>, then that is meant to indicate that they have printed the form, obtained signatures, and placed it in the client's file along with all supporting documentation.</li> <li>• If the documentation status is set to <i>Unavailable</i>, then the client has to submit an attestation statement about their income and proof of residency.</li> <li>• If applicable did the Contractor complete a financial eligibility</li> </ul>				<input type="checkbox"/> <i>In File: Answer questions A, B, &amp; C below.</i>  <input type="checkbox"/> <i>Unavailable: Answer question A &amp; D below.</i>  <input type="checkbox"/> <i>Pending: Skip the rest of this section.</i>          <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>assessment every six months? [447.304 (e)]</p>				
<p>When onsite:</p> <p>(A) Check to see that the financial eligibility form has been printed, signed by client &amp; staff, and placed in the file.</p> <p>(B) Check to see that the documentation supporting the client's financial status has been placed in the file. For example:</p> <ol style="list-style-type: none"> <li>1. Pay Stub,</li> <li>2. Tax Return</li> <li>3. Letter from employer, etc.</li> </ol> <p>(C) Check to see that the documentation of the client's proof of residency has been placed in the file. For example:</p> <ol style="list-style-type: none"> <li>1. Driver's License</li> <li>2. State ID</li> <li>3. Utility Bill, etc.</li> </ol> <p>If this information is not on file, then this may result in questioned costs. [444.413 (c)(1)]</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Pay Stub <input type="checkbox"/> Tax Return <input type="checkbox"/> Letter from employer, etc.</p> <p><input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Utility Bill, etc.</p>
<p>(D) If the documentation status was set to "Unavailable", check the file to see if the client has submitted an attestation statement stating that the required documentation is not available.</p> <p>If this information is not on file, then this may result in questioned costs. [444.413 (c)(1)]</p>				<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Additional Comments for Financial Eligibility:				
<b>BHIPS Client Record Documentation Review</b>				
<b>Screening and Assessment</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>

Does the client record documentation include problem severity, service needs and stage of change? <b>[447.402 (e)]</b> <b>Note:</b> All clients referred to treatment shall have a DSM diagnosis. Ensure that the first nine questions on the BHIPS screening document are consistent with the severity rating in the assessment for substance abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Record screening score in box.</i>
If the client scored low on the screening, did the Contractor ensure that the screening process collected other information as necessary to determine the type of services that are required to meet the individual's needs? <b>[448.801 (b)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the client record documentation support that the client met the DSM-IV criteria for opioid dependence that justifies the placement decision? <b>[448.801 d)]</b> <b>Note:</b> Failure to meet DSM criteria may result in questioned costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the client record (BHIPS) include documentation that supports the client was provided access to screening for TB? <b>[448.901 (f)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the client record (BHIPS) include documentation that supports the client was provided testing for HIV antibody, Hepatitis C, and STDs? <b>[448.901 (f)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Additional comments for screening and assessment:					
<b>Admission Determination and Placement</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>	
Is the BHIPS Admission authorized by a QCC? <b>NOTE:</b> This must be completed electronically in BHIPS through a clinician's note or in the comments section of the admission form on BHIPS. <i>If it is not completed electronically, the form must be printed out and signed by the QCC. This would need to be verified onsite. All Treatment Programs.</i> <b>[448.802 (a)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional comments for admission:

Length of Stay Guidelines				
18 Month Rule Waiver Criteria	Y	N	N/A	Comments
<p>If the client's length of stay is over 18 months, are they exempt from the 18-month rule by meeting one of the exemption criteria? If they do not meet the criteria and they do not have approval from Calvin Holloway in the Program Services Unit, then they should be cited for violation of the contract. <b>[PC07 21.09]</b></p> <p style="text-align: center;"><b><i>Exemption Criteria</i></b></p> <p>(a) <i>Clients who are currently disabled because of a mental or physical condition, as defined by Department Rules governing methadone services, that prevents them from holding gainful employment;</i></p> <p>(b) <i>Clients with a serious mental illness defined as Major Depression, Bipolar I Disorder, Delusional Disorder, Psychotic Disorder, and Schizoaffective Disorder;</i></p> <p>(c) <i>Clients who have borderline intellectual functioning, i.e. documented IQ's of 75 or less; or</i></p> <p>(d) <i>Clients who have applied for a ruling and are awaiting a determination of disability may be reviewed for a retroactive waiver upon notification of a positive determination.</i></p> <p>(e) <i>Clients with a diagnosis of schizophrenia;</i></p> <p>(f) <i>Clients on Temporary Assistance for Needy Families (TANF) or Medicaid. (Any Medicaid recipient who is also approved for methadone medication management will not be eligible for an exemption from the 18-month rule);</i></p> <p>(g) <i>Single parents with dependent</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<i>children in the home who meet Department financial eligibility</i> <i>(h) Elderly clients (age 60 and above) receiving Medicare; or</i> <i>(i) Pregnant females until 6 months after their delivery date.</i>				
Has the client had multiple admissions with less than 90 days between episodes? Methadone clients who are discharged after having an 18-month stay must wait 90 days before being readmitted to methadone services. If it has been less than 90 days, then cite them for violating the contract. <b>[PC07 21.09]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the client had more than 3 complete methadone treatment episodes? DSHS will only pay for 3 18-month methadone treatment episodes in a client's lifetime. If there have been more than 3 episodes, then cite them for violating the contract. <b>[PC07 21.09]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional comments for LOS guidelines:				
<b>Consent and Client Rights</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
Does the client record contain the following information:				
• <i>Signed Client Bill of Rights</i> <b>[448.802 (d)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <i>Signed Consent to Treatment</i> <b>[448.802 (b)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Initial Assessment</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
Was a comprehensive assessment completed for each client admitted as required? <b>[448.803 (a)]</b> <b>Note:</b> All sections of the BHIPS assessment must be completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Record assessment severity index score for Substance Abuse in box.
Does the BHIPS assessment result in a comprehensive diagnostic impression.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The diagnostic impression shall include all DSM Axes, I, IV, and V at a minimum, Axes II and III, as allowed by the QCCs license and scope of practice. <b>[448.803 (c)] Note: Check to ensure the assessment and the screening scores are consistent.</b>				
If the assessment is completed by a counselor intern, does the BHIPS assessment include a review and approval by a QCC indicating the client met the DSM diagnostic criteria? <b>[448.803 (e)] Note:</b> This must be completed electronically in BHIPS through a clinician’s note or in the comments section of the Assessment form on the BHIPS. <i>If it is not completed electronically, the form must be printed out and signed by the QCC. This would need to be verified onsite.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional comments for initial assessment:				
<b>Treatment Planning</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
Is there a BHIPS treatment plan for this program type? <b>[448.804 (a)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If a client needs services (service coordination) not offered by the facility, were appropriate referrals made by and documented by the agency? <b>Note:</b> When feasible, other QCCs or mental health professionals serving the client from a referral agency should participate in the treatment planning process. <b>NOTE:</b> These are issues identified as “referred” on the treatment plan. <b>[448.804 (a) (1)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the client record contain consents for all services referred outside of the agency? <b>[448.210]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the treatment plan objectives measurable and stated in behavioral terms? <b>[448.804 (b)(2)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the strategies specific to the service or intervention needed to help the client achieve the identified goals? <b>[448.804 (b)(3)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Review the BHIPS treatment plan history. Is there a treatment plan review documented at least midway through the client's projected length of stay? At least monthly for residential? <b>[448.804 (h)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were the identified treatment plan goals addressed regularly in the progress notes? When using the BHIPS progress notes, the provider is required to select treatment plan objectives that the counseling session addressed. Ensure that the content of the session supports treatment plan objectives indicated. <b>[448.804 (I)(2)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional comments for treatment planning:				
<b>BHIPS Client Record Documentation For Pharmacotherapy</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
During the initial 45 days of pharmacotherapy treatment, did the client receive a minimum of once per week, face to face individual chemical dependency counseling sessions? <b>[447.304 (b)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After the initial 45 days of continuous treatment, did the client receive at least one face to face individual session every two weeks? <b>[447.304 (b)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After one year of continuous treatment, did the client receive at least one face to face individual session each month? <b>[447.304 (b)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional comments for client record documentation for pharmacotherapy:				
<b>Discharge</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
<b>[448.805 (f)]</b> Did the BHIPS Discharge Plan address ongoing needs, including: <ul style="list-style-type: none"> <li>• Individual goals and activities to sustain recovery</li> <li>• Referrals; and</li> <li>• Recovery maintenance services, if applicable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Was the original signed discharged plan in the client record after providing the client a copy? (included in BHIPS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<i>treatment plans) (Review on-site)</i> <b>[448.805 (h)]</b>				
Does BHIPS reflect that a discharge summary was completed as required and signed by a QCC within 30 days of discharge? <i>Note: The August 2003 Bulletin states that the QCC can enter a clinician's note in BHIPS stating that they reviewed the document in lieu of printing.</i> <b>[448.805 (i)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the client has been discharged 60 days and not more than 90 days, has a follow-up been conducted? <b>[448.805 (j)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the reason for discharge documented on the client's discharge summary, and the discharge reason documented on the anchor report consistent? <b>[447.502 (a)(1-3)]</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional comments for discharge:				