

**WHN Services Management Department
Provider Review Checklist
Non-Case Responsible Provider**

Review Date: _____

Provider Name _____ **Provider ID#:** _____

County (*Site of services for this review*) _____

Consumer Name: Last _____ **First** _____

Consumer ID # _____ **Consumer Date of Birth** _____ **Gender** F M

Ethnicity:

- ___ African American
- ___ Asian
- ___ Caucasian
- ___ Latino
- ___ Multi-ethnic
- ___ Native American

Primary Diagnoses:

Use 5 digit DSM-IV-R code, and list in order of significance/priority. List top 3)

Disability Area:

- ___ Adult Mental Health
- ___ Adult Substance Abuse
- ___ Child Mental Health
- ___ Child Substance Abuse
- ___ Developmental Disability
- ___ Dual Diagnosis

Level of Care: (*Circle 1 Tool & Rating*)

- | | | | | |
|------|---|---|---|---|
| GAF | A | B | C | D |
| ASAM | A | B | C | D |
| SNAP | A | B | C | D |

Note to reviewers: In order to return data reports as quickly as possible, it is important that you make sure every item on the survey instrument is completed. It is also very important that you write legibly. Thanks for your help.

Standard	Yes	No	NA
1) Services are medically necessary.			
2) The medical record contains a copy of the current PCP.			
3) The PCP is signed by an MD, PA, PhD, or FNP.			
4) The PCP is signed by the consumer or responsible party.			
5) The medical record contains a copy of an appropriate consumer-specific crisis plan that includes proactive, reactive, and crisis contingency components.			
6) The interventions reflect goals in the PCP.			
7) The service note adequately documents the intervention, including the duration, purpose, and assessment (effectiveness).			
8) There is evidence of ongoing / regular contact with the PCP team. (TX team notes, and/or documented phone calls)			
9) There is evidence that attempts have been made to step down to fewer hours of care, a lower level of care, or address service dependency issues.			
10) The medical record contains evidence of progress towards goals/outcomes. (Symptoms are reduced)			
11) Outcomes are achieved.			

Reviewer Signature _____ Print Name _____