

OUTPATIENT VENDOR CASE FILE REVIEW

Vendor _____ BPA # _____

Site _____ Counselor/Therapist _____

Case Name _____ PACTS # _____

Reviewer _____ Date _____

Months Reviewed _____

Circle Program Type: Substance Abuse Mental Health Co-Occurring Sex Offender

Circle Program Modality : Outpatient Intensive Outpatient

File Content

1. Program Plan

a. Is Program Plan in file	Y	N
b. Is it signed by offender	Y	N

2. Amended Program Plan (if applicable)

a. Is Amended Program Plan in file	Y	N	N/A
b. Is it signed by offender	Y	N	

3. Authorization to Release Confidential Information

a. Is Authorization Form in file	Y	N
b. Filled out completely	Y	N

4. Monthly Treatment Report (MTR)

a. All months present in file	Y	N	
b. Filled out completely	Y	N	
c. Summarizes offender's activities during month	Y	N	
d. Reflects that all authorized services have been provided	Y	N	
e. Indicates offender progress (adjustment, significant problems etc.)	Y	N	
f. Records urine collection and test results (if applicable)	Y	N	N/A
g. Includes co-payment amount billed, collected and owed	Y	N	N/A

A. Mental Health/Sex Offender Monthly Treatment Report (if applicable) N/A

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|---|---|---|-----|
| 1. Approved format utilized | Y | N | |
| 2. Includes full diagnosis | Y | N | |
| 3. Lists current psychotropic medications | Y | N | N/A |
| 4. Approved Treatment Plan attached (SO can use own format) | Y | N | |
| 5. Treatment Plan filled out completely | Y | N | |
| 6. Treatment Plan updated at least quarterly | Y | N | |
| 7. Treatment Plan reviewed with offender at least quarterly | Y | N | |

5. Daily Treatment Log (DTL)

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|--|---|---|--|
| a. Filled out completely | Y | N | |
| b. Offender signed in and out when treatment begins and ends | Y | N | |
| c. Signed or initialed by vendor | Y | N | |
| d. Is each service listed on a separate line | Y | N | |

6. Chronological Record

- | | | | |
|---|---|---|-----|
| a. Record all offender contacts | Y | N | |
| b. Record all officer and collateral contacts
(Including quarterly psychiatrist contact if applicable) | Y | N | |
| c. Are they current | Y | N | |
| d. Is length of session included | Y | N | |
| e. Is there a clear printed name for each entry | Y | N | |
| f. Is there a signature for each entry | Y | N | |
| g. Violation notifications (including no-shows) in file
(Fax, email or chrono) | Y | N | N/A |

7. Urinalysis/Breathalyzer(If Applicable) N/A

- | | | | |
|---|---|---|-----|
| a. Is offender being tested at correct phase level | Y | N | |
| b. Are special instructions being followed (if applicable) | Y | N | N/A |
| c. Does testing appear to be random | Y | N | |
| d. Is there testing on weekends and holidays
(minimum 1 test on weekends in Phase 1) | Y | N | |
| e. Are there back-to-back tests | Y | N | N/A |
| f. Are there no more than one unobserved test per month | Y | N | |
| g. Were offenders retested within two hours for invalid samples | Y | N | N/A |
| h. Were invalid samples reported to USPO | Y | N | N/A |
| i. Was the majority of testing by NIDT (on-site) devices | Y | N | |
| j. Was lab testing used appropriately (presumptive positive etc) | Y | N | N/A |
| k. Were On-Site Testing Records complete and accurate | Y | N | |
| l. Were Lab Chain of Custody forms complete and accurate | Y | N | N/A |

8. Reports and Evaluations (if applicable)			N/A
a. Comprehensive	Y	N	
b. Incorporates information provided by officers	Y	N	
c. Includes full diagnosis	Y	N	
d. Includes recommendations	Y	N	
e. Is it completed within 10 business days of final interview or test	Y	N	
9. Discharge Summaries (if applicable)			N/A
a. Is it in the file	Y	N	
b. Was it completed within 15 days after treatment terminated	Y	N	
10. Substance Abuse Counseling			N/A
a. PC 2022 Manualized Cognitive Behavioral Group			N/A
1. Vendor is using validated manualized curriculum (i.e. Matix, Change Companies, Thinking for a Change)	Y	N	
b. PC 6080 Intensive Outpatient Treatment			N/A
1. Includes a minimum of 1 individual session per month. (Not during 3 hours of IOP group)	Y	N	
2. Minimum of 1 hour of group per week meets criteria for PC 2022, Manualized Cognitive Behavioral Group	Y	N	
11. Mental Health Counseling			N/A
a. Addresses Mental Health Functioning	Y	N	
b. Addresses individualized factors related to diagnoses (such as low self-control, anti-social values, criminal peers, substance abuse, dysfunctional family, anger/hostility, problem solving, and conflict resolution skills)	Y	N	
c. PC 6080 Mental Health Intensive Outpatient			N/A
1. Includes a typed MH evaluation within 30 days of admission (unless one has been completed within a year)	Y	N	
d. PC 6000 Mental Health Case Management			N/A
1. Offender has received assistance applying for free medication	Y	N	
12. Document Congruency			
a. Are dates, times and services consistent between documents (invoices, MTRs, DTLs, notes, testing records, reports)	Y	N	

13. Physical Plant

- a. Does the facility adequately provide for the integrity of the confidential relationship between the client and program staff?

Y N

Comments/Notes/Recommendations