Developmental Services

Specialized Mental Health Services Monitoring Checklist

Provide	er Number:								
Provider Name:				Review Date:					
Provider Address:			Reviewer Name:						
				Distr	ict:				
			Location:						
☐ Agency Provider ☐ Solo Provider		☐ Onsite Review	□ Desk						
Cite		Standard		Met	Not Met	N/A			
Explanation of Monitoring Tool Symbols/Codes Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle. "W" Weighted Element: A "W" followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score. "R" Recoupment: An "R" in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is "Not Met."									
A. Ser	vice Tasks a	nd Locations							
1	information in coordinat mental healt individuals	mental health services gathering, development ion with the individual h interventions designated meet the goals identified ation management and	at of a plan of care a's support plan, and to help the and on the support						
B. Provider Qualifications and Requirements									
2 ()	Providers of	Especialized mental her chiatrists, psychologis	alth services are						
W4.0	health couns with individ	rriage and family thera selors with two years e uals who are dually dia ss and developmental of	xperience working agnosed with						
3	The provide	r attends mandatory meduled by the Area Off	eetings and						
4 W2.0	Independen training on r	t providers and agency responsibilities and pro health, safety and well	staff receive ocedures for						
5	Independent	providers and agency required documentation							

Cite	Standard	Met	Not Met	N/A
6	Independent providers and agency staff receive			
	training on responsibilities under the Core			
	Assurances.			
7	Independent providers and agency staff receive			
	training on responsibilities under the requirements of			
	specific services offered.			
8	Independent providers and agency staff receive			
	training on use of personal outcomes to establish a			
	person-centered approach to service delivery.			
9	Independent providers and agency staff receive other			
	training specific to the needs or characteristics of the			
W2.0	individual as required to successfully provide			
	services and supports.			
10	Proof of required training in recognition of abuse and			
	neglect to include domestic violence and sexual			
	assault, and the required reporting procedures is			
	available for all independent vendors and agency			
	staff.			
	vice Limits and Times		1	
11	Providers limit specialized mental health services to			
	one to two one-hour sessions per week and one			
	assessment per year.			
12	Provider is authorized to render specialized mental			
	health services.			
13	Provider renders services and supports at a frequency			
	and intensity as defined in the service authorization.			
14	If a provider is transporting individuals in his or her			
NEW	private vehicle, the provider has a valid driver's			
	license, car registration and insurance.			
	cumentation			ı
15 R	Provider has at a minimum copies of the assessment.			
16 R	Provider has at a minimum copies of the treatment			
	plan and updates.			
17 R	Provider has at a minimum copies of the service logs			
NEW	for the period being reviewed.			
18 R	Provider has at a minimum copies of the monthly			
	summary notes for the period being reviewed.			

Specialized Mental Health Checklist 11-27-05.doc REV 10-29-01; 10-30-01,11-13-01; 01.03; 02.04.03; 02-10-03; 11-27-05