

## QAI QUARTERLY PEER REVIEW WORKSHEETS

Reviewer Name \_\_\_\_\_ Date \_\_\_\_\_

**1. Was diagnosis completed by authorized staff upon completion of assessment?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**2. Was independent co-signature for diagnosis included if required?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**3. Did individualized treatment plan (ITP) include appropriate level of care at admission?**

Client ID #					
Staff Initials					
LOC on ITP					
Compliant? (Y/N)					

**4. Did ITP include all services delivered to client?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**5. Did ITP include the diagnosis as a problem?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**6. Did the progress notes indicate progress the client is making towards achieving the goals and objectives that are identified in the individualized treatment plan?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**7. Were the authorization to disclose information forms filled out completely?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**8. Were the positive urinalysis results shared with client?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**9. Was the diagnosis on the termination summary appropriate?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**10. Did the termination summary include the degree of severity at admission and discharge for each dimension?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**11. Did the termination summary include LOC and all services provided during the course of treatment**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**12. Did the client record include continued stay criteria for level of care?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**13. Did the client record reflect the required hours of AoD services and activities for residential treatment?**

Client ID #					
Staff Initials					
Number of Hours					
Compliant? (Y/N)					

**14. Did the client record document that a physical was done within 21 days of residential admission by a qualified provider?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**15. Did the medical director document the rationale for take home doses of opioid agonist medication?**

Client ID #					
Staff Initials					
Compliant? (Y/N)					

**Note: Client records reviewed should include records from each month of the quarter.**