



## MonDay CCI

### CASE FILE PEER REVIEW

Date:	
Resident ID Number:	
Reviewer:	

A monthly completeness of client records review of a least four residents of the program is reviewed retrospectively to determine if the record is completed. To pass, 80% of the criteria must be met. The following criteria are used to determine if the file meets the completeness of record standards.

#	Criteria	Yes	No	NA
	<b>Resident Record</b>			
1.	Was the record thorough and complete?			
2.	Was assessment completed timely?			
3.	Were treatment plan (ITP) problems, goals and objectives based on the results of assessments?			
4.	Were services provided related to the treatment plan goals and objectives?			
5.	Did documentation accurately reflect the services that were provided?			
	<b>Resident Care Plan</b>			
6.	Does the final ITP include the following:			
	a. Relapse Prevention Plan			
	b. Counselor recommendations			
	c. Linkage/referrals if appropriate			
	<b>Termination/Continuity of Care Summary</b>			
7.	If exit ORAS score is 5 points > or 5 points < the entrance score, the clinician staffed it with their supervisor and documented the outcome in the progress notes.			
	Total			
	Note: More than 1 "no" = non compliant			

Circle one: File meets 80% compliance rate.	Yes: Compliant	No: Not Compliant
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Criteria that are marked as deficient, please explain:

Criteria #	Explanation of Deficiencies:

\_\_\_\_\_  
Signature of Reviewer                      Date

\_\_\_\_\_  
Signature of QA Coordinator              Date

**Clinician QA Review for Case File Peer Review**

Note the review and outcome:

Criteria #	Actions Taken to Correct Deficiencies

\_\_\_\_\_  
Signature of Counselor                      Date

\_\_\_\_\_  
Signature of Coordinator                      Date

\_\_\_\_\_  
Signature of QA Coordinator                      Date

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