



705 Mount Auburn Street  
 Watertown, MA 02472-1508  
 617.972.9400  
 tuftshealthplan.com

## Behavioral Health Inpatient Record Documentation Tool 2016

**Health Plan:** *Tufts Health Public Plans*

Date of Review: \_\_\_\_\_

Time of Review: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Complete Facility Address: \_\_\_\_\_

Member Last Name: \_\_\_\_\_

\_\_\_\_\_

Member First Name: \_\_\_\_\_

\_\_\_\_\_

Member DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Review Completed By: \_\_\_\_\_

BH Inpatient Record Documentation	YES	NO	N/A
1. Is the member's name and/or ID number on each page? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the name of the member's attending physician appear in the record? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the date of the member's admission documented in the record? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there documentation of dates of application for and authorization of MassHealth/ CarePlus benefits if application is made after admission? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there documentation of the admitting diagnosis, symptoms, and complaints? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there documentation of any complications indicating the need for admission? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a description of the functional level of the member? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the objectives documented? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there orders for medications? If <b>NO</b> , explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there an order for treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BH Inpatient Record Documentation	YES	NO	N/A
If <b>NO</b> , explain:			
11. Is there an order for restorative and rehab services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
12. Is there an activities order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
13. Is there an order for therapies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
14. Is there an order for social services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
15. Is there an order for a diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
16. Is there an order for special procedures recommended for the health and safety of the member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
17. Does the plan of care include plans for continuing care, including review and modification to the plan of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
18. Does the plan of care include plans for discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
19. Is there documentation of a history and physical done with 24hrs of admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			

<b>BH Inpatient Record Documentation</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
20. Is there documentation of a nursing assessment done with 24hrs of admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
21. Is there documentation of a psychiatric assessment done with 24hrs of admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
22. Is there documentation of a social work assessment done with 24hrs of admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
23. Is there a completed risk assessment in the chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
24. Is there documentation of the member's prior treatment(s)/medications and response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
25. Does the record contain information on allergies and adverse reactions (or a notation that the patient has no known allergies or history of adverse reactions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
26. Does the record include information identifying the outpatient treatment team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
27. Is there evidence of a substance abuse assessment including: past/present use of cigarettes; alcohol; and illicit, prescribed, and over-the-counter drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
28. Is there documentation of the member's medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
29. Is there documentation of a treatment plan within 24hrs of admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
30. Is there documentation of an interdisciplinary treatment team meeting within 24hrs of admission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
31. Is there evidence that the treatment plan was reviewed at least every 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>BH Inpatient Record Documentation</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
If <b>NO</b> , explain:			
32. Is there documentation of the reason and plan for continued stay, if the attending physician believes continued stay is necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
33. Is there evidence of member compliance with medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
34. Is there evidence of member involvement in the milieu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
35. Is there evidence of member attending therapy/groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			
36. Is there evidence of discussion and instructions on Advance Directive wishes, and/or a completed and signed Advance Directive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If <b>NO</b> , explain:			

<b>Comments:</b>