



Crisis Stabilization Site Audit

Review Date

Provider Agency Info		Reviewer Information			
Agency Name:		Name:			
Address:		Title:			
Phone:		Phone:			
Fax:		Email:			
		Notes			
Office Manager:					
CSF Clinical Score:					
Care Coordination Score:					

CSF Clinical Review

	Question	Select Your Answer	Comments
1	The clinical record outlines the reason for admission, including the circumstances that brought the individual to the facility. WAC 246-341-1142 (1)(a)(i)	Yes No N/A	
2	The clinical record shows that the individual was evaluated for safety concerns, (e.g, harm to self, others, others property, or for grave disability) and referred for a DCR evaluation, when appropriate. WAC 246-341-1142 (2)(b)(ii-iii)	Yes No N/A	
3	The progress notes in the clinical record must include the date, time, duration, participant's name, response to interventions, and a brief summary of the session and the name and credential of the staff member who provided it. WAC 246-341-0640(17)	Yes No N/A	
4	Medication management is provided to individuals who were admitted to the facility with their own medication, when indicated. HCA GCBH-ASO contract requirement	Yes No N/A	

Question		Select Your Answer			Comments
5	A crisis stabilization plan was developed with the individual to help resolve their current crisis in the least restrictive manner. WAC 246-341-1142(3)(a)	Yes	No	N/A	
6	The clinical record has evidence that the enrollee was given information on mental health and medical advance directives for individuals age 18 and older. HCA GCBH-ASO Contract Requirement for Provider Monitoring	Yes	No	N/A	
7	There is evidence in the clinical record that the individual's cultural, ethnic, linguistic, disability, or age-related needs were addressed (i.e. specialist consults, interpreter services, auxiliary aids, treatment goals or interventions tailored to the individual's culture, ethnicity, spiritual beliefs, traditions, language, age or disability, etc.) in a strength-based manner. HCA GCBH-ASO Contract Requirement for Provider Monitoring, GCBH Practice Guidelines	Yes	No	N/A	
8	Documentation reveals an effort by staff to work with individuals on completing Medicaid applications for those that are Medicaid eligible. HCA GCBH-ASO contract requirement	Yes	No	N/A	
9	A risk assessment addressing potential harm to self and others is completed upon intake; addressed as necessary; and repeated routinely during the stay. HCA GCBH-ASO contract requirement, GCBH Practice Guidelines	Yes	No	N/A	
10	The clinical record documents efforts to begin the discharge process immediately upon admission to ensure efficient and effective discharge planning? HCA GCBH-ASO Contract Requirement	Yes	No	N/A	
11	The discharge plan identifies the individual's current needs (e.g., outpatient behavioral health referral, medical provider referral, SUD referral, etc.) and utilizes natural and existing community supports to enhance the discharge process and lower risk of re-admission. Includes specific date, time, and location of all post-discharge follow-up appointments. HCA GCBH-ASO Contract Requirement & WAC 246-341-0640(15)(a-c)	Yes	No	N/A	

Question		Select Your Answer	Comments
CSF Clinical Review Score Total			# Yes / (11 - # N/A)
Care Coordination			
Question		Select Your Answer	Comments
13	The treatment plan, with consent of the individual, was coordinated with applicable community partners or other service providers when appropriate (evidenced by signatures of others on the ISP, documentation of team meetings, progress note documenting phone contact and coordination of the ISP, and/or written documentation that a copy was shared, etc.). HCA GCBH-ASO Contract Requirement	Yes No N/A	
14	The progress notes demonstrate that coordination of care between the behavioral health providers and other service providers or community partners was provided, as needed. HCA GCBH-ASO Contract Requirement & WAC 246-341-0640(18)	Yes No N/A	
15	There is evidence in the clinical record that the individual consented to disclosure of their protected healthcare information with other service providers or community partners when coordination is needed and has been provided. HCA GCBH-ASO Contract Requirement & WAC 246-341-0640(18)	Yes No N/A	
Care Coordination Score Total			# Yes / (3 - # N/A)