



# CCMHP INDIVIDUAL/GROUP PROVIDER SITE REVIEW

*\*Revised July 2024\**

INDIVIDUAL/GROUP PROVIDER: \_\_\_\_\_ REVIEW DATE: \_\_\_\_\_

<b>PROVIDER NAME:</b> _____ <b>NPI#</b> _____	<b>DAYS/HOURS OF OPERATION:</b> _____
<b>ADDRESS:</b> _____	<b>LANGUAGES SPOKEN:</b> _____
<b>CITY:</b> _____ <b>ZIP:</b> _____ <b>PHONE NUMBER:</b> _____	<b>ADA ACCESSIBLE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>CONTRA COSTA MENTAL HEALTH PLAN (CCMHP) REPRESENTATIVE:</b> _____	<b>PROVIDER REPRESENTATIVE:</b> _____
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<b>SERVICES PROVIDED</b>	<input type="checkbox"/> <b>15/30</b> Mental Health Svcs H2015	<input type="checkbox"/> <b>15/60</b> Medication Support H2010
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SPECIALTIES		
<input type="checkbox"/> Affordable Care Act	<input type="checkbox"/> Depression	<input type="checkbox"/> Men's Issues
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Obsessive Compulsive
<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Parenting
Areas:	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Physical Illness/Disability
<input type="checkbox"/> Attachment Disorders	<input type="checkbox"/> EMDR	<input type="checkbox"/> PTSD
<input type="checkbox"/> ADHD	<input type="checkbox"/> Ethnic Minorities	<input type="checkbox"/> Rape Trauma/Sexual Abuse
<input type="checkbox"/> Career Guidance	Specify:	<input type="checkbox"/> Victim <input type="checkbox"/> Offender
<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Forensic	<input type="checkbox"/> Schizophrenia
Areas:	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Sleep Disorder
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Lesbian-Gay-Bisexual-Transgender-Queer	<input type="checkbox"/> Step Families
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Loss/Grief	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Co-dependency	<input type="checkbox"/> Marital Issues	<input type="checkbox"/> Other



# CCMHP INDIVIDUAL/GROUP PROVIDER SITE REVIEW

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Age Specific	
<input type="checkbox"/> Children (specify ages):	
<input type="checkbox"/> Adolescents (specify ages):	
<input type="checkbox"/> Adults (specify ages):	
<input type="checkbox"/> Geriatrics (specify ages):	
<input type="checkbox"/> All Ages	

<b>CATEGORY 1: POSTED BROCHURES AND NOTICES</b>	<b>Criteria Met</b>		
<b>FEDERAL AND STATE CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>GUIDELINE FOR REVIEWS</b>
<p>1) Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services, at a minimum, does the provider have the following information available:</p>			<p>Prior to provider onsite review, check threshold language(s) requirements for the provider.</p>
<p>A) The beneficiary brochure per MHP procedures?  <i>MHP Contract, Exhibit A, Attachment 1, § V</i>  <i>CCR, Title 9, § 1810.360 (b)(3),(d) and (e)</i>  <i>CCR, Title 9, § 1810.410 (e)(4)</i></p>			<p><u><i>CCR, Title 9, Section 1810.360 (b) (3), (d) and (e)</i></u>  <i>(b)Prior to the date the MHP begins operation, the Department shall mail a notice to all beneficiaries in a county containing the following information:</i></p> <p><i>(3) The availability of a booklet and provider list that contain the information required by Title 42, Code of Federal Regulations, Section 438.10(f)(6) and (g).</i></p> <p><i>(d) The Department shall provide an annual written notice to all Medi-Cal beneficiaries informing them of their right to request and obtain a booklet and provider list from the MHP that contains the information required by Title 42, Code of Federal Regulations, Section 438.10 (f) (6) and (g).</i></p> <p><i>(e) The MHP of the beneficiary shall provide its beneficiaries with a booklet and provider list upon request and when a beneficiary first receives a specialty mental health service from the MHP or its contract providers. This responsibility applies to the beneficiary's receipt of any specialty mental health services, including but not limited to an assessment to determine whether medical necessity criteria pursuant to Section 1830.205 are met.</i></p> <p><u><i>CCR, Title 9, Section 1810.410 (e) (4)</i></u>  <i>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p>

<b>CATEGORY 1: POSTED BROCHURES AND NOTICES</b> <i>(Continued)</i>	<b>Criteria Met</b>		
<b>FEDERAL AND STATE CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>GUIDELINE FOR REVIEWS</b>
<p>B) The provider list per MHP procedures?  <i>MHP Contract, Exhibit A, Attachment 1, § V</i>  <i>CCR, Title 9, § 1810.360 (b)(3),(d)and (e)</i>  <i>CCR, Title 9, § 1810.410 (e) (4)</i></p>			<p><i>Please refer to the Title 9 regulations referenced in Category 1: Posted Brochures and Notices, #1 (A) above</i></p> <p>The provider list must be available onsite upon intake and upon request in English and in threshold languages (if applicable).</p>
<p>C) The posted notice explaining grievance, appeal, and fair hearings processes?  <i>MHP Contract, Exhibit A, Attachment 1, § V</i>  <i>CCR, Title 9, § 1850.205 (c)(1)(B)</i>  <i>CCR, Title 9, § 1810.410 (e)(4)</i></p>			<p><b><u>CCR, Title 9, Section 1850.205 (c) (1) (B)</u></b>  <i>Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of action pursuant to Section 1850.210. For the purposes of this Section, an MHP provider site means any office or facility owned or operated by the MHP or a provider contracting with the MHP at which beneficiaries may obtain specialty mental health services.</i></p> <p><b><u>CCR, Title 9, Section 1810.410 (e) (4)</u></b>  <i>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c) materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p>

<b>CATEGORY 1: POSTED BROCHURES AND NOTICES</b> <i>(Continued)</i>	<b>Criteria Met</b>		
<b>FEDERAL AND STATE CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>GUIDELINE FOR REVIEWS</b>
<p>D) The grievance forms, appeal forms, and self-addressed envelopes?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, § V</i></p> <p><u>CCR, Title 9, § 1850.205 (c)(1)(C)</u></p> <p><i>CCR, Title 9, § 1810.410 (e)(4)</i></p>			<p><b><u>CCR Title 9, Section 1850.205 (c)(1)(C)</u></b></p> <p><i>Making forms that may be used to file grievances, appeals, and expedited appeals, and self addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone.</i></p> <p><b><u>CCR, Title 9, Section 1810.410 (e) (4)</u></b></p> <p><i>General Program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c), materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205 (c) (1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.</i></p> <p><u>Note:</u> Check for grievance appeal forms in English and the threshold languages (if applicable). Also, check for envelopes addressed to the MHP office which receives grievances. These documents should be available to beneficiaries without the need to make a verbal or written request.</p>

<b>CATEGORY 2: FIRE SAFETY INSPECTION</b>		<b>Criteria Met</b>		
<b>FEDERAL AND STATE CRITERIA</b>		<b>YES</b>	<b>NO</b>	<b>GUIDELINE FOR REVIEWS</b>
<p>A) Does the space owned, leased or operated by the provider and used for services or staff meet local fire codes?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.2. CCR, Title 9, § 1810.435 (b)(2)</i></p>				<p>Does the provider have a valid fire clearance?</p> <ul style="list-style-type: none"> <li>The facility cannot be certified without a fire safety inspection that meets local fire codes.</li> <li>A new fire safety inspection may be required if the facility undergoes major renovation or other structural changes.</li> </ul> <p>Verify all fire exits are clear and unobstructed.</p> <p><b>CCR, Title 9, Section 1810.435 (b) (2)</b></p> <p><i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i></p> <p><i>(2) Maintain a safe facility.</i></p>
<b>CATEGORY 3: PHYSICAL PLANT</b>		<b>Criteria Met</b>		
<b>EVALUATION CRITERIA</b>		<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<p>A) Is the facility and its property clean, sanitary, and in good repair?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Appendix D, § A, Item 3 CCR, Title 9, § 1810.435 (b) (2)</i></p>				<p>Please refer to the Title 9 regulation referenced in Category 2: Fire Safety Inspection, #1 above</p> <p>Tour the facility:</p> <ul style="list-style-type: none"> <li>Observe the building and grounds for actual and potential hazards (e.g. loose or torn carpeting, electrical cords that might pose a hazard).</li> </ul>
<p>B) Are all confidential and protected health information (PHI) secure?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.3. CCR, Title 9, § 1810.435 (b) (2)</i></p>				<p>Inspect Client Records Room</p> <ul style="list-style-type: none"> <li>Verify client records are maintained confidentially. Client records shall not be located where the public can view or have physical access to.</li> <li>Identify who has access to the client records room during and after business hours.</li> </ul>

<b>CATEGORY 4: POLICIES AND PROCEDURES</b>			
<b>EVALUATION CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<p>1) Does the provider have the following policies and procedures:</p> <p>A) Confidentiality and Protected Health Information?</p> <p><i>MHP Contract, Exhibit D, Section F; Exhibit E, § E</i></p> <p><u>CCR</u>, Title 9, § 1810.310 (a) (10)</p> <p><u>CCR</u>, Title 9, § 1810.435 (b) (4)</p>			<p><b><u>CCR, Title 9, Section 1810.310 (a) (10)</u></b></p> <p><i>(10) A description of policies and procedures that assure beneficiary confidentiality in compliance with state and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.</i></p> <p><b><u>CCR, Title 9, Section 1810.435 (b) (4)</u></b></p> <p><i>(b) In selecting individual or group providers with which to contract, the MHP shall require that each individual or group provider:</i></p> <p><i>(4) Maintain client records in a manner that meets state and federal standards.</i></p>
<b>CATEGORY 5: MEDICATION SUPPORT SERVICES</b>	<b>Criteria Met</b>		
<b>EVALUATION CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<b>Does the provider store or maintain medications on site?</b>			If the response is 'NO', indicate that in the 'Criteria Met' column and skip the remaining category.
Are there policies and procedures in place for dispensing, administering, and storing medications for each of the following and do practices match policies and procedures:			

<b>CATEGORY 5: MEDICATION SUPPORT SERVICES</b> <i>(Continued)</i>	<b>Criteria Met</b>		
<b>EVALUATION CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<p><b>1. LABELING</b></p> <p>A) Are all medications obtained by prescription labeled in compliance with federal and state laws? Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Name of beneficiary</li> <li>• Name of Prescriber</li> <li>• Name of the medication</li> <li>• Dosage/Strength</li> <li>• Route of administration</li> <li>• Frequency</li> <li>• Quantity of contents</li> <li>• Indications and Usage</li> <li>• Date of expiration</li> </ul> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i></p>			<p>Ask how the Provider ensures prescriptions are labeled in compliance with federal and state laws.</p> <p>Check the medication labels for compliance.</p> <p>Determine how multi-dose vials are stored. Check the multi-dose vials to see if any opened multi-dose vials are dated, initialed and refrigerated (e.g. insulin, tuberculin). All multi-dose vials must be dated and initialed when opened.</p> <p><u>NOTE:</u> Prescription labels may be altered only by persons legally authorized to do so.</p>
<p><b>2. INCOMING (RECEIPT) MEDICATION LOG</b></p> <p>A) Are all medications entering the facility logged? This includes:</p> <ul style="list-style-type: none"> <li>• Prescriptions for individual patients/clients</li> <li>• House supply</li> <li>• Sample medications</li> </ul> <p><i>CCR, Title 22, § 73361</i></p>			<p>Review the Incoming (Receipt) medication log.</p> <p><b><i>CCR, Title 22, § 73361 – Pharmaceutical Service – Drug Order Records</i></b></p> <p><i>Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength and quantity, the name of the patient, the date ordered, the date received and the name of the issuing pharmacy. The records shall be kept at least one year.</i></p>



<b>CATEGORY 5: MEDICATION SUPPORT SERVICES (Continued)</b>	<b>Criteria Met</b>		
<b>EVALUATION CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<p><b>3. MEDICATION STORAGE</b></p> <p>A) Are all medications stored at proper temperatures</p> <p>a. Verify room and refrigerator temperatures:</p> <ul style="list-style-type: none"> <li>• Room temperature medications at 59° F – 86° F?</li> <li>• Refrigerated medications at 36° F – 46° F?</li> </ul> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10 CCR, Title 9, § 1810.435(b) (3)</i></p>			<p>Review temperature log – Is it current?</p> <p>Check room and refrigerator <u>thermometers</u> to verify that they are at the appropriate temperatures.</p>
<p>B) Verify that food and other items are not stored in the same refrigerator as medications.</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10 CCR, Title 9, § 1810.435(b) (3)</i></p>			<p><u>No food</u> should be stored in the same refrigerator as medications.</p>
<p>C) Are medications intended for external-use-only stored separately from oral and injectable medications?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i></p>			<p>Ask to see the medications used for external use only – check the labels and expiration dates. Verify that external medications are stored separately from oral and injectable medications.</p>
<p>D) Are medications stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10 CCR, Title 9, § 1810.435 (b) (3)</i></p>			<p>Check the medication storage area and how the area is secured/locked.</p> <p>Identify who has access to the medication room or ask to see a list of staff who have access.</p>

<b>CATEGORY 5: MEDICATION SUPPORT SERVICES (Continued)</b>	<b>Criteria Met</b>		
<b>EVALUATION CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<p><b>4. MEDICATION DISPENSING LOG</b></p> <p>A) All medications dispensed or administered must be logged, regardless of their source. The log should indicate:</p> <ol style="list-style-type: none"> <li>1. The date and time the medication was dispensed or administered</li> <li>2. The source of the medication</li> <li>3. The lot and/or vial number if the medication was administered from a multi-dose container or sample card</li> <li>4. The name of the patient receiving the medication</li> <li>5. The dosage of the medication given</li> <li>6. The route of administration used</li> <li>7. The signature of authorized staff who dispensed or administered the medication</li> </ol> <p><i>CCR, Title 22, § 73313(f)</i>  <i>CCR, Title 22, § 73351</i>  <i>CCR, Title 22, § 73353</i></p>			<p>Review the medication log for the required documentation.</p> <p><b><i>CCR, Title 22, § 73313(f)</i></b>  <i>The time and dose of drug administered to the patient shall be properly recorded in each patient's medication record by the person who administered the drug.</i></p> <p><b><i>CCR, Title 22, § 73351</i></b>  <i>There shall be written policies and procedures for safe and effective distribution, control, use and disposition of drugs developed by the patient care policy committee. The committee shall monitor implementation of the policies and procedures and make recommendations for improvement.</i></p> <p><b><i>CCR, Title 22, § 73353</i></b>  <i>No drugs shall be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness. All such orders shall be in writing and signed by the person giving the order. The name, quantity or duration of therapy, dosage and time of administration of the drug, the route of administration if other than oral and the site of injection when indicated shall be specified. Telephone orders may be given only to a licensed pharmacist or licensed nurse and shall be immediately recorded in the patient's health record and shall be signed by the prescriber within 48 hours. The signing of orders shall be by signature or a personal computer key.</i></p>
<p><b>5. AUDITING SUPPLIES OF CONTROLLED SUBSTANCES</b></p> <p>A) Is a separate log maintained for Scheduled II, III and IV controlled drugs?</p> <p><i>CCR, Title 22, § 73367(b)</i></p>			<p>Verify which staff the facility has designated access to the Schedule II, III and IV controlled drugs.</p>
<p>B) Are records reconciled at least daily and retained at least one year?</p> <p><i>CCR, Title 22, § 73367(b)</i></p>			<p>Review the current controlled substances medication log to determine if appropriate licensed staff is reconciling the log at least daily or every shift.</p>

<b>CATEGORY 5: MEDICATION SUPPORT SERVICES</b> <i>(Continued)</i>	<b>Criteria Met</b>		
<b>EVALUATION CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<p>C) Does the controlled substance record include:</p> <ol style="list-style-type: none"> <li>1. Patient Name</li> <li>2. Prescriber</li> <li>3. Prescription number</li> <li>4. Drug Name</li> <li>5. Strength</li> <li>6. Dose administered</li> <li>7. Date and time of administration</li> <li>8. Signature of person administering the drug</li> </ol> <p><b>NOTE:</b> If supplied as part of a unit dose medication system, it does not need to be separate from other medication records.</p> <p><i>CCR, Title 22, § 73367(b)</i></p>			<p>Review the controlled substances medication record and verify the required information is documented.</p> <p><b><i>CCR, Title 22, § 73367(b)</i></b></p> <p><i>Separate records of use shall be maintained on all Schedule II drugs. Such records shall be maintained accurately and shall include the name of the patient and the prescriber, the prescription number, the drug name, strength and dose administered; the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year. If such drugs are supplied on a scheduled basis as part of a unit dose medication system, such records need not be separate from patient medication records.</i></p>
<p>D) Are controlled drugs kept separate from non-controlled drugs?</p> <p><i>CCR, Title 22, § 73367(a)</i></p>			<p>Verify that controlled drugs are stored separately from non-controlled drugs.</p>
<p><b>6. MEDICATION DISPOSAL</b></p> <p>A) Are medications disposed of after the expiration date?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10</i></p> <p><i>CCR, Title 22, § 73369</i></p>			<p>Ask how expired medications are monitored and checked.</p> <p>Ask how the expired medications are disposed of at the site, the staff involved, and how often this occurs.</p> <p>Verify the location of where the expired medications are stored.</p> <p>Check the expiration dates of the medications stored. For all medications expired and still on the shelf, list the name of the medication and date of the expiration in the POC.</p>

<b>CATEGORY 5: MEDICATION SUPPORT SERVICES (Continued)</b>	<b>Criteria Met</b>		
<b>EVALUATION CRITERIA</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
<p>B) Is a medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws?</p> <p><i>MHP Contract, Exhibit A, Attachment 1, Section 4.L.10 CCR, Title 22, § 73369(b)(1)(2)</i></p>			<p>Ask how expired, contaminated, deteriorated and abandoned medications are disposed of. Is it in a manner consistent with state and federal laws?</p> <p>Ask to see the medication/dispensing log where the expired, contaminated, deteriorated or abandoned medications are recorded.</p> <p>Ask how Schedule II, III, or IV controlled drugs are handled.</p>
<p>C) When medication has reached its expiration date, the disposal of the medication must be logged. The log should include the following information:</p> <ol style="list-style-type: none"> <li>1. The name of the patient</li> <li>2. Medication name and strength</li> <li>3. The prescription number</li> <li>4. Amount destroyed</li> <li>5. Date of destruction</li> <li>6. Name and signatures of witnesses</li> </ol> <p>Logs are to be retained for at least three years.</p> <p><i>CCR, Title 22, § 73369(b)(1)(2)</i></p>			<p>Review the expired medication disposal log and verify the required information is documented.</p> <p><b><i>CCR, Title 22, Section 73369 Pharmaceutical Service – Disposal of Drugs</i></b></p> <p><i>(a) Discontinued individual patient’s drugs supplied by prescription or those which remain in the facility after discharge shall be destroyed by the facility in the following manner:</i></p> <ol style="list-style-type: none"> <li>1) <i>Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist and a registered nurse employed by the facility. The name of the patient, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction, and the signatures of the witnesses required above shall be recorded in the patient’s health record or in a separate log. Such log shall be retained for at least three years.</i></li> <li>2) <i>Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed by the facility in the presence of a pharmacist or registered nurse. The name of the patient, the name and strength of the drug, the prescription number, if applicable, the amount destroyed, the date of destruction and the signatures of two witnesses shall be recorded in the patient’s health record or in a separate log. Such log shall be retained for at least three years.</i></li> </ol>

**PLAN OF CORRECTION**

(A POC is required for items where federal and state criteria was not met)

IS A PLAN OF CORRECTION (POC) REQUIRED? YES / NO

EXPLAIN:

IF APPLICABLE, DATE POC APPROVED:

DATE: \_\_\_\_\_

SITE REVIEW APPROVAL DATE: *(Date of on-site review)*

DATE: \_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**CHART REVIEW**

<b>CLIENT LAST NAME:</b>	<b>CLIENT FIRST NAME:</b>
<b>COMMENTS:</b>	

**CHART REVIEW**

<b>CLIENT LAST NAME:</b>	<b>CLIENT FIRST NAME:</b>
<b>COMMENTS:</b>	