Overview

Child health chart audits are required by child & adolescent health agencies providing direct medical and oral health care services. All health care services provided for children under the Child & Adolescent Health program must be entered into CAReS. Documentation of the *clinical detail for direct health care services* must be maintained in a client chart. Documentation of services must comply with generally accepted principles for maintaining health care records and with Medicaid requirements established by the Iowa Department of Human Services in Iowa Administrative Code 441 Chapter 79.3 found at [https://www.legis.iowa.gov/docs/iac/rule/01-06-2016.441.79.3.pdf](https://www.legis.iowa.gov/docs/iac/rule/01-06-2016.441.79.3.pdf). (See also Iowa’s Title V Administrative Manual for Community Based Programs at [http://idph.iowa.gov/Portals/1/userfiles/88/2017%20FINALAdminMan_FULL.pdf](http://idph.iowa.gov/Portals/1/userfiles/88/2017%20FINALAdminMan_FULL.pdf).) CAReS entries for each service will also be reviewed.

Completing chart audits is a quality improvement activity. The intent is to evaluate current practices within your agency and identify areas for corrective action to improve quality of service delivery. This audit applies to all direct care clinical services provided through your agency’s Child & Adolescent Health program regardless of payer source. Direct care services include the following services as defined in the Screening Center Provider Manual at [http://dhs.iowa.gov/policy-manuals/medicaid-provider](http://dhs.iowa.gov/policy-manuals/medicaid-provider):

- Initial or periodic well child screens
- Immunization administration
- Immunization administration and counseling
- Blood draw
- Lead analysis
- Vision screening
- Hearing screening
- Developmental testing
- Emotional/behavioral assessment
- Nutrition counseling
- Counseling for obesity
- Nursing assessment/evaluation
- Home visit for nursing services
- Home visit for social work services
- Evaluation and management
- Preventive medicine counseling - related to testing for chlamydia and/or gonorrhea
- Depression screening - for adolescents or caregivers of CH clients
- Domestic violence screening - for adolescents or caregivers of CH clients
- Mental health assessments
- Mental health services / psychosocial counseling
- Alcohol and/or substance abuse screening - for adolescents or caregivers of CH clients
- Alcohol and substance abuse screening with brief intervention - for adolescents or caregivers of CH clients
- Counseling for alcohol misuse
- Initial and recall oral health screening
- Oral evaluation and counseling with primary caregiver-for patient under 3 yr of age
- Oral health risk assessments
- Oral prophylaxis
- Sealants
- Dental radiographs
- Topical fluoride varnish – therapeutic application for moderate to high caries risk patients
- Nutritional counseling for the control and prevention of oral disease
- Oral hygiene instruction
- Transportation services
- Interpretation services
Frequency of audits and composition of audit team

Internal Chart Audit
For contractors providing direct care clinical services, at least one self-conducted chart audit (internal chart audit) must be completed every other year. The agency’s audit committee shall consist of a multidisciplinary team of at least two professionals. This team must include representatives of the disciplines providing the direct care clinical services. For example, include at least one nurse for review of child & adolescent health direct services and one registered dental hygienist for review of oral health direct services. Subcontractor staff members are encouraged to participate in the audit process. All staff assigned to the team must be fully oriented to the audit process prior to assuming responsibility for an audit. It is recommended that the committee jointly review one sample record to establish consistency for the audit. Following the internal chart audit, the agency is required to submit completed review tools and a Child & Adolescent Health Chart Audit Summary form, complete with plans for quality improvement based upon the audit findings.

Joint Chart Audit
In the alternate year, the agency is required to have an audit conducted by a joint review team comprised of agency staff and state staff from the Bureau of Family Health and Oral Health Center. This team must include representatives of the disciplines providing direct care clinical services. Subcontractor staff members are encouraged to participate in the audit process. Team members will identify strengths and recommendations for improvement. Following the joint chart audit, the agency is required to develop and submit their plans for quality improvement based upon the audit findings.

Number of charts to be reviewed
For each audit, agencies are required to conduct a review of a minimum of ten child & adolescent health records for direct care clinical services delivered over the 12 months prior to the audit. The records may be open or closed at the time of the audit.

Process for random selection
Charts to be audited must be randomly selected. For example, every fifth record could be reviewed. For programs with multiple locations (e.g. county subcontractors or school sites), a representative sampling of records from each site should be reviewed. Additionally, if different staff members provide the services, a representative sampling from different providers should be reviewed. A sampling of each direct care clinical service provided by the agency must be included in the audit.

Child & Adolescent Health Chart Audit Tool and Summary Forms
Attached are the following:
- Child & Adolescent Health Chart Audit Tool (one form for reviewing each client chart) and
- Child & Adolescent Health Chart Audit Summary (one form for the entire audit process)
Due date and process for submission
Internal Chart Audit results are due to the Bureau of Family Health no later than Friday, April 14, 2017. Hard copies of the completed Child & Adolescent Health Chart Audit Tools and the Child & Adolescent Health Chart Audit Summary are to be sent to the following address:

Attn: (Your Regional Consultant)
Iowa Department of Public Health
Bureau of Family Health
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319

Child & Adolescent Health Chart Audit Tool
Complete one Child & Adolescent Health Chart Audit Tool for each client chart.
♦ For all charts reviewed, complete the section entitled “General Record Elements”.
♦ Then complete any section(s) that pertain to the direct care clinical services provided to the child by your agency staff over the past 12 months.

For each line item within the tool, mark (X) in the box for “Y” if documentation is present, “N” if documentation is not present, or “N/A” if not applicable. If using “N/A”, include a brief explanation. Include under ‘comments’ any notes that pertain to the review of this client’s individual record.

Child & Adolescent Health Chart Audit Summary
Complete one Child & Adolescent Health Chart Audit Summary for the entire chart audit process. Areas to be addressed include:
♦ Method of random chart selection
  o Describe the process used to obtain a random selection of records to be audited.
♦ Strengths
  o Summarize strengths identified through the chart audit process. These may pertain to program implementation and/or documentation.
♦ Recommendations for Improvement
  o Identify recommendations for improving program implementation and/or documentation.
♦ Plans for Quality Improvement
  o Identify actions to be initiated in response to findings of this review. Include how results will be shared with staff to improve practice and enhance program development. Specify the person responsible and the projected date of completion for each activity.

Provide adequate narrative to fully describe your assessment and plan for quality improvement. The notation boxes in the electronic file can be expanded to provide as much space as needed.