Audit & Quality Control Scorecard: 13-Item IMR Fidelity & Chart Review Tool

Designed for: Clinical Supervisors, Outpatient Program Managers, and Behavioral Health QA Directors

Rapid Implementation Brief: Deploy this standardized audit scorecard during quarterly chart reviews or pre-Medicaid inspections to evaluate Illness Management and Recovery (IMR) program fidelity in under 20 minutes per clinician. Score each of the 13 fidelity benchmarks on a 1-to-5 scale to pinpoint documentation drift before it jeopardizes program funding.

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1. THE 13-ITEM IMR FIDELITY SCORING MATRIX

Rate each benchmark from **1 (Not Implemented)** to **5 (Full Fidelity: 80% to 100% of sampled charts meet criteria)** based on a random sample of 5 active client records.

#	IMR Fidelity Benchmark	Required Chart & Operational Evidence	Score (1-5)
1	**Individuals Served**	Diagnosis of serious mental illness (schizophrenia, bipolar, major depression) documented at intake	_____ / 5
2	**Curriculum Structure**	Active use of all 10 SAMHSA IMR modules with corresponding handouts logged in client charts	_____ / 5
3	**Program Length**	Structured 3-to-10-month treatment timeline with weekly or biweekly session frequency	_____ / 5
4	**Comprehensive Curriculum**	Progress notes confirm balanced coverage of recovery, stress-vulnerability, medication, and relapse	_____ / 5

#	IMR Fidelity Benchmark	Required Chart & Operational Evidence	Score (1–5)
5	**Practitioner Training**	Verified staff training completion certificates and ongoing IMR clinical supervision logs on file	_____ / 5
6	**Motivational Enhancement**	Notes document collaborative, non-confrontational exploration of client ambivalence and values	_____ / 5
7	**Educational Techniques**	Session records reflect interactive discussion and plain-language handouts rather than passive lecture	_____ / 5
8	**Cognitive-Behavioral Skills**	Charts show concrete modeling, role-play, and behavioral rehearsal of symptom coping strategies	_____ / 5
9	**Home Practice Assignments**	Every progress note logs review of prior home practice and a specific new weekly action step	_____ / 5
10	**Individualized Goal Setting**	Client-defined personal recovery goals established early and explicitly linked to weekly module notes	_____ / 5
11	**Goal Progress Tracking**	Standardized monthly rating scales and step-by-step milestone checklists updated every 30 days	_____ / 5
12	**Relapse Prevention Plan**	Written early warning signs, coping steps, and crisis contacts stored in chart and updated quarterly	_____ / 5
13	**Significant Other Involvement**	Documented outreach (with signed consent) to involve family, friends, or peer supporters in recovery	_____ / 5

Total Fidelity Score: _____ / 65 Points | **Mean Item Rating (Total / 13):** _____ / 5.0

2. NON-NEGOTIABLE COMPLIANCE THRESHOLDS & ACTION TIERS

Mean Score Range	Fidelity Classification	Mandatory Supervisory & QA Action
4.0 to 5.0 (52-65 pts)	**High Fidelity (Audit-Ready)**	Maintain current monthly chart spot-checks and export quarterly outcome summaries for funders.
3.0 to 3.9 (39-51 pts)	**Moderate Fidelity (Targeted Coaching)**	Address specific low-scoring items (below 3) in individual clinical supervision within 14 days.
Below 3.0 (< 39 pts)	**Program Drift (Corrective Action Plan)**	Freeze new cohort expansion, retrain clinical staff on SAMHSA modules, and re-audit in 30 days.

💡 **Clinical Efficiency Pro-Tip:** Items 9, 10, 11, and 12 account for over 70 percent of state and Medicaid audit deficiencies. Standardizing these four fields inside a digital progress note template eliminates manual chart omissions before audits happen.

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3. REMEDIABLE VS. NON-REMEDIABLE DOCUMENTATION AUDIT CHECKS

- **Remediable Errors (Correctable Within 7 Days via Addendum):** Missing module number in DAP note header, unlogged home practice review from prior session, missing 30-day symptom rating scale score, or incomplete Relapse Prevention Plan contact field.
- **Non-Remediable Errors (Immediate Compliance Risk):** Billed group sessions lacking individual goal progress notes, backdated or altered clinical signatures, shared family contact without a signed Release of Information (ROI), or inclusion of another group member's name inside an individual client record.

⚠️ **Legal & Regulatory Caveat:** Never alter or overwrite historical progress notes during a pre-audit review. All remediable chart omissions must be documented as a clearly timestamped clinical addendum referencing the original date of service in accordance with HIPAA and Medicaid integrity standards.

4. SUPERVISORY AUDIT SIGN-OFF BLOCK

Program / Clinic Unit Audited: _____

Audit Date: _____

Clinician Reviewed: _____

Charts Sampled (IDs): _____

Priority Corrective Actions (Due in 14 Days):

_____

Auditor / Clinical Supervisor Signature: _____

Date: _____