

| QUALITY OF DOCUMENTATION | |
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| IOP | Reviewer: |
| Consumer Name: | Consumer M.A. #: |
| 1. Has the consumer (or their legal guardian) consented to treatment? 10.21.17.04 A Yes / No | Comments: |
| 2. If the consumer is a child for whom courts have adjudicated their legal status or an adult with a legal guardian, are there copies of court orders or custody agreements? 10.21.17.04 A (1)(c) 10.21.17.08 B (10) Yes / No / NA | Comments: |
| 3. Is there documentation present indicating that the consumer (over the age of 18) has been given information on making an advance directive for mental health services? 10.21.17.04 C Yes / No / NA | Comments: |
| 4. Is the consumer receiving a minimum of three (3) hours of IOP therapeutic services per day including at least two (2) group therapies and as needed, physician services? 10.21.20.04 E (2) Yes / No | Comments: |
| 5. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing medical necessity? 10.21.25.03 (19) & (20) Yes / No / NA | Comments: |

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| <p>6. Is the assessment completed by the 2nd visit and is the assessment comprehensive? 10.21.20.06 A (1)(2) & C (2) CMS State Medicaid Manual Part 4 4221 B</p> <p style="text-align: center;">Yes / No/ NA</p> | <p>Comments:</p> |
| <p>7. Was a Substance Abuse Screening Assessment completed? 10.21.20.06 B</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>8. Is there evidence of integration of, or collaboration with Substance Abuse services? 10.21.20.08 D (1)(2)</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>9. Was the ITP completed on or before the consumer's 7th visit and does the ITP include the following: diagnosis, presenting needs, strengths, recovery, and treatment expectations and responsibilities? 10.21.20.07 A (1)(b)(i-vi)</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>10. Does the ITP contain goals, objectives, or outcomes, related to the assessment, that are individualized, specific, and measurable with an achievable timeframe and congruent interventions? 10.21.17.08 B (8) 10.21.20.07 A (1) (b)(iii- vi) CMS State Medicaid Manual Part 4 4221 C</p> <p style="text-align: center;">Yes / No/ NA</p> | <p>Comments:</p> |

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| <p>11. Is the ITP reviewed weekly by the individual and the individual's treatment coordinator; does the ITP include all required signatures, and is it documented that the consumer accepted or declined a copy of the ITP? 10.21.20.04 E(3) 10.21.20.07 A (3 - 4)</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>12. Does the record reflect the development of a transition plan, if the individual is discharged? MDH Guidelines</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>13. Do the ITP and contact notes reflect recommendations for and/or collaboration with other mental health services to support the individual's recovery? 10.21.20.07 A (1)(vi) 10.21.20.09 B</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>14. Does the record contain complete contact notes which reflect goals and interventions on the ITP are being implemented and reflect progress towards the goals of the ITP? 10.090.59.03 J (1-4) 10.21.20.07 B (1) (a-h) CMS State Medicaid Manual Part 4 4221 D6 & D7</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>15. Are the Assessment, ITP, Contact Notes, and discharge/transition plan consistent with the current Beacon ProviderConnect® form? Beacon Provider Manual</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |

16. Is there documentation of the consumer's past and current somatic/medical history and documentation of ongoing communication and collaboration with the Primary Care Physician?
10.21.20.06 D

Yes / No / NA

Comments: