

**QUALITY OF DOCUMENTATION**

**Reviewer:**

**Mobile Treatment Services (MTS)**

**Consumer Name:**

**Consumer M.A. #:**

<p><b>1. Has the consumer (or their legal guardian) consented to treatment?</b> <i>10.21.17.04 A</i></p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><i>Comments:</i></p>
<p><b>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?</b> <i>10.21.17.04 A (1)(c)</i> <i>10.21.17.08 B (10)</i></p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>3. Does the medical record contain a completed BHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form and verification of uninsured eligibility status?</b> <i>BHA Guidelines</i></p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>4. 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?</b> <i>10.21.17.04 C</i></p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>

<p><b>5. Does the consumer have a PMHS specialty mental health diagnosis included in the Priority Population that is formulated or affirmed by a psychiatrist and is there supporting documentation for establishing medical necessity?</b>  <i>MD PMHS Medical Necessity Criteria-Mobile Treatment-Adults  COMAR 10.21.19.05 B</i></p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><i>Comments:</i></p>
<p><b>6. Is there a screening assessment?</b>  <i>10.21.19.04 B</i></p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><i>Comments:</i></p>
<p><b>7. Is the face to face initial MTS psychiatric evaluation completed within 30 days of receipt of referral?</b>  <i>10.21.19.05 A  CMS State Medicaid Manual Part 4 4221 B</i></p> <p style="text-align: center;"><b>Yes / No</b></p>	<p><i>Comments:</i></p>
<p><b>8. Was the Initial ITP completed before the 45th day after an individual is admitted to MTS and includes the following: description of current behavior and level of functioning that includes needs and strengths; and (when relevant) a description of the family's or significant others needs or strengths?</b>  <i>10.21.19.05 C (2) (a-c)</i></p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>9. Does the ITP contain short- and long-term goals, related to the assessment and congruent intervention/treatment strategies, including the plan for transitioning to traditional outpatient mental health services that are outcome-oriented and stated in behavioral, measurable terms?</b>  <i>10.21.19.05 C (2) (d-e)  CMS State Medicaid Manual Part 4 4221 C</i></p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>

<p><b>10. Is an ITP Review completed at a minimum of every 3 months?</b> 10.21.19.05 C (3)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>11. Does the medical record document active participation in establishing the goals and interventions of the ITP and include all required signatures with dates?</b> 10.21.19.05 C(4) (a)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>12. Does the record reflect the development of a transition plan, if the individual is discharged?</b> MDH Guidelines</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>13. Within 10 working days after an individual is discharged from a program, has the consumer's service coordinator completed and signed a discharge summary that include, at a minimum: reason for admission, reason for discharge, services provided, progress made, diagnosis at the time of discharge, current medications, continuing service recommendations and summary of the transition process, and extent of individual's involvement in the discharge plan?</b> 10.21.17.10 D (1-8)</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>14. Did the mobile treatment provider follow discharge and transitioning procedures?</b> 10.21.19.07</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>

<p><b>15. Does the record reflect appropriate coordination with community and family resources that are considered essential to meeting the individual's needs?</b>  10.21.19.06.F  10.21.19.03.F</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>16. Does the medical record contain contact notes that reflect all face-to-face and other clinically relevant contacts with or about the individual; reflect goals and interventions on the ITP are being addressed and implemented; and progress summary notes?</b>  10.21.19.05 D(1-2)  10.09.59.03 J(1-4)  CMS State Medicaid Manual Part 4 4221 D6</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>
<p><b>17. Is the psychiatric evaluation, ITP, diagnosis, and additional clinical supporting information submitted to Beacon ProviderConnect® consistent with the clinical documentation in the consumer's medical record?</b>  Beacon Provider Manual</p> <p style="text-align: center;"><b>Yes / No / NA</b></p>	<p><i>Comments:</i></p>