

QUALITY OF DOCUMENTATION

Reviewer:

OMHC

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. 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?

BHA Guidelines

Yes / No / NA

Comments:

4. Does the medical record contain a completed Maryland Medicaid/Behavioral Health Administration Authorization To Disclose Substance Use Treatment Information For Coordination Of Care form; or documentation that the individual was offered the form and refused to sign; or the form was not presented to the individual?ValueOptions Provider Alert Release of Information Form (ROI),
March 27, 2015ValueOptions Provider Alert Release of Information (ROI)
Requests, August 13, 2015

Yes / No / NA

Comments:

<p>5. 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</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>
<p>6. 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)</p> <p style="text-align: center;">Yes / No</p>	<p>Comments:</p>
<p>7. 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</p>	<p>Comments:</p>
<p>8. 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>9. 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>10. Was the ITP completed on or before the consumer's 5th visit and does the ITP include: diagnosis, presenting needs, strengths, recovery, and treatment expectations and responsibilities? 10.21.20.07 A (1) (a-b) (i-vi)</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>

<p>11. 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>
<p>12. Is the ITP reviewed at a minimum of every 6 months; does the ITP include all required signatures, and is it documented that the consumer accepted or declined a copy of the ITP? 10.21.20.07 A (2-4)</p> <p style="text-align: center;">Yes / No/ NA</p>	<p>Comments:</p>
<p>13. 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>14. Within 10 working days after an individual is discharged from a program, has the service coordinator completed and signed a discharge summary that includes, 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? 10.21.17.10 D (1-8)</p> <p style="text-align: center;">Yes / No/ NA</p>	<p>Comments:</p>
<p>15. 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>16. 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? 10.09.59.03 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>17. 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</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>