QUALITY OF DOCUMENTATION **PRP** **ADULTS**	**GUIDELINES FOR SCORING INDIVIDUAL RECORDS** **Y = Meets Standard N = Does Not Meet Standard** **N/A = Not Applicable**	**GUIDELINES FOR DETERMINING PROGRAM COMPLIANCE WITH STANDARDS** ***Programs are expected to strive to achieve all quality of documentation standards in 100% of the instances. Programs that are compliant in less than 75% of the charts reviewed will be required to develop a Performance Improvement Plan (PIP) in conjunction with the Maryland Department of Health and/or its authorized agencies and representatives.***
1. Has the PRP documented the consumer's eligibility for Federal or State entitlements and assisted the individual in applying for all entitlements for which he/she may be eligible, if he/she does not currently have entitlements? *10.21.21.05 C (1-3)*	**Y =** There is documentation in the record that the consumer has entitlements **OR** that the PRP has assisted the consumer in taking steps to obtain all entitlements for which he/she may be eligible, i.e. is there documentation of the outcome of the application process? **N =** There is no documentation as to whether or not the consumer has entitlements **OR** the PRP did not document assisting a consumer, without benefits, in obtaining all entitlements for which he/she may be eligible.	75% of all medical records reviewed have documented evidence of the consumer's entitlements and efforts to obtain entitlements for those consumers without entitlements.
2. Has the consumer (or their legal guardian) consented to rehabilitation services? *10.21.17.04 A*	**Y =** Consent for services is documented by signature of the consumer or, when applicable, legal guardian. In instances when this is not possible, the program shall document the reasons why the individual cannot give written consent; verify the individual's verbal consent; and document periodic attempts to obtain written consent. **N =** Documented consent not present in the chart **OR** an individual consents as the consumer's guardian and there is no legal/agency documentation of change in guardian status.	75% of all medical records reviewed have documented consent for services.

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*	**Y =** The medical record contains a completed BHA issued Documentation for Uninsured Eligibility Benefit form **OR** printed screenshots of the on-line ValueOptions Uninsured Eligibility/Member Registration form and verification of uninsured eligibility status (such as confirming Maryland residence via photo ID). **N =** The medical record does not contain a completed BHA issued Documentation for Uninsured Eligibility Benefit form **OR** printed screenshots of the on-line ValueOptions Uninsured Eligibility/Member Registration form and verification of uninsured eligibility status (such as confirming Maryland residence via photo ID). **N/A =** The consumer has active Medicaid; therefore uninsured documentation is not required.	75% of all applicable medical records reviewed have the required Uninsured Eligibility documentation.
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? *10.21.17.04 C*	**Y =** There is documentation in the medical record that the consumer received information on making and advanced directive, there is documentation as to whether or not the consumer has a current directive, or staff has been assigned to assist the consumer with making a directive if so requested **OR** documentation that the consumer declined assistance with or making an advanced directive. **N =** There is no documentation in the medical record indicating that the provider has given the consumer information about advanced directives **OR** it is indicated that the consumer requested completion of an advanced directive, yet a completed advanced directive is not on file.	75% of all medical records reviewed have documented information that the consumer has received information on advanced directives.

5. Is there documentation present indicating that the adult consumer was referred for PRP services by a licensed mental health professional who is providing inpatient, residential treatment, or outpatient services to the adult? *BHA Guidelines*	**Y =** For all new requests for PRP services for adults and every 6 months thereafter, referral by a licensed mental health professional is documented. **N =** There is no documentation present that the consumer was referred by a licensed mental health professional for new requests for PRP services and every 6 months thereafter.	75% of all medical records reviewed have documented evidence that the adult consumer was referred for PRP services by a licensed mental health professional that is also providing inpatient, residential treatment, or outpatient mental health services to the adult.
6. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing medical necessity? *Provider Manual* *10.21.25.02 (19) & (20)* *10.21.25.08.08 B RRP*	**Y =** Diagnosis meets target population for the service and there is information in the record as to the Mental Health Professional who made the diagnosis and when. Psycho-social functioning documented in the rehabilitation assessment and medical record meets medical necessity criteria. There is supporting documentation present for the diagnosis given. **N =** Diagnosis assigned with no information in record regarding the Mental Health Professional who made the diagnosis and when. Psycho-social functioning documented in the rehabilitation assessment and medical record does not meet medical necessity criteria. There is no clinical information to support the diagnosis given. The diagnosis was rendered by an individual not licensed to do so.	75% of all medical records reviewed have a score of 3 or above and have documentation that meets the standard for establishing the diagnosis and medical necessity for services

7. When required, does the medical record document the consumer's choice to receive only off-site or only on-site PRP services? *February 2004 Issues Bulletin VO Provider Alert-Consumer Provider Choice Alert-5/14*	**Y** = The PRP program is licensed for and providing both onsite and offsite PRP services **AND** the consumer's choice to receive only onsite or only offsite services is documented **AND** the provider is billing the blended rate. **N** = The PRP program is only licensed to provide either offsite or onsite services **OR** the client choice to receive only one service is not documented in the medical record **AND** the program is billing the blended rate. **N/A** = The consumer is receiving both onsite and offsite services **OR** the consumer attends a program that is licensed to provide only on-site or only off-site services and the claims submitted by the program are for the appropriate split service rate.	75% of all medical records reviewed have documented the consumer's choice to receive only off-site or only off-site services from a provider offering both services.
8. Was a screening assessment completed within 10 working days of the program's receipt of a PRP referral to determine medical necessity for rehabilitation services? *10.21.21.05 B*	**Y =** A screening assessment to determine whether rehabilitation services are medical necessary was completed by PRP staff within 10 working days of receiving a PRP referral. **N =** A screening assessment was not completed within 10 working days after receipt of a PRP referral **OR** rehabilitation services were determined to be not medically necessary.	75% of all medical records reviewed scored a "yes" and meet the standard for the completion of a screening assessment after the receipt of a PRP referral to determine medical necessity.

9. Is there a comprehensive PRP Rehabilitation Assessment that was completed within 30 calendar days of initiation of PRP services? *10.21.21.06 B* *CMS State Medicaid Manual Part 4 4221 B*	**Y =**The assessment documents at a minimum: (a) The individual's strengths, skills, wants, and needs in the following areas: (i) Independent living; (ii) Housing; (iii) Employment; (iv) Self administrations and management of medication; (v) Mobility and transportation; (vi) Social relationships and leisure activities; (vii) Education and vocational training; (viii) Adaptive equipment or resources; and (ix) Other factors that may pose a challenge to the individual's successful recovery and rehabilitation; (b) Current resources and support system; (c) As relevant, a review of the individual's legal status and forensic history, if any; (d) The individual's history of substance abuse, if any; (e) Behaviors, if any, that are potentially dangerous to the individual or others; and; (f) For individuals receiving RRP services, the individual's: (i) need for RRP services (ii) Ability to perform basic self-care and to maintain personal safety; and; (iii) Need for changing intensity of intervention based on the episodic nature of mental illness. The Rehabilitation Assessment may include the consumer's current and potential support system, motivation, and goals. The assessment may document a synthesis of the information into an overall picture. The provider uses multiple additional assessments/tools/scales in addition to the Rehabilitation Assessment. **N =** There is no Rehabilitation Assessment in the record **OR** the Rehabilitation Assessment is present, but missing some of the required elements (listed above) of the BHA regulatory standards for assessments.	75% of all medical records reviewed have a score of 3 or above and meet the standard for documenting assessments.

10. Was an initial IRP completed within 30 calendar days of initiation of PRP services; do the initial and concurrent IRPs contain goals, objectives or outcomes , related to assessment, that are individualized , specific, and measurable with an achievable timeframe and congruent interventions? 10.21.21.06 C CMS State Medicaid Manual Part 4 4221 C	**Y =** The initial IRP/ITRP was completed within 30 calendar days of the initiation of PRP services **OR** there is documentation in the record as to why the IRP was not completed within 30 days. The IRP includes, at a minimum: the individual's recovery and rehabilitation expectations and responsibilities; a description of needed and desired program services and interventions, and staff responsible for implementation; a description of how the needed and desired skills and supports will help the individual to manage the individual's psychiatric disorder and to support recovery; rehabilitation goals in measurable terms, and target dates for each goal. Measurements include self-report, client rating scales, observable outcomes, % to an established baseline, and counting events; the objectives listed are individualized and not the same for all other consumers reviewed in this service. New and revised objectives reflect changes in the consumer's level of functioning and/or quality of life and are a next step to achieving the long-term goal; the interventions are congruent with the goals/objectives of the IRP. For example, resource deficits are addressed through adaptation of current resources, steps to obtain new resource, etc. When consumers are not meeting rehabilitation goals, it is noted how interventions will be modified. Attendance at PRP is not considered an intervention. **N =**There is no IRP/ITRP **OR** the initial IRP/ITRP was not completed within 30 days of the initiation of PRP services **AND** there is no documentation in the record explaining why the IRP was not completed within 30 days. The IRP is missing at least one of the following: the individual's recovery and rehabilitation expectations and responsibilities; a description of needed and desired program services and interventions, and staff responsible for implementation; and a description of how the needed and desired skills and supports will help the individual to manage the individual's psychiatric disorder and to support recovery. Goals/objectives are general statements with vague language and no measures of accomplishment and/or all consumers reviewed in this service have the same goals/objectives; Goals/objectives have no relationship to the current assessment; Interventions are unrelated to the goals/objectives. **N/A =** The consumer is a new referral and an IRP has not yet been developed.	75% of all medical records reviewed meet the standard for an IRP completed within 30 days of the initiation of PRP services.

11. Are IRP reviews completed at a minimum of every 6 months, and do the IRPs include all required signatures with dates and is it documented the consumer accepted or declined a copy of the IRP? 10.21.21.06 C (3-5)	**Y =** IRP reviews are completed at a minimum of every 6 months; All required signatures, the consumer/parent/guardian, the Rehabilitation Coordinator, with dates, are present **OR** there is documentation that the consumer verbally agreed to the IRP and the rationale for refusal to sign is also documented. (If ITRP, at least 2 mental health professionals shall sign.); It is documented that the consumer received or declined a copy of the IRP. **N =** No IRP review(s) are present **OR** IRP reviews have not been completed at a minimum of every 6 months; The IRP does not have a complete dated signature from the consumer/parent/legal guardian and/or rehabilitation coordinator demonstrating active participation in the rehabilitation planning process and/or there is no documentation of a verbal agreement or rationale for refusal to sign; and it is not documented that the consumer received or declined a copy of the IRP. **N/A =** The consumer is a new referral and an IRP has not yet been developed.	75% of all medical records reviewed meet the standard for an IRP review completed at a minimum of every 6 months and have the required signatures on the IRP.
12. 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)	**Y**= A discharge summary is completed 10 working days after the consumer has discharged from the agency **AND** the summary is signed and dated by the staff person responsible for coordinating services to the individual; The discharge summary includes **all** of the following required elements: reason for admission, reason for discharge, services provided (including frequency/duration of services), progress made, diagnosis at the time of discharge (if appropriate), current medications (if any), continuing service recommendations and summary of the transition process, and extent of individual's involvement in the discharge plan. **N**= A discharge summary is missing **OR** not completed 10 working days following the consumer's discharge from the agency; There is no discharge summary in the record **OR** the discharge summary does not contain all of the required elements. **N/A**= The consumer remains enrolled in treatment.	75% of all applicable medical records reviewed have the required discharge summary.

13. Does the record reflect the development of a transition plan, if the individual is discharged? MDH Guidelines	**Y =** A transition/discharge plan is present that has a recommendation for transition/discharge to a lower level of care that includes the client's functioning at the time of transition/discharge, the supports that will be required at time of transition/discharge, and a timeframe to accomplish the transition/discharge. **N =** All of the required elements of a transition/discharge plan are not present **OR** there is no plan at all. **N/A =** The individual remains in treatment with the provider.	75% of all medical records reviewed meet the standard for the record documenting a transition/discharge plan consistent with the services provided.

14. Does the record contain complete contact/monthly progress notes which reflect goals and interventions on the IRP are being implemented; and reflect consumer response to the interventions and progress towards goals? 10.21.21.06 D (1-2) CMS State Medicaid Manual Part 4 4221 D 6 & 7	**Y=** The contact notes contain all of the required elements: • Date and location of service; • The start time and either the duration or end time, unless the information is in a readily accessible billing document; • The chief medical complaint or reason for the visit; • The delivery of services specified by the IRP or ITRP; • A brief description of the service provided; and • A legible signature and printed or typed name of the program staff member providing care, with the appropriate title; The contact/monthly progress notes also identify the goals and staff interventions that are consistent with the IRP. Programs may identify the interventions on contact notes as long as the interventions can be linked to the specific goals that they are addressing; all of the interventions on the IRP are addressed in contact/progress notes **OR** there are changes to the plan documented in a monthly progress note that addresses why specific goals and/or interventions were not addressed; The contact and/or progress notes document consumer responses to the interventions, their progress towards goals from the IRP, and justification for continued PRP services as evidenced by the documentation supporting that the consumer continues to meet medical necessity criteria. **N=** There are no contact and/or monthly progress notes in the record **OR** no contact notes contain all of the required elements listed above The progress/contact notes are missing at least one of the above required items; No (or very few) contact/monthly progress notes contain either the goals or interventions but rather give information unrelated to the consumer IRP; No (or very few) contact and/or progress notes contain the consumer responses to interventions and their progress towards goals included in the IRP, but rather give information unrelated to the interventions listed on the IRP.	75% of all medical records reviewed meet the standard for contact notes reflecting that interventions on the IRP are being implemented and meet the standard for the progress notes documenting the consumer's progress towards the goals of the IRP and justification for the need for ongoing PRP services.

15. Are the assessment, IRP and Progress Notes consistent with the current Beacon ProviderConnect®? *Beacon Provider Manual*	**Y=** The assessment and the goals/objectives have correlation to the current Beacon CareConnect/Provider Connect® form and the progress/contact notes reflect staff interventions consistent with those indicated on the Beacon CareConnect/Provider Connect® form. All of the goals and interventions are being addressed through services documented in the medical record **OR** changes to the plan are documented and why specific goals and interventions will not be addressed. **N**= The record is missing an assessment, IRP, or contact/monthly progress notes; Neither the assessment nor any of the goals/objectives relate to the current Beacon CareConnect/Provider Connect®. Progress/contact notes document interventions unrelated to those indicated on the Beacon CareConnect/Provider Connect® or give a different picture than the Beacon CareConnect/Provider Connect® assessment. **N/A =** The Beacon CareConnect/Provider Connect® form is an initial authorization, which does not include clinical information.	75% of all medical records reviewed have a score of 3 or above and meet the standard for the assessment, IRP and progress notes being consistent with the current Beacon CareConnect/Provider Connect®.

16. Is there evidence that the program organizes services and supports to promote the use of community resources and self-help organizations and documents recommendations for and collaboration with other service to support the individual's recovery? 10.21.21.04 B 10.21.21.06 C (1)(b)(v)	**Y =** There is documentation showing referrals for or collaboration with other mental health services that the consumer may need or in which the consumer is involved. Examples of documentation could include: an ITP from an OMHC and/or information demonstrating collaboration in a progress note; There is documentation of face-to-face or telephonic meetings between the PRP and the other mental health provider(s); there are documented efforts for the consumer to participate in activities available to the community-at-large. Examples of these include activities sponsored by churches, clubs, schools, and other agencies. **N =** There is no IRP in the record or there are missing monthly notes; Clinical information indicates that multiple mental health services are needed or currently being provided and there is no information documented to refer and collaborate with other mental health services. There are no documented attempts for the consumer to engage in activities in their community, to build natural supports and to further the individual's recovery. **N/A =** There are no additional mental health services needed; **OR** there is documentation that the consumer has refused referrals/collaboration with additional service providers.	75% of all medical records reviewed meet the standard for the IRP and progress/contact notes reflecting recommendations for and collaboration with other MH services to support the individuals' recovery and meet the standard for efforts by the program to promote community integration and use of natural supports and resources in the community.

17. Is there documentation of the consumer's past and current somatic/medical history and documentation of ongoing communication and collaboration with a Primary Care Physician? 10.21.21.06 A	**Y =** PRP staff has documented pertinent past and current somatic medical history, including: the individual's somatic health problems, if any; relevant medical treatment, including medication; and a recommendation, if needed, for somatic care follow-up; **and** an exchange of medical information with the primary care provider has been documented **or** the plan, if indicated, including the time frame, for the individual's referral to a primary care provider for evaluation and treatment; There is documentation present showing consistent outreach to the consumer's PCP by the provider, but not necessarily information from the PCP; There is documentation present showing consistent outreach to the consumer's PCP by the provider. There may be documented evidence of information being received from the PCP on a consistent basis. **N =** There is no documentation regarding the consumer's somatic status, nor is there communication/collaboration with the consumer's PCP (or no referral to for a PCP); There is documentation present regarding the consumer's somatic status, but no documentation of communication/collaboration with the PCP (or no referral for a PCP). **N/A =** Ongoing communication and collaboration is not indicated.	75% of all medical records reviewed meet the standard for evidence of collaboration with a Primary Care Physician.