



PROVIDER ALERT
February 15, 2010

ValueOptions® Audit Tools

In response to provider requests, the revised Provider Audit tools are posted on the ValueOptions® Maryland Website

- Link to the Maryland Audit Tools
 - http://maryland.valueoptions.com/provider/prv_info.htm
- List of Audit Tools/Levels of Care subject to audit
 - Outpatient Mental Health Centers (OMHC)
 - PRP (Psychiatric Rehabilitation Programs)—ADULTS
 - PRP (Psychiatric Rehabilitation Programs)—MINORS
 - Inpatient Facilities (IP)
 - Residential Treatment Centers (RTC)
 - Individual & Group Practices
 - Intensive Outpatient Programs (IOP)
 - Partial Hospitalization Programs (PHP)
 - Therapeutic Behavioral Services (TBS)
- Description of changes to the audit tools since October 2009
 - **OMHC Audit Tool & Audit Definitions**

▪ **Added audit item #16:**

16. Is an ITP Review completed at a minimum of every 6 months? <i>10.21.20.07 A (2)</i>	<i>Comments:</i>
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<p>16. Is an ITP Review completed at a minimum of every 6 months? <i>10.21.20.07 A (2)</i></p>	<p>Y = Any ITP reviews were completed at a minimum of every 6 months.</p> <p>N = No ITP review(s) are present OR ITP reviews have not been completed at a minimum of every 6 months.</p> <p>N/A = The consumer is a new referral and an ITP review has not yet been developed.</p>	<p>75% of all medical records reviewed scored a “yes” and meet the standard for an ITP review completed at a minimum of every 6 months.</p>
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▪ **Added audit item #18:**

<p>18. Within 10 working days after an individual is discharged from a program, has the consumer’s service coordinator completed and signed a discharge summary? <i>10.21.17.10 D</i></p> <p><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
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<p>18. Within 10 working days after an individual is discharged from a program, has the consumer’s service coordinator completed and signed a discharge summary? <i>10.21.17.10 D</i></p>	<p>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.</p> <p>N= A discharge summary is missing OR not completed 10 working days following the consumer’s discharge from the agency.</p> <p>N/A= The consumer remains enrolled in treatment.</p>	<p>75% of all applicable medical records reviewed have the required discharge summary.</p>
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▪ **Added audit item #19:**

<p>19. Does the discharge summary include, at a</p>	<p><i>Comments:</i></p>
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<p>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? <i>10.21.17.10 D (1-8)</i></p> <p><i>Yes / No / NA</i></p>	
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<p>19. Does the discharge summary 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? <i>10.21.17.10 D (1-8)</i></p>	<p>Y= 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.</p> <p>N= There is no discharge summary in the record OR the discharge summary present does not contain all of the required elements.</p> <p>N/A= The consumer remains enrolled in treatment.</p>	<p>75% of all medical records reviewed contain a discharge summary with all of the required elements.</p>
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▪ **Modified audit item #23 to reflect "VO-MD ProviderConnect®":**

<p>23. Are the Assessment, ITP and Contact Notes consistent with the current VO-MD ProviderConnect® form? <i>New Provider Manual</i></p> <p><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
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<p>23. Are the Assessment, ITP and Contact Notes consistent with the current VO ProviderConnect[®] form? <i>Provider Manual</i></p>	<p>1 = The record is missing an assessment, ITP, or contact notes.</p> <p>2 = Neither the assessment nor any of the goals/objectives relate to the current VO ProviderConnect[®]. Contact notes document interventions unrelated to those indicated on the VO ProviderConnect[®] or give a different picture than the VO ProviderConnect[®] assessment.</p> <p>3 = The assessment and more than half the goals/objectives have correlation to the current VO ProviderConnect[®] form and more than half the contact notes reflect staff interventions consistent with those indicated on the VO ProviderConnect[®] 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.</p> <p>4 = The assessment and <u>all</u> goals/objectives on the ITP are directly related to the current VO ProviderConnect[®] and contact notes contain information and interventions matching the VO ProviderConnect[®] form.</p> <p>5 = The assessment, all goals/interventions of the ITP, and contact notes contain the same information that is documented on the VO ProviderConnect[®] form.</p> <p>N/A = The VO ProviderConnect[®] form is an initial authorization, which does not include clinical information.</p> <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the assessment, ITP and contact notes being consistent with the current VO ProviderConnect[®].</p>



○ **PRP—ADULT Audit Tool & Audit Definitions**

▪ **Added audit item #14:**

<p>14. Is a Rehabilitation Plan Review completed at a minimum of every 6 months? <i>10.21.21.06 C (3)</i> <i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
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<p>14. Is a Rehabilitation Plan Review completed at a minimum of every 6 months? <i>10.21.21.06 C (3)</i></p>	<p>Y = Any IRP reviews were completed at a minimum of every 6 months.</p> <p>N = No IRP review(s) are present OR IRP reviews have not been completed at a minimum of every 6 months.</p> <p>N/A = The consumer is a new referral and an IRP review has not yet been developed.</p>	<p>75% of all medical records reviewed scored a “yes” and meet the standard for an IRP review completed at a minimum of every 6 months.</p>
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▪ **Added audit item #15:**

<p>15. Within 10 working days after an individual is discharged from a program, has the consumer's service coordinator completed and signed a discharge summary? <i>10.21.17.10 D</i></p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
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<p>15. Within 10 working days after an individual is discharged from a program, has the consumer's service coordinator completed and signed a discharge summary? <i>10.21.17.10 D</i></p>	<p>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.</p> <p>N= A discharge summary is missing OR not completed 10 working days following the consumer's discharge from the agency.</p> <p>N/A= The consumer remains enrolled in treatment.</p>	<p>75% of all applicable medical records reviewed have the required discharge summary.</p>
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▪ **Added audit item #16:**

<p>16. Does the discharge summary 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? <i>10.21.17.10 D (1-8)</i></p>	<p><i>Comments:</i></p>
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Yes / No / NA	
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<p>16. Does the discharge summary 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?</p> <p><i>10.21.17.10 D (1-8)</i></p>	<p>Y= 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.</p> <p>N= There is no discharge summary in the record OR the discharge summary present does not contain all of the required elements.</p> <p>N/A= The consumer remains enrolled in treatment.</p>	<p>75% of all medical records reviewed contain a discharge summary with all of the required elements.</p>
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▪ Modified audit item #21 to reflect "VO-MD ProviderConnect®":

<p>21. Are the Assessment, IRP and Progress Notes consistent with the current VO ProviderConnect®? <i>New Provider Manual</i></p> <p><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
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<p>21. Are the assessment, IRP and Progress Notes consistent with the current VO ProviderConnect®? <i>New Provider Manual</i></p>	<p>1 = The record is missing an assessment, IRP, or monthly progress notes.</p> <p>2 = Neither the assessment nor any of the goals/objectives relate to the current VO ProviderConnect®. Progress/contact notes document interventions unrelated to those indicated on the VO ProviderConnect® or give a different picture than the VO ProviderConnect® assessment.</p> <p>3 = The assessment and more than half the goals/objectives have correlation to the current VO ProviderConnect® form and more than half the progress/contact notes reflect staff interventions consistent with those indicated on the VO ProviderConnect® 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.</p> <p>4 = The assessment and <u>all</u> goals/objectives on the IRP are directly related to the current VO ProviderConnect® and progress/contact notes contain information and interventions matching the VO ProviderConnect® form.</p> <p>5 = The assessment, all goals/interventions of the IRP, and monthly progress notes contain the same information that is documented on the VO ProviderConnect® form.</p> <p>N/A = The VO ProviderConnect® form is an initial authorization, which does not include clinical information.</p>	<p>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 VO ProviderConnect®.</p>
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○ **PRP—MINOR Audit Tool & Audit Definitions**

▪ **Added audit item #16:**



<p>16. Within 10 working days after an individual is discharged from a program, has the consumer's service coordinator completed and signed a discharge summary? 10.21.17.10 D</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
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<p>16. Within 10 working days after an individual is discharged from a program, has the consumer's service coordinator completed and signed a discharge summary? 10.21.17.10 D</p>	<p>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.</p> <p>N= A discharge summary is missing OR not completed 10 working days following the consumer's discharge from the agency.</p> <p>N/A= The consumer remains enrolled in treatment.</p>	<p>75% of all applicable medical records reviewed have the required discharge summary.</p>
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▪ **Added audit item #17:**

<p>17. Does the discharge summary 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? 10.21.17.10 D (1-8)</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
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<p>17. Does the discharge summary 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?</p> <p><i>10.21.17.10 D (1-8)</i></p>	<p>Y= 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.</p> <p>N= There is no discharge summary in the record OR the discharge summary present does not contain all of the required elements.</p> <p>N/A= The consumer remains enrolled in treatment.</p>	<p>75% of all medical records reviewed contain a discharge summary with all of the required elements.</p>
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▪ **Modified audit item #23 to reflect “VO-MD ProviderConnect®”:**

<p>23. Are the assessment, IRP and Contact/Progress Notes consistent with the current VO CareConnect®?</p> <p><i>New Provider Manual</i> <i>1 2</i></p> <p><i>3 4 5 NA</i></p>	<p><i>Comments:</i></p>
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<p>23. Are the assessment, IRP and Contact/Progress Notes consistent with the current VO CareConnect/Provider Connect®? <i>New Provider Manual</i></p>	<p>1 = The record is missing an assessment, IRP, or contact/monthly progress notes.</p> <p>2 = Neither the assessment nor any of the goals/objectives relate to the current VO CareConnect/Provider Connect®. Progress/contact notes document interventions unrelated to those indicated on the VO CareConnect/Provider Connect® or give a different picture than the VO CareConnect/Provider Connect® assessment.</p> <p>3 = The assessment and more than half the goals/objectives have correlation to the current VO CareConnect/Provider Connect® form and more than half the progress/contact notes reflect staff interventions consistent with those indicated on the VO 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.</p> <p>4 = The assessment and <u>all</u> goals/objectives on the IRP are directly related to the current VO CareConnect/Provider Connect® and progress/contact notes contain information and interventions matching the VO CareConnect/Provider Connect® form.</p> <p>5 = The assessment, all goals/interventions of the IRP, and monthly progress notes contain the same information that is documented on the VO CareConnect/Provider Connect® form.</p> <p>N/A = The VO CareConnect/Provider Connect® form is an initial authorization, which does not include clinical information.</p>	<p>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 VO CareConnect/Provider Connect®.</p>
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