QUALITY OF DOCUMENTATION	1= Poor	3 = Meets Standard	5= Excellent	Reviewer:	
<b>INPATIENT</b> Consumer Name:					Consumer M.A. #/SS#:
1. Has the consumer (or their legal guardian) consented to treatment? 42 C.F.R. 482.13 (b)) MD Annot. Code Health-General 10-706 (c) Yes / No / NA			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? 42 C.F.R. 482.61 (a)(1) $ Yes \ / \ No \ / \ NA $			Comments:		
3. Does the medical record meet all requirements for the documentation of the orders and implementation, monitoring, medical treatment provided (if necessary) and follow-up of a restraint or seclusion? $1\ 2\ 3\ 4\ 5\ NA$			Comments:		
4. When clinically indicated and in accordance with protocols established by the facility and the local CSA (where applicable), did the initial evaluation in the Emergency Room document the consideration and involvement of community-based crisis programs prior to developing and initial inpatient plan of care?  CSA Guidelines, Transmittals  Yes / No / NA			Comments:		
5. Is there a comprehensive assessment completed and with consent and when possible, with the involvement of family/guardians and community providers?  42 C.F.R 482.61 (a)  42 C.F.R 441.155 (b)  1 2 3 4 5			Comments:		
6. Does the medical record document active participation in establishing the goals, objectives and interventions of the treatment plan by the consumer and/or their parent/guardian?  COMAR 10.21.03.03  1 2 3 4 5			Comments:		
7. Are the treatment plan goals/objectives related to the assessment? (strengths, symptoms, skill deficits, resources)			Comments:		
1 2 3 4 5					

8. Does the treatment plan contain goals, objectives or outcomes that are individualized, specific and measurable with an achievable timeframe? 42 C.F.R. 180 (b) 42 C.F.R. 482.61 (c) 42 C.F.R. 441.154 42 C.F.R. 441.155 42 C.F.R. 441.156 (b) COMAR 10.21.03.03  1 2 3 4 5	Comments:
9. Are the interventions on the treatment plan congruent with goals/objectives?  1 2 3 4 5	Comments:
10. Does the treatment plan document a completed written discharge plan prior to admission?  C.F.R. 456.180 (a)(b)(6)  Yes / No	Comments:
11. Do the staff providing discharge planning services assist the consumer in participating in discharge planning?  Yes / No	Comments:
12. With the appropriate consents to release information, does the discharge planning process also involve communication and collaboration with community providers, family members and CSA (when necessary)?  1 2 3 4 5 NA	Comments:
13. Were all the required elements of an aftercare plan documented?  COMAR 10.21.05.03  Yes / Partial / No	Comments:
14. When appropriate and with consents for the release of information, was a copy of the aftercare plan provided to the consumer, their family and community providers?  COMAR 10.21.05.03  Yes / Partial / No	Comments:
15. With consent to release information, are the family members, other interested individuals (if any) and community providers notified at the time of discharge?  COMAR 10.21.05.03  Yes / No / NA	Comments:
16. Does the treatment plan include all required signatures?  COMAR 10.21.05.03  Yes / No	Comments:

17. Are the progress/contact notes complete? 42 C.F.R. 482.61 (d) 42 C.F.R. 482.62 (d) 412.27 (c)(4)  1 2 3 4 5	Comments:
18. Do the progress/contact notes reflect goals and interventions on the treatment plan are being addressed and implemented? $ 1  2  3  4  5 $	Comments:
19. Do the progress/contact notes reflect the consumer's progress towards the goals of the treatment plan?	Comments:
1 2 3 4 5	
20. Are the assessment, treatment plan, progress/contact notes and the discharge plan consistent with the current ProviderConnect?  Provider Manual  1 2 3 4 5	

11/06/07