



<p><b>7. Are screening assessments scheduled and assigned a priority based upon the clinical acuity of the individual's mental health disorder?</b>  10.21.20.05 B  Yes / No</p>	<p><i>Comments:</i></p>
<p><b>8. Is the assessment completed by the 2nd visit?</b>  10.21.20.06 A  Yes / No</p>	<p><i>Comments:</i></p>
<p><b>9. Is there a comprehensive assessment?</b>  10.21.20.06 A (1)(2) &amp; C (2)  CMS State Medicaid Manual  Part 4 4221 B  1 2 3 4 5</p>	<p><i>Comments:</i></p>
<p><b>10. Was a Substance Abuse Screening Assessment completed?</b>  10.21.20.06 B  Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>11. Is there evidence of integration of, or collaboration with Substance Abuse services?</b>  10.21.20.08 D (1)(2)  Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>12. Was the ITP completed on or before the consumer's 7th visit?</b>  Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>13. Is the ITP reviewed weekly by the individual and the individual's treatment coordinator?</b>  10.21.20.04 E(3)  Yes / No / NA</p>	<p><i>Comments:</i></p>

<p><b>14. Does the ITP include the following: diagnosis, presenting needs, strengths, recovery, and treatment expectations and responsibilities?</b>  <i>10.21.20.07 A (1)(b)(i-vi)</i>  <i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p><b>15. Does the medical record document active participation in establishing the goals, objectives, and interventions of the ITP and is it documented that the consumer accepted or declined a copy of the ITP?</b>  <i>10.21.20.07 A (4)</i>  <i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p><b>16. Are the ITP goals/objectives related to the assessment? {symptoms, skill deficits, resources}</b>  <i>10.21.17.08 B (8)</i>  <i>10.21.20.07 A (1)(b)</i>  <i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p><b>17. Does the ITP contain goals, objectives or outcomes that are individualized, specific and measurable with an achievable timeframe?</b>  <i>10.21.20.07 A (1)(b)(v)</i>  <i>CMS State Medical Manual Part 4 4221 C</i>  <i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p><b>18. Are the interventions on the ITP congruent with goals/objectives?</b>  <i>10.21.20.07 A (1)(b)(vi)</i>  <i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>

<p><b>19. Does the record reflect a transition/discharge plan consistent with the services provided?</b>  10.21.17.10 C</p> <p><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p><b>20. Does the ITP include all required signatures with dates?</b>  10.21.20.07 A (3)</p> <p><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p><b>21. Do the ITP and contact notes reflect recommendations for and/or collaboration with other MH services to support the individual's recovery?</b>  10.21.20.07 A (1)(vi)  10.21.20.09 B</p> <p><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p><b>22. Are the Contact notes complete?</b>  10.09.59.03 J(1)(2)(3)(4)  10.21.20.07 B (1)(e)(f)(g)  <i>CMS State Medicaid Manual</i>  <i>Part 4 4221 D 6</i></p> <p><i>1 2 3 4 5</i></p>	<p><i>Comments:</i></p>
<p><b>23. Do Contact Notes reflect goals and interventions on the ITP and are being implemented?</b>  10.09.59.03 (3)  10.21.20.07 B (1)(e)(f)(g)  <i>CMS State Medicaid Manual</i>  <i>Part 4 4221 D 6</i></p> <p><i>1 2 3 4 5</i></p>	<p><i>Comments:</i></p>
<p><b>24. Do the Contact Notes reflect the consumer's progress towards the goals of the ITP?</b>  10.21.20.07 B (1)(h)  <i>CMS State Medicaid Manual</i>  <i>Part 4 4221 D 7</i></p> <p><i>1 2 3 4 5</i></p>	<p><i>Comments:</i></p>

<p><b>25. Are the Assessment, ITP, Contact Notes, and discharge/transition plan consistent with the current VO-MD ProviderConnect® form?</b>  <i>ValueOptions® Provider Manual</i></p> <p>1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>26. 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?</b>  <i>10.21.20.06 D</i></p> <p>1 2 3 4 5</p>	<p><i>Comments:</i></p>