

<b>QUALITY OF DOCUMENTATION</b> 1 = Poor, 2 = Below Standard, 3 = Meets Standard, 4 = Above Standard, 5 = Excellent, NA=Not Applicable <b>Reviewer:</b>	
<b>OMHC</b> <b>Consumer Name:</b> _____ <b>Consumer M.A. #:</b> _____	
<b>1. Has the consumer (or their legal guardian) consented to treatment?</b> 10.21.17.04 A  Yes / No	<i>Comments:</i>
<b>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?</b> 10.21.17.04 A (1)(c) 10.21.17.08 B (10)  Yes / No / NA	<i>Comments:</i>
<b>3. Does the medical record contain a completed MHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form?</b> MHA Guidelines  Yes / No / NA	<i>Comments:</i>
<b>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?</b> 10.21.17.04 C  1    2    3    4    5    NA	<i>Comments:</i>
<b>5. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing medical necessity?</b> 10.21.25.02 (19) & (20)  1    2    3    4    5	<i>Comments:</i>
<b>6. 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	<i>Comments:</i>
<b>7. Is the assessment completed by the 2nd visit?</b> 10.21.20.06 A  Yes / No	<i>Comments:</i>

<p><b>8. Is there a comprehensive assessment?</b>  10.21.20.06 A (1)(2) &amp; C (2)  CMS State Medicaid Manual  Part 4 4221 B</p> <p>1 2 3 4 5</p>	<p><i>Comments:</i></p>
<p><b>9. Was a Substance Abuse Screening Assessment completed?</b>  10.21.20.06 B</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>10. Is there evidence of integration of, or collaboration with Substance Abuse services?</b>  10.21.20.08 D (1)(2)</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>11. Was the ITP completed on or before the consumer's 5th visit?</b>  10.21.20.07 A (1)(a)</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>12. Does the ITP include the following: diagnosis, presenting needs, strengths, recovery, and treatment expectations and responsibilities?</b>  10.21.20.07 A (1)(b)(i-vi)</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>13. 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>  10.21.20.07 A (4)</p> <p>1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>14. Are the ITP goals/objectives related to the assessment? {symptoms, skill deficits, resources}</b>  10.21.17.08 B (8)  10.21.20.07 A (1)(b)</p> <p>1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>

<p><b>15. Does the ITP contain goals, objectives or outcomes that are individualized, specific and measurable with an achievable timeframe?</b>  10.21.20.07 A (1)(b)(v)  CMS State Medical Manual Part 4 4221 C</p> <p>1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>16. Are the interventions on the ITP congruent with goals/objectives?</b>  10.21.20.07 A (1)(b)(viii)</p> <p>1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>17. Is an ITP Review completed at a minimum of every 6 months?</b>  10.21.20.07 A (2)</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>18. Does the record reflect a transition/discharge plan consistent with the services provided?</b>  10.21.17.10 C</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>19. Within 10 working days after an individual is discharged from a program, has the consumer's service coordinator completed and signed a discharge summary?</b>  10.21.17.10 D</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>20. 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?</b>  10.21.17.10 D (1-8)</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>
<p><b>21. Does the ITP include all required signatures with dates?</b>  10.21.20.07 A (3)</p> <p>Yes / No / NA</p>	<p><i>Comments:</i></p>

<p><b>22. 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>1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>23. Are the Contact notes complete?</b>  10.09.59.03 J(1)(2)(3)(4)  10.21.20.07 B (1)(e)(f)(g)  CMS State Medicaid Manual  Part 4 4221 D 6</p> <p>1 2 3 4 5</p>	<p><i>Comments:</i></p>
<p><b>24. Do Contact Notes reflect goals and interventions on the ITP are being implemented?</b>  10.09.59.03 (3)  10.21.20.07 B (1)(e)(f)(g)  CMS State Medicaid Manual  Part 4 4221 D 6</p> <p>1 2 3 4 5</p>	<p><i>Comments:</i></p>
<p><b>25. Do the Contact Notes reflect the consumer's progress towards the goals of the ITP?</b>  10.21.20.07 B (1)(h)  CMS State Medicaid Manual  Part 4 4221 D 7</p> <p>1 2 3 4 5</p>	<p><i>Comments:</i></p>
<p><b>26. Are the Assessment, ITP and Contact Notes consistent with the current VO-MD ProviderConnect® form?</b>  New Provider Manual</p> <p>1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>27. 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>  10.21.20.06 D</p> <p>1 2 3 4 5</p>	<p><i>Comments:</i></p>