

QUALITY OF DOCUMENTATION 1 = Poor, 2 = Below Standard, 3 = Meets Standard, 4 = Above Standard, 5 = Excellent		Reviewer:
PRP-ADULT		Consumer Name:
		Consumer M.A.#:
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? <i>10.21.21.05 C (1-3)</i> <i>Yes / No</i>	<i>Comments:</i>	
2. Has the consumer (or their legal guardian) consented to rehabilitation services? <i>10.21.17.04 A</i> <i>Yes / No</i>	<i>Comments:</i>	
3. 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? <i>10.21.17.04 A (1)(c)</i> <i>10.21.17.08 B (10)</i> <i>Yes / No / NA</i>	<i>Comments:</i>	
4. Does the medical record contain a completed MHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form? <i>MHA Guidelines</i> <i>Yes / No / NA</i>	<i>Comments:</i>	
5. 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? <i>10.21.17.04 C</i> <i>1 2 3 4 5 NA</i>	<i>Comments:</i>	
6. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing the medical necessity? <i>Provider Manual</i> <i>10.21.25.02 (19) &(20)</i> <i>10.21.29.10.21.25.08.08 B RRP</i> <i>Yes / No</i> ***Name of referring clinician:	<i>Comments:</i>	
7. When required, does the consumer record document the consumer's choice to receive only off-site or only on-site PRP services? <i>February 2004 Issues Bulletin</i> <i>Yes / No / NA</i>	<i>Comments:</i>	

<p>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</p> <p style="text-align: center;"><i>Yes / No</i></p>	<p><i>Comments:</i></p>
<p>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</p> <p style="text-align: center;"><i>1 2 3 4 5</i></p>	<p><i>Comments:</i></p>
<p>10. Was an initial IRP completed within 30 calendar days of initiation of PRP services? 10.21.21.06 C</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p>11. Does the consumer record document active participation in establishing the goals, objectives, and interventions of the IRP and is it documented that the consumer accepted or declined a copy of the IRP? 10.21.21.06 C (5)</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p>12. Are the IRP goals/objectives related to the assessment? (strengths, symptoms, skill deficits, resources) 10.21.17.07 D (2) (n) (iii-iv) 10.21.21.06 C (b)</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p>13. Does the IRP contain goals, objectives or outcomes that are individualized, specific and measurable with an achievable timeframe? 10.21.21.06 C (1)(b)(iv) CMS State Medical Manual Part 4 4221 C</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p>14. Are the interventions on the IRP congruent with goals/objectives? 10.21.21.06 C</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p>15. Is a Rehabilitation Plan Review completed at a minimum of every 6 months? 10.21.21.06 C (3)</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p>16. Does the IRP include all required signatures with dates? 10.21.21.06 C (4)</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>

<p>17. 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 style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p>18. 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 style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p>19. Does the record reflect a transition/discharge plan consistent with the services provided? 10.21.17.10 C CMS State Medicaid Manual Part 4 4221 C</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p>20. Do the IRP and Contact and Monthly Progress notes reflect recommendations for and collaboration with other services to support the individual's recovery? 10.21.21.04 C (1)(c) 10.21.21.06 C (1)(b)(v)</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p>21. Are the Contact notes complete? 10.21.21.06 D (1) CMS State Medicaid Manual Part 4 4221 D</p> <p style="text-align: center;"><i>1 2 3 4 5</i></p>	<p><i>Comments:</i></p>
<p>22. Do Contact/Monthly Progress Notes reflect goals and interventions on the IRP are being implemented? 10.21.21.06 D (2) CMS State Medicaid Manual Part 4 4221 D 6</p> <p style="text-align: center;"><i>1 2 3 4 5</i></p>	<p><i>Comments:</i></p>
<p>23. Do the Monthly Progress Notes reflect the consumer's response to the interventions and their progress towards goals? 10.21.21.06 D (2) CMS State Medicaid Manual Part 4 4221 D 7</p> <p style="text-align: center;"><i>Yes / No</i></p>	<p><i>Comments:</i></p>

<p>24. Are the Assessment, IRP and Progress Notes consistent with the current VO ProviderConnect@? <i>New Provider Manual</i></p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p>25. Is there evidence that the program organizes services and supports to promote the use of community resources and self help organizations? <i>10.21.21.04 B</i></p> <p style="text-align: center;"><i>Yes / No</i></p>	<p><i>Comments:</i></p>
<p>26. 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? <i>10.21.21.06 A</i></p> <p style="text-align: center;"><i>1 2 3 4 5</i></p>	<p><i>Comments:</i></p>