

| <p style="text-align: center;"><b>QUALITY OF DOCUMENTATION</b></p> <p style="text-align: center;"><b>PRP</b></p> <p style="text-align: center;"><b>FOR ADULTS</b></p>   | <p style="text-align: center;"><u><b>GUIDELINES FOR SCORING INDIVIDUAL RECORDS</b></u></p> <p style="text-align: center;">1 = Poor, 2 = Below Standard, 3 = Standard, 4 = Above Standard, 5 = Excellent</p> <p style="text-align: center;">Y = Meets Standard N = Does Not Meet Standard</p> <p style="text-align: center;">N/A = Not Applicable</p>   | <p style="text-align: center;"><b>GUIDELINES FOR DETERMINING PROGRAM COMPLIANCE WITH STANDARDS</b></p> <p style="text-align: center;"><i>Programs are expected to strive to achieve all quality of documentation standards in 100% of the instances. Programs that are compliant in less than 75% of the charts reviewed will be required to develop a Performance Improvement Plan (PIP) in conjunction with the CSA, ValueOptions®, MHA, or any other auditing agency.</i></p> |
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| <p><b>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?</b><br/>10.21.21.05 C (1-3)</p> | <p><b>Y</b> = There is documentation in the record that the consumer has entitlements <b>OR</b> that the PRP has assisted the consumer in taking steps to obtain all entitlements for which he/she may be eligible, i.e. is there documentation of the outcome of the application process?</p> <p><b>N</b> = There is no documentation as to whether or not the consumer has entitlements <b>OR</b> the PRP did not document assisting a consumer, without benefits, in obtaining all entitlements for which he/she may be eligible.</p>                   | <p>75% of all medical records reviewed have documented evidence of the consumer’s entitlements and efforts to obtain entitlements for those consumers without entitlements.</p>  |
| <p><b>2. Has the consumer (or their legal guardian) consented to rehabilitation services?</b><br/>10.21.17.04 A</p>   | <p><b>Y</b> = Consent for services is documented by signature of the consumer or, when applicable, legal guardian. In instances when this is not possible, the program shall document the reasons why the individual cannot give written consent; verify the individual’s verbal consent; and document periodic attempts to obtain written consent.</p> <p><b>N</b> = Documented consent not present in the chart <b>OR</b> an individual consents as the consumer’s guardian and there is no legal/agency documentation of change in guardian status.</p> | <p>75% of all medical records reviewed have documented consent for services.</p>   |

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| <p><b>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?</b><br/> 10.21.17.04 A (1) (c)<br/> 10.21.17.08 B (10)</p> | <p><b>Y</b> = Court orders and custody agreements regarding healthcare decision-making are present in the chart. <b>OR</b> if an agency such as DSS has custody, there is a letter from the agency naming a specific person to make healthcare decisions</p> <p><b>N</b> = There are court orders or custody agreements establishing healthcare decision-making responsibility, but they are not present in the chart.</p> <p><b>N/A</b> = Health-care decision-making has never been reviewed through court orders or custody agreements in juvenile, or family court <b>OR</b> the consumer has no guardian.</p>  | <p>75% of all applicable medical records reviewed have the required documentation necessary to confirm custody and healthcare decision-making authority by the guardian consenting to rehabilitation services</p> |
| <p><b>4. Does the medical record contain a completed MHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form?</b><br/> MHA Guidelines</p>   | <p><b>Y</b> = The medical record contains a completed MHA issued Documentation for Uninsured Eligibility Benefit form <b>OR</b> printed screenshots of the on-line ValueOptions Uninsured Eligibility/Member Registration form.</p> <p><b>N</b> = The medical record does not contain a completed MHA issued Documentation for Uninsured Eligibility Benefit form <b>OR</b> printed screenshots of the on-line ValueOptions Uninsured Eligibility/Member Registration form.</p> <p><b>N/A</b> = The consumer has active Medicaid; therefore uninsured documentation is not required <b>OR</b> the consumer is uninsured however, another provider requested Uninsured Eligibility on the consumer's behalf and the audited provider is not required to have this documentation on file.</p> | <p>75% of all applicable medical records reviewed have the required Uninsured Eligibility documentation.</p>  |

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| <p><b>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?</b><br/>10.21.17.04 C</p> | <p><b>1</b> = There is no documentation in the medical record indicating that the provider has given the consumer information about advanced directives.</p> <p><b>2</b> = There is documentation that the consumer has received information about advanced directives either verbally or in writing, but not both.</p> <p><b>3</b> = There is documentation that the consumer was given information on making an advance directive <b>OR</b> documentation that the consumer declined assistance with or making an advanced directive.</p> <p><b>4</b> = There is documentation in the medical record that the consumer received information on making an advanced directive, there is documentation as to whether or not the consumer has a current directive, or staff has been assigned to assist the consumer with making a directive if so requested <b>OR</b> documentation that the consumer declined assistance with or making an advanced directive.</p> <p><b>5</b> = There is documentation in the medical record that the consumer has been given information on advanced directives by the provider, staff was assigned to assist the consumer in making a directive, and/or a copy of their advance directive is included in the record <b>OR</b> documentation that the consumer declined assistance with or making an advanced directive.</p> <p><b>NA</b> = The consumer is under the age of 18.</p> | <p>75% of all medical records reviewed have documented information that the consumer has received information on advanced directives.</p> |
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| <p><b>6. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing medical necessity?</b><br/> <i>Provider Manual<br/> 10.21.25.02 (19) &amp; (20)<br/> 10.21.25.08.08 B RRP</i></p> | <p><b>Y</b> = Diagnosis meets target population for the service and there is information in the record as to the Mental Health Professional who made the diagnosis and when. Psycho-social functioning documented in the rehabilitation assessment and medical record meets medical necessity criteria. There is supporting documentation present for the diagnosis given.</p> <p><b>N</b> = Diagnosis assigned with no information in record regarding the Mental Health Professional who made the diagnosis and when. Psycho-social functioning documented in the rehabilitation assessment and medical record does not meet medical necessity criteria. There is no clinical information to support the diagnosis given. The diagnosis was rendered by an individual not licensed to do so.</p> | <p>75% of all medical records reviewed have a score of 3 or above and have documentation that meets the standard for establishing the diagnosis and medical necessity for services</p> |
| <p><b>7. When required, does the medical record document the consumer's choice to receive only off-site or only on-site PRP services?</b><br/> <i>February 2004 Issues Bulletin</i></p>   | <p><b>Y</b> = The PRP program is licensed for and providing both onsite and offsite PRP services <b>AND</b> the consumer's choice to receive only onsite or only offsite services is documented <b>AND</b> the provider is billing the blended rate.</p> <p><b>N</b> = The PRP program is only licensed to provide either offsite or onsite services <b>OR</b> the client choice to receive only one service is not documented in the medical record <b>AND</b> the program is billing the blended rate.</p> <p><b>N/A</b> = The consumer is receiving both onsite and offsite services <b>OR</b> the consumer attends a program that is licensed to provide only on-site or only off-site services and the claims submitted by the program are for the appropriate split service rate.</p>        | <p>75% of all medical records reviewed have documented the consumer's choice to receive only off-site or only off-site services from a provider offering both services.</p>            |

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| <p><b>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?</b><br/> <i>10.21.21.05 B</i></p> | <p><b>Y</b> = A screening assessment to determine whether rehabilitation services are medical necessary was completed by PRP staff within 10 working days of receiving a PRP referral.</p> <p><b>N</b> = A screening assessment was not completed within 10 working days after receipt of a PRP referral or rehabilitation services were determined to be not medically necessary.</p> | <p>75% of all medical records reviewed scored a "yes" and meet the standard for the completion of a screening assessment after the receipt of a PRP referral to determine medical necessity.</p> |
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| <p><b>9. Is there a comprehensive PRP Rehabilitation Assessment that was completed within 30 calendar days of initiation of PRP services?</b><br/> 10.21.21.06 B<br/> CMS State Medicaid Manual<br/> Part 4 4221 B</p> | <p><b>1</b> = There is no Rehabilitation Assessment in the record.</p> <p><b>2</b> = The Rehabilitation Assessment is present, but missing some of the required elements (listed below) of the MHA regulatory standards for assessments.</p> <p><b>3</b> =The assessment shall document at a minimum:</p> <p>(a) The individual's strengths, skills, wants, and needs in the following areas:</p> <ul style="list-style-type: none"> <li>(i) Independent living;</li> <li>(ii) Housing;</li> <li>(iii) Employment;</li> <li>(iv) Self administrations and management of medication;</li> <li>(v) Mobility and transportation;</li> <li>(vi) Social relationships and leisure activities;</li> <li>(vii) Education and vocational training;</li> <li>(viii) Adaptive equipment or resources; and</li> <li>(ix) Other factors that may pose a challenge to the individual's successful recovery and rehabilitation;</li> </ul> <p>(b) Current resources and support system;</p> <p>(c) As relevant, a review of the individual's legal status and forensic history, if any;</p> <p>(d) The individual's history of substance abuse, if any;</p> <p>(e) Behaviors, if any, that are potentially dangerous to the individual or others; and;</p> <p>(f) For individuals receiving RRP services, the individual's:</p> <ul style="list-style-type: none"> <li>(i) need for RRP services</li> <li>(ii) Ability to perform basic self-care and to maintain personal safety; and;</li> <li>(iii) Need for changing intensity of intervention based on the episodic nature of mental illness.</li> </ul> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for documenting assessments.</p> |
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|   | <p><b>4</b> = Everything in #3 plus a comprehensive assessment process which is individualized, holistic, and accurate. It includes the consumer's current and potential support system, motivation, and goals. The assessment documents a synthesis of the information into an overall picture. The provider uses multiple additional assessments/tools/scales in addition to the Rehabilitation Assessment.</p> <p><b>5</b> = Everything in #4 plus the documentation of process for providing psycho-education, informing the consumer of rehabilitation service options and effectiveness, and their role in illness management and wellness.</p> |  |
| <p><b>10. Was an initial IRP completed within 30 calendar days of initiation of PRP services?</b><br/>10.21.21.06 C</p> | <p><b>Y</b> = The initial IRP was completed within 30 calendar days of the initiation of PRP services <b>OR</b> there is documentation in the record as to why the IRP was not completed within 30 days.</p> <p><b>N</b> = There is no IRP <b>OR</b> the initial IRP was not completed within 30 days of the initiation of PRP services <b>AND</b> there is no documentation in the record explaining why the IRP was not completed within 30 days.</p> <p><b>N/A</b> = The consumer is a new referral and an IRP has not yet been developed.</p>   | <p>75% of all medical records reviewed scored a "yes" and meet the standard for an IRP completed within 30 days of the initiation of PRP services.</p> |

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| <p><b>11. Does the medical 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?</b><br/>10.21.21.06 C (5)</p> | <p><b>1</b> = There is no IRP in the record or the consumer did not sign/date the IRP.</p> <p><b>2</b> = The consumer signed/dated the IRP, but it is not documented that the consumer accepted or declined a copy of the plan.</p> <p><b>3</b> = The consumer signed/dated the IRP and it is documented that the consumer received or declined a copy of the plan.</p> <p><b>4</b> = The consumer signed/dated the IRP. There is documentation that the consumer accepted/declined a copy of the plan. The consumer's input into the IRP is documented by the consumer/service provider.</p> <p><b>5</b> = Everything in #4 plus techniques for assisting consumers and family members in articulating goals and identifying incremental steps for recovery. A person-centered planning process results in an integrated rehabilitation/recovery plan.</p> <p><b>N/A</b> = The consumer is a new referral and an IRP has not yet been developed.</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for documenting active participation in establishing the goals, objectives, and interventions of the IRP and offering a copy of the IRP to the consumer.</p> |
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| <p><b>12. Are the IRP goals/objectives related to the assessment?</b><br/> 10.21.17.07 D (2)(n)(iii,iv)<br/> 10.21.21.06 C (b)</p> | <p><b>1</b> = There is no IRP in the record.</p> <p><b>2</b> = Goals/objectives have no relationship to the current assessment.</p> <p><b>3</b> =At least 75% of the goals/objectives have been developed directly from the assessment, which identified strengths, symptoms, skills deficits, and resources.</p> <p><b>4</b> = <u>All</u> of the goals/objectives have been developed directly from the assessment.</p> <p><b>5</b> = A comprehensive assessment is incorporated into the rehabilitation planning process and integrated with consumer and family involvement to result in a rehabilitation services/recovery plan.</p> <p><b>N/A</b> = The consumer is a new referral and an IRP has not yet been developed.</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the relationship between the goals/objectives of the IRP and the most recent assessment.</p> |
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| <p><b>13. Does the IRP contain goals, objectives or outcomes that are individualized, specific and measurable with an achievement timeframe?</b><br/> 10.21.21.06 C (1)(b)(iv)<br/> CMS State Medicaid Manual<br/> Part 4 4221 C</p> | <p><b>1</b> = There is no IRP in the record.</p> <p><b>2</b> = Goals/objectives are general statements with vague language and no measures of accomplishment and/or all consumers reviewed in this service have the same goals/objectives.</p> <p><b>3</b> = More than half the goals/objectives are written in observable terms that can be measured with a timeframe for demonstration. Measurements include self report, client rating scales, observable outcomes, % to an established baseline, and counting events. The objectives listed are individualized and not the same for all other consumers reviewed in this service. New and revised objectives reflect changes in the consumer's level of functioning and/or quality of life and are a next step to achieving the long-term goal.</p> <p><b>4</b> = More than 75% of the goals/objectives are written in observable terms that can be measured with a timeframe for demonstration. The objectives are individualized to this consumer based on their assessment.</p> <p><b>5</b> = All goals/objectives are written in observable terms that can be measured with a timeframe for demonstration. The objectives are individualized to this consumer based on their assessment and directly related to an individualized consumer-driven recovery.</p> <p><b>N/A</b> = The consumer is a new referral and an IRP has not yet been developed.</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the IRP containing goals, objectives or outcomes that are individualized, specific and measurable with an achievement timeframe</p> |
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| <p><b>14. Are the interventions on the IRP congruent with goals/objectives?</b><br/>10.21.21.06 C</p>             | <p><b>1</b> = There is no IRP in the record.</p> <p><b>2</b> = Interventions are unrelated to the goals/objectives.</p> <p><b>3</b> = At least 75% of the interventions are congruent with the goals/objectives of the IRP. For example, resource deficits are addressed through adaptation of current resources, steps to obtain new resource, etc. Examples of PRP interventions include education, partnering, one-to-one counseling, role plays, groups, mobility training, and other specific skills training. Attendance at PRP is not an intervention.</p> <p><b>4</b> = <u>All</u> of the interventions on the IRP are congruent with goals/objectives of the IRP.</p> <p><b>5</b> = Interventions named in the IRP reflect evidenced-based or promising practice for consumers. For example, utilizing PRP services in conjunction with supported employment, specialized PRP services for consumers with MH/SA Disorders, or Wellness Self-Management.</p> <p><b>N/A</b> = The consumer is a new referral and an IRP has not yet been developed.</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the interventions on the IRP being congruent with goals/objectives.</p> |
| <p><b>15. Is a Rehabilitation Plan Review completed at a minimum of every 6 months?</b><br/>10.21.21.06 C (3)</p> | <p><b>Y</b> = Any IRP reviews were completed at a minimum of every 6 months.</p> <p><b>N</b> = No IRP review(s) are present OR IRP reviews have not been completed at a minimum of every 6 months.</p> <p><b>N/A</b> = 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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| <p><b>16. Does the IRP include all required signatures with dates?</b><br/>10.21.21.06 C (4)</p>   | <p><b>Y</b> = All required signatures, the consumer and/or parent/guardian and the Rehabilitation Coordinator, with dates, are present <b>OR</b> there is documentation that the consumer verbally agreed to the IRP and the rationale for refusal to sign is also documented.</p> <p><b>N</b> = A signature and/or date is missing and/or there is no documentation of a verbal agreement or rationale for refusal to sign <b>OR</b> there is no IRP in the record.</p> <p><b>N/A</b> = The consumer is a new referral and an IRP has not yet been developed.</p> | <p>75% of all applicable medical records reviewed had the required signatures on the IRP.</p> |
| <p><b>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?</b><br/><br/>10.21.17.10 D</p> | <p><b>Y</b>= A discharge summary is completed 10 working days after the consumer has discharged from the agency <b>AND</b> the summary is signed and dated by the staff person responsible for coordinating services to the individual.</p> <p><b>N</b>= A discharge summary is missing <b>OR</b> not completed 10 working days following the consumer's discharge from the agency.</p> <p><b>N/A</b>= 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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| <p><b>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?</b></p> <p><i>10.21.17.10 D (1-8)</i></p> | <p>Y= The discharge summary includes <b>all</b> 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 <b>OR</b> 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>   |
| <p><b>19. Does the record reflect a transition/discharge plan consistent with the services provided?</b></p> <p><i>10.21.17.10 C<br/>CMS State Medicaid Manual<br/>Part 4 4221 C</i></p>   | <p><b>Y</b> = A transition/discharge plan is present that has a recommendation for transition/discharge to a lower level of care that includes the client's functioning at the time of transition/discharge, the supports that will be required at time of transition/discharge, and a timeframe to accomplish the transition/discharge.</p> <p><b>N</b> = All of the required elements of a transition/discharge plan are not present or there is no plan at all.</p> <p><b>N/A</b> = The consumer is a new referral and an IRP has not yet been developed.</p>   | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the record documenting a transition/discharge plan consistent with the services provided.</p> |

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| <p><b>20. Do the IRP and contact and monthly progress notes reflect recommendations for and collaboration with other services to support the individual's recovery?</b><br/> 10.21.21.04 C (1)(c)<br/> 10.21.21.06 C (1)(b)(v)</p> | <p><b>1</b> = There is no IRP in the record or there are missing monthly notes.</p> <p><b>2</b> = Clinical information indicates that multiple mental health services are needed or currently being provided and there is no information documented to refer and collaborate with other mental health services.</p> <p><b>3</b> = There is documentation showing referrals for or collaboration with other mental health services that the consumer may need or in which the consumer is involved. Examples of documentation could include: an ITP from an OMHC and/or information demonstrating collaboration in a progress note.</p> <p><b>4</b> = There is documentation showing referrals for or collaboration with other mental health services that the consumer may need or in which the consumer is involved. The interventions of the other MH services (<i>e.g. OMHC, SEP</i>) are documented in the IRP. There is documentation of face-to-face or telephonic meetings between the PRP and the other mental health provider(s).</p> <p><b>5</b> = In addition to documentation of the other program's service plan and interventions, there is documentation in the progress/contact notes of collaboration regarding jointly planning and implementing changes in the goals and interventions of each service</p> <p><b>N/A</b> = There are either no additional mental health services needed; <b>OR</b> there is documentation that the consumer has refused referrals/collaboration with other service providers.</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the IRP and progress/contact notes reflecting recommendations for and collaboration with other MH services to support the individuals recovery.</p> |
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| <p><b>21. Are the Contact notes complete?</b><br/> 10.21.21.06 D (1)<br/> CMS State Medicaid Manual<br/> Part 4 4221 D</p> | <p><b>1</b> = No contact notes contain all of the required elements listed below <b>OR</b> there are no contact notes in the record.</p> <p><b>2</b> = Less than 75% of the progress/contact notes contain all of the listed items above or progress/contact notes are missing some of the required items.</p> <p><b>3</b> = More than 75% of the contact notes contain all of the required elements:</p> <ul style="list-style-type: none"> <li>• Date and location of service;</li> <li>• The start time and either the duration or end time, unless the information is in a readily accessible billing document;</li> <li>• The individual's chief medical complaint or reason for the visit;</li> <li>• The delivery of services specified by the IRP or ITRP;</li> <li>• A brief description of the service provided; and</li> <li>• A legible signature and printed or typed name of the program staff member providing care, with the appropriate title; and</li> <li>• For individuals receiving RRP services, any change in intensity of staff support delivered at the RRP.</li> </ul> <p><b>4</b> = 100% of the reviewed progress/contact notes for the audit period contain all of the required elements listed above and no progress/contact notes are missing.</p> <p><b>5</b> = 100% of the progress/contact notes in the record contain all of the required elements listed above.</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for contact notes being complete.</p> |
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| <p><b>22. Do contact/monthly progress notes reflect goals and interventions on the IRP are being addressed and implemented?</b><br/> 10.21.21.06 D (2) PRP<br/> CMS State Medicaid Manual<br/> Part 4 4221 D 6</p>    | <p><b>1</b> = The medical record is missing contact notes, monthly progress notes, or both.</p> <p><b>2</b> = No (or very few) contact/monthly progress notes contain either the goals or interventions but rather give information unrelated to the consumer IRP.</p> <p><b>3</b> = At least seventy-five percent (75%) of the contact/monthly progress notes identify the goals and staff interventions that are consistent with the IRP. Programs may identify the interventions on contact notes as long as the interventions can be linked to the specific goals that they are addressing. All of the interventions on the IRP are addressed in contact/progress notes <b>OR</b> there are changes to the plan documented in a monthly progress note that addresses why specific goals and/or interventions were not addressed.</p> <p><b>4</b> = <u>All</u> of the contact/monthly progress notes reflect that goals and interventions of the IRP are being addressed and implemented <b>AND</b> any changes to the plan are documented in monthly progress notes explaining why specific goals and/or interventions were not addressed.</p> <p><b>5</b> = All of the contact/monthly progress notes reflect that goals and interventions of the IRP are being addressed and implemented and a revised IRP is present if goals/interventions in the contact/monthly progress notes have changed..</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for contact notes reflecting that interventions on the IRP are being implemented.</p>        |
| <p><b>23. Do the monthly progress notes reflect the consumer's response to the interventions and their progress towards goals?</b><br/> 10.21.21.06 D (2) PRP<br/> CMS State Medicaid Manual<br/> Part 4 4221 D 7</p> | <p><b>Y</b> = At least seventy-five percent (75%) of the progress notes document consumer responses to the interventions and their progress towards goals from the IRP.</p> <p><b>N</b> = No (or very few) progress notes contain the consumer responses to interventions and their progress towards goals included in the IRP, but rather give information unrelated to the interventions listed on the IRP <b>OR</b> there are no monthly progress notes in the record.</p>   | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the progress notes documenting the consumer's progress towards the goals of the IRP.</p> |

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| <p><b>24. Are the assessment, IRP and Progress Notes consistent with the current VO ProviderConnect®?</b><br/><i>New Provider Manual</i></p>   | <p><b>1</b> = The record is missing an assessment, IRP, or monthly progress notes.</p> <p><b>2</b> = 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><b>3</b> = 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 <b>OR</b> changes to the plan are documented and why specific goals and interventions will not be addressed.</p> <p><b>4</b> = 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><b>5</b> = 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><b>N/A</b> = 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>                         |
| <p><b>25. Is there evidence that the program organizes services and supports to promote the use of community resources and self help organizations?</b><br/><i>10.21.21.04 B PRP</i></p> | <p><b>Y</b> = There are documented efforts for the consumer to participate in activities available to the community- at-large. Examples of these include activities sponsored by churches, clubs, schools, and other agencies.</p> <p><b>N</b> = There are no documented attempts for the consumer to engage in activities in their community, to build natural supports and to further the individual's recovery.</p>  | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for efforts by the program to promote community integration and use of natural supports and resources in the community. .</p> |

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| <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 PCP?</b><br/>10.21.21.06 A</p> | <p><b>1</b> = There is no documentation regarding the consumer's somatic status, nor is there communication/collaboration with the consumer's PCP (or no referral to for a PCP).</p> <p><b>2</b> = There is documentation present regarding the consumer's somatic status, but no documentation of communication/collaboration with the PCP (or no referral for a PCP).</p> <p><b>3</b> = A licensed mental health professional has documented pertinent past and current somatic medical history, including:</p> <ul style="list-style-type: none"> <li>a. The individual's somatic health problems, if any;</li> <li>b. Relevant medical treatment, including medication; and</li> <li>c. A recommendation, if needed, for somatic care follow-up;</li> </ul> <p><b><u>and</u></b></p> <p>An exchange of medical information with the primary care provider has been documented <b>or</b> the plan, if indicated, including the time frame, for the individual's referral to a primary care provider for evaluation and treatment.</p> <p><b>4</b> = There is documentation present showing consistent outreach to the consumer's PCP by the provider, but not necessarily information from the PCP.</p> <p><b>5</b> = There is documentation present showing consistent outreach to the consumer's PCP by the provider <b>and</b> documented evidence of information being received from the PCP on a consistent basis.</p> | <p>75% of all medical records reviewed have a score of 3 or above and meet the standard for the evidence of collaboration with a Primary Care Physician.</p> |
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