



<p><b>9. Is there a comprehensive PRP Rehabilitation Assessment that was completed within 14 calendar days of initiation of PRP services?</b>  10.21.29.06 B  CMS State Medicaid Manual Part 4 4221 B</p> <p style="text-align: center;">1 2 3 4 5</p>	<p><i>Comments:</i></p>
<p><b>10. Was an initial IRP/ITRP completed within 30 calendar days of initiation of PRP services?</b>  10.21.29.06 C</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p><b>11. Does the medical record document active participation in establishing the goals, objectives, and interventions of the IRP?</b>  10.21.29.06 C (1) (a) (i) (ii)  10.21.29.06 C (4) (a) (i) (ii)</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p><b>12. Are the IRP goals/objectives related to the assessment?</b>  10.21.17.07 D (2)(n)(iii,iv)  10.21.29.06 C (1) (b)</p> <p style="text-align: center;">1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>13. Does the IRP contain goals, objectives or outcomes that are individualized, specific and measurable with an achievement timeframe?</b>  10.21.29.06 C (1)(b)(iv)  CMS State Medicaid Manual Part 4 4221 C</p> <p style="text-align: center;">1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>14. Are the interventions on the IRP congruent with goals/objectives?</b>  10.21.29.06 C(1)(b)(ii)</p> <p style="text-align: center;">1 2 3 4 5 NA</p>	<p><i>Comments:</i></p>
<p><b>15. Is a Rehabilitation Plan Review completed at a minimum of every 3 months?</b>  10.21.29.06 C (3)</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>
<p><b>16. Does the IRP include all required signatures with dates?</b>  10.21.29.06 C (4)</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></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>  10.21.17.10 D</p> <p style="text-align: center;"><i>Yes / No / NA</i></p>	<p><i>Comments:</i></p>

<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>  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><b>19. Does the record reflect a transition/discharge plan consistent with the services provided?</b>  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><b>20. Do the IRP, contact and monthly progress notes reflect recommendations for and collaboration with other services to support the individual's recovery?</b>  10.21.29.04 C (1) (c)  10.21.29.06 C (1) (a) (v)</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p><b>21. Are the Contact notes complete?</b>  10.21.29.06 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><b>22. Do Contact &amp; Monthly Progress notes reflect goals and interventions on the IRP are being addressed and implemented?</b>  10.21.29.06 D (1) (iv) (v)  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><b>23. Do the Contact and/or Monthly Progress notes reflect the consumer's response to the interventions, their progress towards goals, and justification for the need for ongoing PRP services?</b>  10.21.29.06 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><b>24. Are the assessment, IRP and Contact/Progress Notes consistent with the current VO CareConnect®?</b>  New Provider Manual</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>
<p><b>25. Is there evidence that the program provides rehabilitation activities directed toward the development or restoration of skills (i.e. self care skills, social skills, community integration activities, developing natural supports, and developing linkages with and supporting the minor's participation in community activities)?</b>  10.21.29.07 B (2)</p> <p style="text-align: center;"><i>Yes / No</i></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 PCP, if indicated?</b>  10.21.29.06 A</p> <p style="text-align: center;"><i>1 2 3 4 5 NA</i></p>	<p><i>Comments:</i></p>

