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| QUALITY OF DOCUMENTATION | | Reviewer: |
| PRP-ADULT | | Consumer M.A.#: |
| Consumer Name: | | |
| 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? 10.21.21.05 C (1-3) <p style="text-align: center;">Yes / No</p> | Comments: | |
| 2. Has the consumer (or their legal guardian) consented to rehabilitation services? 10.21.17.04 A <p style="text-align: center;">Yes / No</p> | Comments: | |
| 3. Does the medical record contain a completed BHA Documentation for Uninsured Eligibility Benefit form or Uninsured Eligibility Registration form and verification of uninsured eligibility status? BHA Guidelines <p style="text-align: center;">Yes / No / NA</p> | Comments: | |
| 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? 10.21.17.04 C <p style="text-align: center;">Yes / No</p> | Comments: | |
| 5. Is there documentation present indicating that the adult consumer was referred for PRP services by a licensed mental health professional who is providing inpatient, residential treatment, or outpatient services to the adult? BHA Guidelines <p style="text-align: center;">Yes / No</p> **Name of referring clinician: | Comments: | |

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| <p>6. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing the medical necessity? Provider Manual 10.21.21.05 A (1-2)</p> <p style="text-align: center;">Yes / No</p> | <p>Comments:</p> |
| <p>7. When required, does the medical record document the consumer's choice to receive only off-site or only on-site PRP services? <i>February 2004 Issues Bulletin</i> <i>VO Provider Alert-Consumer Provider Choice Alert-5/14</i></p> <p style="text-align: center;">Yes / No / NA</p> | |
| <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;">Yes / No</p> | <p>Comments:</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;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>10. Was an initial IRP completed within 30 calendar days of initiation of PRP services; do the initial and concurrent IRPs contain goals, objectives or outcomes , related to assessment, that are individualized , specific, and measurable with an achievable timeframe and congruent interventions? 10.21.21.06 C CMS State Medicaid Manual Part 4 4221 C</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |

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| <p>11. Are IRP reviews completed at a minimum of every 6 months, and do the IRPs include all required signatures with dates and is it documented the consumer accepted or declined a copy of the IRP? 10.21.21.06 C (3-5)</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>12. Within 10 working days after an individual is discharged from a program, has the service coordinator completed and signed a discharge summary that includes, 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;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>13. Does the record reflect the development of a transition plan, if the individual is discharged? MDH Guidelines</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>14. Does the record contain complete contact/monthly progress notes which reflect goals and interventions on the IRP are being implemented; and reflect consumer response to the interventions and progress towards goals? 10.21.21.06 D (1-2) CMS State Medicaid Manual Part 4 4221 D 6 & 7</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>15. Are the Assessment, IRP and Progress Notes consistent with the current Beacon ProviderConnect®? Beacon Provider Manual</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |

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| <p>16. Is there evidence that the program organizes services and supports to promote the use of community resources and self-help organizations and documents recommendations for and collaboration with other service to support the individual's recovery? 10.21.21.04 B 10.21.21.06 C (1)(b)(v)</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |
| <p>17. 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? 10.21.21.06 A</p> <p style="text-align: center;">Yes / No / NA</p> | <p>Comments:</p> |