

QUALITY OF DOCUMENTATION

Reviewer Name:

PRP- MINOR

Consumer Name:

Consumer MA #:

<p>1. Has the PRP documented that the parent/guardian has applied for entitlements for which the minor may be eligible? 10.21.29.05 C (1) (a-c) Yes / No</p>	<p>Comments:</p>
<p>2. Has the minor consumer's parent/guardian, or minor 16 years or older, consented to rehabilitation services? 10.21.29.04-1 A & B Yes / No</p>	<p>Comments:</p>
<p>3. If the consumer is a child for whom courts have adjudicated their legal status are there copies of court orders or custody agreements? 10.21.17.04 A (1) (c) 10.21.17.08 B (10) Yes / No / NA</p>	<p>Comments:</p>
<p>4. 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 Yes / No / NA</p>	<p>Comments:</p>
<p>5. Is there documentation present indicating that the minor consumer was referred for PRP services by a licensed mental health professional who is providing inpatient, residential treatment, or outpatient services to the minor? 10.21.29.07 A(1) Yes / No</p> <p>**Name of referring clinician:</p>	<p>Comments:</p>
<p>6. Does the diagnosis match the Utilization Guidelines for the Target Population and is there supporting documentation for establishing medical necessity? 10.21.29.05 A 10.21.17.03 A 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>Comments:</p>
<p>8. Was a face-to-face screening assessment completed within 5 working days of the program's receipt of a PRP referral to determine rehabilitation needs and willingness to participate in PRP services? 10.21.29.05 B(1)(a)(i)(ii)</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 14 calendar days of initiation of PRP services? 10.21.29.06 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? 10.21.17.07 D (2)(n)(iii,iv) 10.21.29.06 C (1) (a – c) CMS State Medicaid Manual Part 4 4221 C</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>
<p>11. Are IRP reviews completed at a minimum of every 3 months, and do the IRPs include all required signatures with dates? 10.21.29.06 C (3 -4)</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; reflect consumer response to the interventions and progress towards goals; and justification for the need for ongoing PRP services? 10.21.29.06 D (1 -2) CMS State Medicaid Manual Part 4 4221 D 6 & D7</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>
<p>15. Are the assessment, IRP and Contact/Progress Notes consistent with the current Beacon CareConnect®? Beacon Provider Manual</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>
<p>16. Is there evidence that the program provides rehabilitation activities directed toward the development or restoration of skills contact and reflect recommendations for and collaboration with other services to support the individual's recovery? 10.21.29.04 C (1) (c) 10.21.29.06 C (1) (a) (v) 10.21.29.07 B (2)</p> <p style="text-align: center;">Yes / No / NA</p>	<p>Comments:</p>

17. 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?

10.21.29.06 A

Yes / No / NA

Comments: