

<b>QUALITY OF DOCUMENTATION</b>	
<b>PHP</b>	<p>Reviewer:</p> <p>Consumer Name:</p> <p>Consumer M.A. #:</p>
<p><b>1. Does the clinical record include informed consent for treatment, if applicable?</b>  <i>10.21.02.05 B (3)</i></p> <p>YES / NO</p>	Comments:
<p><b>2. Has the consumer (or the legal guardian) been given information on patient rights, provided a description of the program, and an explanation of charges and methods of determining fees?</b>  <i>10.21.02.08 D(3)</i></p> <p>YES / NO</p>	Comments:
<p><b>3. Does the individual meet medical necessity criteria for partial hospitalization services?</b>  <i>Maryland Medical Necessity Criteria</i></p> <p>YES / NO</p>	Comments:
<p><b>4. Is an intake evaluation performed for each recipient being considered for entry into psychiatric treatment services?</b>  <i>CMS State Medicaid Manual  Part 4 4221 B</i></p> <p>YES / NO</p>	Comments:
<p><b>5. Does the consumer receive psychiatric day treatment services, for any part of a 24-hour day, a minimum of 4 consecutive hours per day?</b>  10.21.02.01 H  10.21.25.08 C  10.21.02.02 B(1)  10.21.02.02 B(7)  Maryland Medical Necessity Criteria</p> <p>YES / NO</p>	Comments:

<p><b>6. If the consumer is enrolled in PHP for more than 30 days, does the record document justification for the continued intensive treatment?</b>  10.21.02.01 H  10.21.02.02 B (7)</p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p><b>7. Is the consumer treated by a multidisciplinary team and includes a registered nurse (RN) on the premises throughout the treatment day?</b>  10.21.02.06 B(1)</p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p><b>8. Was a complete individual treatment plan (ITP) developed within 4 working days of admission and include all required signatures with dates?</b>  10.21.02.02 B(6)</p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p><b>9. Is there a schedule for completing reevaluations of patient's condition and updating the ITP at least weekly?</b>  CMS State Medicaid Manual  Part 4 4221 C &amp; E  10.21.02.06 B (2)</p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p><b>10. Does the record contain documentation of the implementation of the treatment plan?</b>  10.21.02.05 B(2)  10.21.02.01 H</p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>

<p><b>11. Are the Contact notes complete and include a description of the nature of the treatment service, the patient's response to the therapeutic intervention, its relation to the goals indicated in the ITP, and name and credentials of staff providing treatment?</b>          CMS State Medicaid Manual Part 4 4221 D          Maryland Medical Necessity Criteria          10.21.02.06 B(1)</p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p><b>12. Does the consumer meet continued stay criteria to remain in PRP?</b>          Maryland Medical Necessity Criteria</p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p><b>13. Is there evidence that PHP staff has involved the individual's family, caretaker, or significant other in the treatment process?</b>          Maryland Medical Necessity Criteria</p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p><b>14. Does the record have a discharge disposition and referrals?</b>          10.21.02.04          10.21.02.05 A(2)</p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>