

<p>QUALITY OF DOCUMENTATION</p> <p>PHP</p>	<p><u>GUIDELINES FOR SCORING INDIVIDUAL RECORDS</u></p> <p>Y = Meets Standard N = Does Not Meet Standard</p> <p>N/A = Not Applicable</p>	<p>GUIDELINES FOR DETERMINING PROGRAM COMPLIANCE WITH STANDARDS</p> <p><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®, BHA, or any other auditing agency.</i></p>
<p>1. Does the clinical record include informed consent for treatment, if applicable? <i>10.21.02.05 B (3)</i></p>	<p>Y= The record contains evidence of informed consent for PHP treatment.</p> <p>N= The record does not contain evidence of informed consent for PHP treatment.</p>	<p>75% of all medical records reviewed have documentation of informed consents.</p>
<p>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? <i>10.21.02.08 D(3)</i></p>	<p>Y= Program staff provided the patient in writing with a description of the program, including admissions and discharge policies, and an explanation of charges and methods of determining fees.</p> <p>N= There is no record of the patient receiving written policies describing patient rights upon admission to PHP.</p>	<p>75% of all medical records reviewed have documentation that patient rights information was issued to the patient.</p>
<p>3. Does the individual meet medical necessity criteria for partial hospitalization services? <i>Maryland Medical Necessity Criteria</i></p>	<p>Y= All of the following criteria are met for admission:</p> <ol style="list-style-type: none"> (1) There is clinical evidence via documentation in the medical record that the individual would be at risk to self or others if he/she were not in a PHP. (2) There is clinical evidence via documentation in the medical record that the individual will be safe in a structured environment under clinical supervision for part of the day, has a suitable environment for the rest of the time, and the PHP can substitute for or shorten a hospital stay to prevent deterioration that would lead to re-hospitalization. (3) All less intensive levels of treatment are unsafe or unsuccessful. <p>N= One OR more of the above criteria (1-3) are not met for admission to PHP level of care.</p>	<p>75% of all medical records reviewed contain documentation of the patient meeting MD medical necessity criteria for PHP services.</p>

<p>4. Is an intake evaluation performed for each recipient being considered for entry into psychiatric treatment services? <i>CMS State Medicaid Manual Part 4 4221 B</i></p>	<p>Y= There is a written assessment in the record that evaluates the recipient’s mental condition and, based on the patient’s diagnosis, determines whether treatment in the program is appropriate. The physician or advanced licensed clinical staff member certifies that the program is appropriate to meet the individual’s treatment needs.</p> <p>N= There is no assessment present OR the assessment is incomplete.</p>	<p>75% of all medical records reviewed contain intake evaluations which have all the required data to determine clinical appropriateness.</p>
<p>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? 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>Y= The consumer receives PHP services for at least 4 consecutive hours/day. The PHP services offered are intensive, nonresidential psychiatric treatment. A variety of psychiatric modes are made available including: psychopharmacological treatment, occupational therapy, activity therapy, and other necessary medical, psychological, and social services.</p> <p>N= The consumer does not receive PHP services for at least 4 consecutive hours/day. The services are not reflective of intensive, nonresidential psychiatric treatment. The consumer does not receive a variety of psychiatric modes to include: psychopharmacological treatment, occupational therapy, activity therapy, and other necessary medical, psychological, and social services.</p>	<p>75% of all medical records have documentation that services are rendered at least 4 hours per day and audited records reviewed contain documentation that PHP services are received based upon COMAR and Medical Necessity Criteria definitions of PHP.</p>
<p>6. If the consumer is enrolled in PHP for more than 30 days, does the record document justification for the continued intensive treatment? 10.21.02.01 H 10.21.02.02 B (7)</p>	<p>Y= There is documentation that a utilization committee reviews the treatment plans for patients whose expected length of stay exceeds 30 full treatment days. The record documents justification for continued intensive treatment.</p> <p>N= For consumers enrolled in the PHP for more than 30 days, there is no documented justification for continued PHP services and there is no indication that the utilization committee reviews the treatment plans.</p> <p>NA= The consumer has not been in the PHP for more than 30 days or the consumer was discharged from the PHP before reaching 30 days.</p>	<p>75% of all medical records contain justification for continued PHP services if the consumer is enrolled in the program greater than 30 days.</p>

<p>7. Is the consumer treated by a multidisciplinary team and includes a registered nurse (RN) on the premises throughout the treatment day? 10.21.02.06 B(1)</p>	<p>Y= The consumer interfaces with the psychiatrist, RN, and representatives from other appropriate disciplines and there is supporting documentation (i.e. signing the ITP) detailing team involvement.</p> <p>N= There is no record that the consumer has contact with a multidisciplinary team during the course of the treatment day.</p>	<p>75% of all medical records reviewed contain evidence that the patient is treated by a multi-disciplinary team.</p>
<p>8. Was a complete individual treatment plan (ITP) developed within 4 working days of admission and include all required signatures with dates? 10.21.02.02 B(6)</p>	<p>Y= The ITP was developed within 4 working days of admission; The ITP contains the following:</p> <p>(1) Defines expectations and means of accomplishing the goals of the plan. (2) Describes the patient’s problems, diagnosis, short- and long-term goals, treatment modalities, including medications, to be used to accomplish goals. (3) Record any physical conditions which can affect treatment.</p> <p>The consumer, parent/legal guardian, psychiatrist and other members of the mental health treatment team involved in the development of the ITP signed and dated the plan.</p> <p>N= There is no ITP in the record OR there is an ITP in the record but it was not developed within 4 working days of admission; The ITP content is missing at least one of the above criteria; a signature and/or date is missing of responsible parties.</p> <p>NA= The consumer is a new referral and an ITP has not yet been developed.</p>	<p>75% of audited records reviewed have documented that the ITP was completed within 4 working days of admission, addresses all of the required elements, and includes all applicable signatures.</p>
<p>9. Is there a schedule for completing reevaluations of patient’s condition and updating the ITP at least weekly? CMS State Medicaid Manual Part 4 4221 C & E 10.21.02.06 B (2)</p>	<p>Y= The consumer is reevaluated and the ITP is updated at least weekly.</p> <p>N= There is no documentation in the record that the consumer is reevaluated and the ITP is not updated.</p> <p>NA= The consumer is a new PHP admission and an ITP update is not yet required.</p>	<p>75% of all medical records reviewed meet standard for an ITP review completed with each concurrent review/authorization request.</p>

<p>10. Does the record contain documentation of the implementation of the treatment plan? 10.21.02.05 B(2) 10.21.02.01 H</p>	<p>Y= There is documentation on file that discuss implementation of the treatment plan.</p> <p>N= There is no documentation on file that discusses implementation of the treatment plan (i.e. missing progress notes for the audit review period or progress notes do not reflect that the ITP is being implemented).</p>	<p>75% of all medical records reviewed contain record of ITP implementation.</p>
<p>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? CMS State Medicaid Manual Part 4 4221 D Maryland Medical Necessity Criteria 10.21.02.06 B(1)</p>	<p>Y = The reviewed contact notes for the audit period contain all of the listed items above and no contact notes are missing.</p> <p>N = There are no contact notes in the record; contact notes are missing for the audit review period; OR contact notes do not contain all of the following items: the specific service rendered, the date and actual time the services were rendered, who rendered the service, the setting in which the services were rendered, the amount of time it took to deliver the services, the relationship of the services to the treatment regimen described in the ITP, and updates describing the patient's progress; The progress notes do not 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/credentials of service renderer(s).</p>	<p>75% of all medical records reviewed meet standard for complete contact notes reflecting goals and interventions on the ITP are being addressed and consumer's response to treatment.</p>
<p>12. Does the consumer meet continued stay criteria to remain in PRP? <i>Maryland Medical Necessity Criteria</i></p>	<p>Y= All of the following criteria are required:</p> <ol style="list-style-type: none"> (1) The consumer continues to meet admissions criteria. (2) Progress in relation to specific symptoms/impairments/dysfunction is evident and is described in objective terms, but goals have not been achieved or adjusted. (3) Attempts at therapeutic entry into a less restrictive level of care have or would result in exacerbation of the mental health disorder that would warrant continued need for PHP level of care. (4) There is documented active planning for transition to a less intensive level of care. <p>N= One or more of the above required criteria are not documented in the record to support continued PHP.</p> <p>NA= The consumer is a new PHP admission and continued stay discussion is not yet required.</p>	<p>75% of all medical records reviewed include documentation that the consumer continues to meet MNC for additional PHP services.</p>

<p>13. Is there evidence that PHP staff has involved the individual's family, caretaker, or significant other in the treatment process? <i>Maryland Medical Necessity Criteria</i></p>	<p>Y=There is evidence that the family, caretaker, or significant other is involved in treatment in the frequency and manner indicated by the ITP.</p> <p>N= There is no evidence that the family, caretaker, or significant other is involved in the PHP treatment process.</p> <p>NA= There are no identified social supports or the consumer declines participation of support systems.</p>	<p>75% of all medical records reviewed contain evidence that consumer's social supports are involved in the treatment process.</p>
<p>14. Does the record have a discharge disposition and referrals? 10.21.02.04 10.21.02.05 A(2)</p>	<p>Y= The record contains discharge information and referrals for additional treatment. There is a discharge summary on file that details symptomatic improvement, readiness for participation in voluntary, educational, or vocational programs, achievement of treatment goals, inability to comply with program requirements, or the need for 24-hour hospitalization.</p> <p>N= The record is missing discharge information and referrals.</p> <p>NA= The consumer is currently enrolled in PHP and discharge data is not required at this time.</p>	<p>75% of all medical records reviewed contain discharge information and referrals for additional treatment.</p>