Quality of Documentation Definitions Tool
Psychiatric Rehabilitation Program - Adult (PRP - A)

	GUIDELINES FOR SCORING INDIVIDUAL RECORDS **Y = Meets Standard** **N = Does Not Meet Standard** **N/A = Not Applicable**	**GUIDELINES FOR DETERMINING PROGRAM COMPLIANCE WITH STANDARDS** ***Programs are expected to strive to achieve all quality of documentation standards in 100% of instances. Programs that are compliant in less than 85% of the charts reviewed will be required to develop a Performance Improvement Plan (PIP) in conjunction with the CSA, Optum Maryland, BHA, or any other auditing agency.***
1. Has the participant or legal guardian consented to psychiatric rehabilitation services? *COMAR 10.09.59.05 C (3)* *Accreditation Standards* **YES / NO**	**Y =** There is documentation that the participant has given informed consent to receive PRP services; **AND** the PRP has received appropriate written authorization to provide counseling services for participants unable to give informed consent. In instances when this is not possible, the program documented the reasons why the individual could not give written consent; verified the individual's verbal consent; and documented periodic attempts to obtain written consent. **Additionally**, in instances in which a legal guardian signs consent for the participant, the counselor has also obtained legal documentation/court order to verify that consent was given by the appropriate person. **N =** The record does not contain all of the above required elements, as applicable.	85% of all medical records reviewed contain the required documentation.
2. When required, does the medical record document the participant's choice to receive only off-site or only on-site PRP services? *DHMH Maryland Public Mental Health System - Issues Bulletin February 2004* *VO Provider Alert - Participant Provider Choice Alert - May 2014* **YES / NO / NA**	**Y =** The PRP program provides both onsite and offsite PRP services; **AND** the participant's choice to receive only onsite, only offsite, or both types of services is documented; **AND** the provider is billing the blended rate for the participant. **N =** The participant's choice of services to receive is not documented in the record, and the program is billing the blended rate. **N/A =** The PRP only offers one type of service; the participant has chosen only one service, and PRP does not bill the blended rate; or the participant receives both offsite and onsite services.	85% of all applicable medical records reviewed contain the required documentation.

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3. Does the medical record contain a completed *MDH Documentation for Uninsured Eligibility Registration* and verification of uninsured eligibility status, or documentation of approval by MDH? *MDH Guidelines* *DHMH Maryland Memorandum December 10, 2014* **YES / NO / NA**	**Y =** The medical record contains a completed *MDH Documentation for Uninsured Eligibility Registration* **AND** verification of uninsured eligibility status; **OR** documentation of approval by MDH to bill uninsured. **N =** The medical record does not contain documentation that meets standard for billing uninsured (*i.e.* the registration and verification are missing, or approval by MDH is missing). **N/A =** The participant has active Maryland Medicaid; therefore, the documentation is not required.	85% of all applicable medical records reviewed contain the required documentation.
4. Has the PRP documented the participant'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? *DHMH Maryland Memorandum December 10, 2014* **YES / NO**	**Y =** There record contains documentation that: • The participant has applied for entitlements for which they may be eligible; • The outcome of the participant's application, if applied; • How staff has assisted the participant in applying for entitlements, if application has not already been submitted. **N =** The record does not contain documentation as to whether or not the participant has entitlements; the outcomes of application; and/or how the PRP assisted the participant in obtaining benefits.	85% of all medical records reviewed contain the required documentation.
5. Is there documentation present indicating that the participant (over the age of 18) has been given information on making an advance directive for mental health services? *Annotated Code of MD 10-701 (c) (9)* *Annotated Code of MD 5-602.1* *MDH Guidelines* **YES / NO**	**Y =** The record contains the following: • Documentation that the participant received information, verbally and in writing, regarding making an advance directive for mental health services; • Documentation indicating whether an individual has a current advance directive for mental health; • If the individual has an advance directive, a copy is included in the medical record; • Documentation that staff was assigned to assist a participant with making an advance directive if the participant requests assistance **OR** documentation that the individual declined assistance with making an advanced directive. **N =** The record does not contain all of the above required elements, as applicable.	85% of all medical records reviewed contain the required documentation.
6. Does the record contain a referral for PRP services by a licensed mental health professional who provides services to the	**Y =** The record contains a referral: • By a licensed mental health professional who provides inpatient, residential, or outpatient services to the participant prior to referral **and** while enrolled in	85% of all medical records reviewed contain the required documentation.

participant, that includes a PBHS specialty mental health DSM-V diagnosis and date of diagnosis? *COMAR 10.09.59.05 B* *MDH Guidelines* *DHMH Memo April 25, 2012* *Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services ICD-10 Crosswalk State of Maryland Medical Necessity Criteria* **YES / NO** ****Name of referring clinician:**	PRP services, **and** is enrolled as a provider in the Program with an active status on the date of service; **AND** • That includes a PBHS specialty mental health DSM-V/ICD-10 diagnosis in the priority population, and when the diagnosis was made. **N =** There is no referral documentation in the record, or the referral/referral source does not meet the minimum requirements listed above.	
7. 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? *Accreditation Standard* *CMS State Medicaid Manual* *Part 4 4221 B* **YES / NO**	**Y =** A screening assessment, to determine whether psychiatric rehabilitation services are medical necessary, was completed by PRP staff within 10 working days of receiving a PRP referral, **AND** the determination was provided in writing to the participant. **N =** A screening assessment is not present in the record; a screening assessment was not completed within 10 working days after receipt of a PRP referral; or a determination was not provided in writing to the participant.	85% of all medical records reviewed contain the required documentation.
8. Is there a comprehensive, face-to-face PRP Rehabilitation Assessment that was completed within 30 calendar days of initiation of PRP services? *Accreditation Standard* *CMS State Medicaid Manual* *Part 4 4221 B* **YES / NO / NA**	**Y =** The assessment documents, at a minimum: • The individual's strengths, skills, wants, and needs in the following areas: ○ Independent living; ○ Housing; ○ Employment; ○ Self-administration and management of medication; ○ Mobility and transportation; ○ Social relationships and leisure activities; ○ Education and vocational training; ○ Adaptive equipment or resources; and ○ Other factors that may pose a challenge to the individual's successful recovery and rehabilitation; • Current resources and support system; • As relevant, a review of the individual's legal status, and forensic history, if any; • The individual's history of substance abuse, if any;	85% of all applicable medical records reviewed contain the required documentation.

	• Behaviors, if any, that are potentially dangerous to the individual or others. **N =** There is no Rehabilitation Assessment in the record, or the Rehabilitation Assessment is present, but missing one or more of the required elements listed above. **N/A =** The participant is a new referral, an assessment has not yet been completed, and it is still within the 30-days of initiation of services; or the participant discharged prior to the development of the assessment.	
9. Was an initial IRP completed within 30 calendar days of initiation of PRP services? *Accreditation Standards* *Annotated Code of MD 10-706* *CMS State Medicaid Manual Part 4 4221 C* **YES / NO / NA**	**Y =** The initial IRP was completed within 30 calendar days of the initiation of PRP services, **OR** there is documentation in the record as to why the IRP was not completed within 30 days. The IRP is individualized and includes, at a minimum: • Goals/objectives that have been developed directly from the assessment, which identified needs, strengths, symptoms, skills deficits, resources, rehabilitation expectations, and responsibilities; • Goals/objectives that are written in observable terms and can be measured; • Interventions that are congruent with the goals/objectives of the IRP; • A timeframe for demonstration towards goals; **AND** • When appropriate, identification of, recommendations for, and collaboration with other services to support the individual's recovery and rehabilitation, including but not limited to mental health treatment, residential services, self-help organizations, and somatic care. **N =** There is no IRP; the initial IRP was not completed within 30 days of the initiation of PRP services, and there is no documentation in the record explaining why the IRP was not completed within 30 days; the IRP was not individualized (looks generic and/or duplicative to other participant IRPs); or the record does not contain all of the above required elements, as applicable. **N/A =** The participant is a new referral and an IRP has not yet been developed; or the participant discharged prior to the development of the IRP.	85% of all applicable medical records reviewed contain the required documentation.
10. Are IRP reviews completed at a minimum of every 6 months? *Accreditation Standard* *Annotated Code of MD 10-706* *CMS State Medicaid Manual Part 4 4221 E*	**Y =** IRP reviews are completed at a minimum of every 6 months, and include: • The individual's progress toward goals, changes in goals based on progress, and changes in interventions; • Signature and date of the participant or legal guardian, and the individual's rehabilitation coordinator **OR** documentation that the participant verbally agreed to the IRP, and the rationale for refusal to sign is also documented;	85% of all applicable medical records reviewed contain the required documentation.

YES / NO / NA	**AND** • Documentation of the participant being offered a copy of the IRP, and whether they accepted or declined. **N =** The record does not contain IRP review(s); reviews have not been completed at a minimum of every 6 months; or the IRP reviews do not contain all of the above required elements, as applicable. **N/A =** The participant has been enrolled less than 6 months; or the participant discharged prior to the need for an IRP review.	
11. Does the record contain complete contact/monthly progress notes which reflect goals and interventions on the IRP are being implemented, participant response to the interventions and progress towards goals, and justification for the need for ongoing PRP services? *COMAR 10.09.59.03 D* *CMS State Medicaid Manual Part 4 4221 D 6 & 7* **YES / NO / NA**	**Y =** Contact notes are present and contain all of the following: • Date and location of service; • The start time and either the duration or end time; • A legible signature, which may include an electronic signature, and printed or typed name of the program staff member providing care, with the appropriate title; • The chief medical complaint or reason for the visit; • The delivery of services specified by the IRP or ITRP; • A brief description of the service provided; • Participant responses to the interventions by providers; **AND** • Progress towards goals which from the IRP, and justification for continued PRP services as evidenced by the documentation supporting that the participant continues to meet medical necessity criteria. **-AND-** • Monthly notes are present which the rehabilitation coordinator shall record in the individual's medical record, either a contact note or a progress summary note that includes: ○ An assessment of the individual's progress toward goal achievement that incorporates the perspective of both the individual served and staff involved; ○ Changes in the individual's status; and ○ A summary of the rehabilitation services and interventions provided **N =** There are no contact/monthly notes in the record; contact/monthly notes are missing; or contact/ monthly notes are missing at least one of the required elements listed above. **N/A =** The participant discharged prior to face-to-face rehabilitation services beginning.	85% of all applicable medical records reviewed contain the required documentation.

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12. 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 services to support the individual's recovery? *Maryland Medical Necessity Criteria* *COMAR 10.63.03.09 A & B* **YES / NO / NA**	**Y =** There is documentation showing recommendations and/or referrals for and collaboration with other mental health services to support the participant's recovery and rehabilitation, included but not limited to mental health treatment, residential services, self-help organizations, and somatic care. **N =** There is clinical information that indicates the need for recommendations for and collaboration with other services, but the record does not contain documentation of it or attempts to collaborate; or the record is missing documentation (IRP, contact/monthly notes) and therefore, it cannot be determined if recommendations would be needed, or collaboration has been done. **N/A =** There are no additional mental health services needed; or there is documentation that the participant has refused referrals for and/or does not give permission for collaboration with additional service providers.	85% of all applicable medical records reviewed contain the required documentation.
13. Does the record contain documentation of coordination and/or collaboration, including the participant's needs and progress, with the licensed treating and referring mental health provider? *MDH Guidelines* *DHMH Memo April 25, 2012* *State of Maryland Medical Necessity Criteria* **YES / NO**	**Y =** The record contains contact note documentation of collaboration and coordination which includes: • The nature and extent of contact, to include the date, mode of contact, identity of individual being contacted (with title and credentials); • The content of the exchange, of clinical and rehabilitative information focused on the participant's progress, as it relates to the IRP; **AND** • Community mental health programs providing services to the individual. **NOTE:** Attempts alone are **not sufficient**. **N =** There is no documentation of coordination/collaboration as required above; the notes are present but lacking one or more of the requirements listed above.	85% of all medical records reviewed contain the required documentation.
14. Is there documentation of the participant's past and current somatic/medical history? *Accreditation Standards* **YES / NO / NA**	**Y =** The record contains documentation of the participant's past and current somatic/medical history, including: o The individual's somatic health problems, if any; o Relevant medical treatment, including medication; **and** o A recommendation, if needed, for somatic care follow-up **N =** The record does not contain documentation of the participant's past and current somatic/medical history; or the documentation is lacking one or more of the requirements listed above.	85% of all applicable medical records reviewed contain the required documentation.

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15. Within 10 working days after an individual is discharged from a program, was a signed discharge summary completed? *Accreditation Standards* **YES / NO / NA**	**Y =** The record contains a discharge summary, which: • Is completed within 10 working days after the participant has discharged from the program; • Is signed and dated by the staff person responsible for coordinating services to the individual; • And includes: ○ Reason for admission, ○ Reason for discharge, ○ Services provided (including frequency/duration of services), ○ Progress made, ○ Diagnosis at the time of discharge (if appropriate), ○ Current medications (if any), ○ Continuing service recommendations, ○ Summary of the transition process, ○ Extent of individual's involvement in the discharge plan. **N =** There is no discharge summary in the record; the summary was not completed within 10 working days following the participant's discharge from the agency; and/or the discharge summary does not contain all of the required elements as listed above. **N/A =** The participant remains enrolled in treatment.	85% of all applicable medical records reviewed contain the required documentation.