

Quality of Documentation

Psychiatric Rehabilitation Program - Adult (PRP - A)

Provider:	
Participant Name:	Reviewer:
1. Has the participant or legal guardian consented to psychiatric rehabilitation services? <i>COMAR 10.09.59.05 C (3)</i> <i>Accreditation Standards</i> <p style="text-align: center;">YES / NO</p>	Comments:
2. When required, does the medical record document the participant's choice to receive only off-site or only on-site PRP services? <i>DHMH Maryland Public Mental Health System -</i> <i>Issues Bulletin February 2004</i> <i>VO Provider Alert - Participant Provider Choice Alert - May 2014</i> <p style="text-align: center;">YES / NO / NA</p>	Comments:
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? <i>MDH Guidelines</i> <i>DHMH Maryland Memorandum December 10, 2014</i> <p style="text-align: center;">YES / NO / NA</p>	Comments:

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<p>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? <i>DHMH Maryland Memorandum December 10, 2014</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>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? <i>Annotated Code of MD 10-701 (c) (9)</i> <i>Annotated Code of MD 5-602.1</i> <i>MDH Guidelines</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>6. Does the record contain a referral for PRP services by a licensed mental health professional who provides services to the participant, that includes a PBHS specialty mental health DSM-V diagnosis and date of diagnosis? <i>COMAR 10.09.59.05 B</i> <i>MDH Guidelines</i> <i>DHMH Memo April 25, 2012</i> <i>Maryland Medical Necessity Criteria: Level of Care VI: Outpatient Services ICD-10 Crosswalk</i> <i>State of Maryland Medical Necessity Criteria</i></p> <p style="text-align: center;">YES / NO</p> <p>**Name of referring clinician:</p>	<p>Comments:</p>

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<p>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? <i>Accreditation Standard CMS State Medicaid Manual Part 4 4221 B</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>8. Is there a comprehensive, face-to-face PRP Rehabilitation Assessment that was completed within 30 calendar days of initiation of PRP services? <i>Accreditation Standard CMS State Medicaid Manual Part 4 4221 B</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>9. Was an initial IRP completed within 30 calendar days of initiation of PRP services? <i>Accreditation Standards Annotated Code of MD 10-706 CMS State Medicaid Manual Part 4 4221 C</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<p>10. Are IRP reviews completed at a minimum of every 6 months? <i>Accreditation Standard</i> <i>Annotated Code of MD 10-706</i> <i>CMS State Medicaid Manual Part 4 4221 E</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>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? <i>COMAR 10.09.59.03 D</i> <i>CMS State Medicaid Manual Part 4 4221 D 6 & 7</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>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? <i>Maryland Medical Necessity Criteria</i> <i>COMAR 10.63.03.09 A & B</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>

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<p>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? <i>MDH Guidelines DHMH Memo April 25, 2012 State of Maryland Medical Necessity Criteria</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>14. Is there documentation of the participant's past and current somatic/medical history? <i>Accreditation Standards</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>15. Within 10 working days after an individual is discharged from a program, was a signed discharge summary completed? <i>Accreditation Standards</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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