

Quality of Documentation

Psychiatric Rehabilitation Program - Minor (PRP - M)

Provider:	
Participant Name:	Reviewer:
<p>1. Has the minor participant, 16 years or older, or parent/guardian consented to psychiatric rehabilitation services? <i>COMAR 10.09.59.05 C (3)</i> <i>HG §20-104b., Ann Code of MD</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>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- Issues Bulletin February 2004</i> <i>VO Provider Alert - Participant Provider Choice Alert May 2014</i></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>
<p>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></p> <p style="text-align: center;">YES / NO / NA</p>	<p>Comments:</p>

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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?</p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>
<p>5. 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 C</i> <i>MDH Guidelines</i> <i>DHMH Memo April 25, 2012</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>
<p>6. Was a screening assessment scheduled within 5 working days of the program's receipt of a PRP referral to determine medical necessity for rehabilitation services? <i>Accreditation Standards</i></p> <p style="text-align: center;">YES / NO</p>	<p>Comments:</p>

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<p>7. Is there a comprehensive, face-to-face PRP Rehabilitation Assessment that was completed within 14 calendar days of initiation of PRP services? <i>CMS State Medicaid Manual Part 4 4221 B</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>8. Was an initial IRP completed within 30 calendar days of the 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>
<p>9. Are IRP reviews completed at a minimum of every 3 months? <i>Annotated Code of MD 10-706 CMS State Medicaid Manual Part 4 4221 E</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>

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<p>10. 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>CMS State Medicaid Manual Part 4 4221 D 6 & 7</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>11. Is there evidence that the program provides rehabilitation activities directed toward the development of restoration of skills, and information and referrals for additional services? <i>Maryland Medical Necessity Criteria COMAR 10.63.03.10 A</i></p> <p>YES / NO / NA</p>	<p>Comments:</p>
<p>12. 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>

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<p>13. Is there documentation of the participant's past and current somatic/medical history? <i>Accreditation Standards</i></p> <p>YES / NO</p>	<p>Comments:</p>
<p>14. 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>