MEDICAL RECORD

IDAPA Citation	Medical Record # CA____ CC ____ PSRA ____ PSRC____ PCA_____ PCC____		Comments
	Participant Initials:		
	Consent to treat and Release of Information		
16.03.09.716.02; *16.03.10.136.10*	**1**. Documentation of receiving/consenting for informed consent according to rule. ☐informed of right to refuse services ☐agency provider choice ☐*informed of 24 hour crisis service*		
Medicaid Provider Agreement page 1 of 3. 1. (clinic and *PSR*)	**2**.Documentation participant given agency HIPAA privacy statement		
Medicaid Provider Agreement page 1 of 3. 1. (clinic and *PSR*)	**3**. All participants legal guardian must have a signed and dated release of information in medical record as necessary.		
16.03.09.714.07.b	**4**. Documentation that the physician supervising the participants care has seen the participant at least once annually to determine the **medical necessity** and appropriateness of mental health clinic services.		
16.03.09.708.01; *16.03.10.112.01*	**5**.Documentation evidence of a history and physical examination that has been completed by the participant's primary care physician, must be in the last 12 months immediately preceding the initiation of mental clinic health services and annually thereafter.		
16.03.09.714.01 *16.03.10.129.08*	**6**. A Healthy Connections referral and number documented in the medical record if the participant is enrolled in the Healthy Connections program.		
	Comprehensive Diagnostic Assessment required for enhanced services		
16.03.09.716.03; *16.03.10.114.*	There is a written comprehensive Diagnostic assessment or Comprehensive Diagnostic Assessment Addendum in the medical record		
16.03.09.715.0203 I think this is now located .716.03; *16.03.10.136.06*	☐signed and ☐dated by the qualified staff person		Staff name:

16.03.09.716.05.c.v; *16.03.10.136.06*	☐legible, ☐dated signature ☐ with degree credentials listed of staff members performing service		
16.03.10.114	*completed face to face*		
16.03.09.707.02 *16.03.10.114*	Complete psychiatric history		
16.03.09.707.02; *16.03.10.114*	complete medical history		
16.03.09.709.03.a; *16.03.10.114*	☐mental status exam Mental status exam can include these elements: *appearance* *activity* *speech* *memory* *thought process* *thought content* *perception* *emotions/affect* *cognition* *orientation* *judgment* *insight* *suicidal & homicidal ideation*		
16.3.09.709.03.b; *16.03.10.114*	description of participants: ☐readiness and motivation to engage in treatment ☐participate in development in treatment planning ☐adhere to his treatment plan treatment recommendations including ☐level of care and ☐intensity ☐expected duration of treatment **Does this establish Medical Necessity**		
16.03.09.709.03.a; *16.03.10.114*	Five (5) axes diagnosis: ☐Clinical Disorders ☐Personality Dx or Developmental Dx ☐General Medical Conditions ☐Psychosocial & Environmental problems ☐GAF		
16.03.10.114	*this includes a description of the participant's current psychiatric status and any other information that contributes to the assessment of a participant's current psychiatric status and need for services*		
16.03.10.112, 16.03.10.114	The Comprehensive Diagnostic Assessment must contain documentation of the **medical necessity** of the Enhanced services to be received		
16.03.10.112	**Partial Care Services**. The comprehensive Diagnostic Assessment must also include documentation to support that the participant is currently at risk for: ☐an out-of-home placement, ☐further clinical deterioration that would lead to an out-of-home placement, or	n/a	

	☐further clinical deterioration that would interfere with the participant's ability to maintain his current level of functioning.		
16.03.10.118.02.a *02.a.i* *02.a.ii* *02.a.iii* *02.a.iv*	Partial Care Services are limited to twelve (12) hours per week per eligible participant. ☐Must be provided in a structured environment within the MHC setting ☐Be identified as a service need through the participant's comprehensive diagnostic assessment and be indicated on the individualized treatment plan with documented, concrete and measurable objectives and outcomes and; ☐Provide interventions for relieving symptoms, stabilizing behavior, and acquiring specific skills. These interventions must include the specific medical services, therapies, and activities that are used to meet the treatment objectives. ☐Provided by qualified staff	n/a	
16.03.10.112.07.a.ii	*A Comprehensive Diagnostic Assessment or updated comprehensive diagnostic assessment addendum must be completed with 10 days of the initiation of treatment if one is not available from the hospital or if the one from the hospital does not contain the needed clinical information.*		
	Continuation of services after the 1st year of treatment must be based on the following:		
16.03.10.124.01.a	An assessment must be <u>updated annually</u>. (A treatment plan has to be created in direct response to the findings of the intake and assessment process so to do an annual treatment plan it must be based on an assessment)		
16.03.10.124.01.a	*A Comprehensive Diagnostic Assessment must be completed <u>or updated</u> for each participant at least once annually {for participants receiving Enhanced Outpatient Mental Health Services}*		
16.03.10.114	An updated Comprehensive Diagnostic Assessment must address: ☐ participant's current <u>overall</u> status; and ☐ a new mental status exam		
16.03.09.715.02; *16.03.10.136.06*	An updated Comprehensive Diagnostic Assessment must be conducted by a qualified staff. ☐signed; and ☐dated by the qualified staff person		Staff name:
	Eligibility		
16.03.10.112.01.a *16.03.10.112.01.a* *16.03.10.112.01.b*	***Eligibility***. ☐*Documentation that the service represents the least restrictive setting* ☐*Documentation that other services have been tried and have failed or are not appropriate for the clinical needs of the participant.* ☐*The services can reasonably be expected to improve the participant's condition or prevent further regression so that the current level of care is no longer necessary or may be reduced.*		
16.03.10.112.05 *16.03.10.112.05.a-c*	***Eligibility-level of care-children*** ☐*must meet criteria of SED* ☐*must experience a substantial impairment in functioning*		

	☐*A child's level and type of functional impairment must be documented in the medical record* ☐*Items endorsed on the CAFAS/PECFAS must be supported by specific descriptions of the child's observable behavior in the comprehensive diagnostic assessment.* ☐*CAFAS/PECFAS instrument must be used to obtain the child's initial functional impairment score* ☐*Substantial impairment requires that the child score in the moderate range in at least two 2 subscales on the CAFAS/PECFAS. One 1 of the two 2 subscales must be from the following list:* ☐ *self-harmful behavior* ☐ *moods/emotions* ☐ *thinking*		
16.03.10.112.06 *16.03.10.112.06.a-h*	***Eligibility-Level of Care-Adult*** ☐*Meet the criteria of SMI* ☐*The psychiatric disorder must be of sufficient severity to affect the participant's functional skills negatively causing a substantial disturbance in role performance or coping skills in at least two 2 of the areas identified in this rule on a continuous or an intermittent, at least once per year, basis.* ☐*The skill areas that are targeted must be consistent with the participant's ability to engage and benefit from treatment.* ☐*The detail of the adult's level and type of functional impairment must be documented in the medical record..*		
16.03.10.112.01.a.-c.	**** Participants identified as eligible for enhanced services CANNOT participate in enhanced outpatient services if:* ☐*Participants at immediate risk of self-harm or harm to others who cannot be stabilized.* ☐*Participants needing more restrictive care or inpatient care*		
	Psychological Testing		
16.03.09.716.03; *16.03.10.117*	Psychiatric evaluations must be in written form, dated, and fully signed to certify when completed and by whom, and retained in participants record;		
16.03.09.716.03.c.v; *16.03.10.136.06*	Contain the legible, dated signature, with degree credentials listed, of the staff member performing the service;		
16.03.09.709.03.d.i-iii; *16.03.10.117.*	Performed by qualified staff ;		Staff name:
16.03.09.709.03.d; *16.03.10.117*	The psychological testing must be provided in direct response to a specific evaluation question. The psychological report must contain the reason for the performance of this service.		
	Neuropsychological Testing		

16.03.09.716.03*;* *16.03.10.117*	Neuropsychological testing must be in written form, dated, and fully signed to certify when completed and by whom, and retained in participants record;		
16.03.09.716.03.c.v; *16.03.10.136.06*	Contain the legible, dated signature, with degree credentials listed, of the staff performing the service		
16.03.09.709.e; *16.03.10.117*	Performed by qualified staff ☐licensed psychologist ☐licensed psychologist extender with specific competencies in neuropsychological testing		Staff name:
16.03.09.709.03.e; *16.03.10.117*	The neuropsychological testing may be provided when in direct response to a specific evaluation question for participants whose clinical presentation indicates possible neurological involvement or central nervous system compromise from either a congenital or acquired etiology impacting the individual's functional capabilities. The neuropsychological report must contain the reason for the performance of this service.		
	Pharmacological Management		
16.03.09.709.08.a; *16.03.10.117*	Pharmacological services are provided for the purpose of prescribing, monitoring, and/or administering medication as part of the participants individualized treatment plan.		
16.03.09.709.08. *16.03.10.140.03*	Pharmacological management is a reimbursable service when consultations are provided by a physician or other practitioner of the healing arts within the scope of practice as defined in their license in direct contact with the participant.		
16.03.09.08.b; *16.03.10.117*	Pharmacological management must be specified on the participant's individualized treatment plan and must include the frequency and duration of treatment.		
	Individualized Treatment Plan		
16.03.09.710; *16.03.10.116*	A written individualized treatment plan must be developed and implemented for each participant receiving mental health clinic services and enhanced outpatient mental health services;		
16.03.09.710; *16.03.110.116.02*	Timeframes for treatment must not exceed twelve months;		
16.03.09.710; *16.03.10.116*	Treatment planning is conducted by a qualified professional;		
16.03.09.710.01; *16.03.10.116.02*	The individualized treatment plan must be developed by following: ☐the treatment staff providing the services (01.a) ☐the participant, if capable, and his parent or legal guardian. The participant or his parent or legal guardian may also choose others to participate in the development of the plan. (01.b)		
	Treatment plans must include at a minimum:		

16.03.09.710.02.c *16.03.10.116.02*	The treatment plan must be created in direct response to the findings of the assessment process.		
16.03.10.116.01	Services identified on the treatment plan must support the goals that are applicable to the participant's identified needs. ☐Adults: the treatment plan must incorporate the need for psychiatric services identified by the comprehensive diagnostic assessment. ☐Children: the treatment plan must incorporate the substantial impairment areas identified by the CAFAS.		
16.03.09.710.02.a; *16.03.10.116.02*	Statement of the overall goals <u>as identified by the participant or his parent or legal guardian</u>		
16.03.09.710.02.a; *16.03.10.116.02*	Treatment <u>objectives</u> must be ☐Concrete ☐measurable treatment objectives to be achieved by the participant, ☐including time frames for completion		
16.03.09.710.02.a; *16.03.10.116.02*	The <u>goals and objectives</u> ☐must be individualized and ☐must reflect the choices of the participant or his parent or legal guardian		
16.03.09.710.02.a; *16.03.10.116.02*	The <u>goals and objectives</u> must address the ☐emotional, ☐behavioral, and ☐skill training needs identified by the participant or his parent or legal guardian through the intake and assessment process.		
16.03.09.710.02.a; *16.03.10.116.02*	The <u>tasks</u> must be specific to ☐the type of modality used **and** must specify ☐ the frequency and ☐anticipated duration of therapeutic services.		
16.03.709.02.b; *16.03.10.116.02*	Documentation of who participated in the development of the treatment plan		
16.03.09.710.b.i	The authorizing physician must ☐ sign and date the plan and ☐ and signature be within thirty 30 calendar days of the initiation of treatment (clinic)		
16.03.09.710.02.b.ii; *16.03.10.116.02*	The participant or his parent or legal guardian must sign the treatment plan indicating their agreement with service needs identified and their participation in its development. *If these signatures are not obtained then agency must document the reason the signatures were not obtained, including the reason for the participant's refusal to sign.		
16.03.09.710.02.b.ii;	A copy of the treatment plan must be given to the participant and parent or legal guardian ;		

16.03.10.116.02			
16.03.09.710.02.b.iii; *16.03.10.116.02*	Other individuals who participated in the development of the treatment plan must sign the treatment plan		
16.03.09.710.02.b.iv; *16.03.10.116.02*	The author of the treatment plan must ☐sign and date the plan and ☐include his title and credentials		
16.03.09.710.02.d; *16.03.10.116.02*	The treatment plan must include ☐a prioritized list of <u>issues</u> for which treatment is being sought ☐the type, ☐frequency and ☐duration of treatment estimated to achieve all objectives based on the ability of the participant to effectively utilize services		
16.03.09.710.02.e; *16.03.10.116.02*	Each task description must ☐specify the anticipated place of service, ☐the frequency of services, ☐the type of service, and ☐the persons responsible to provide the service (mental health clinic services must be provided in the clinic; PSR services provided in the community unless otherwise stated in the plan.)		
16.03.09.710.02.f; *16.03.10.116.02*	Also must be identified on the treatment plan ☐Discharge criteria and ☐after care plans.		
16.03.09.710.04	Each individualized treatment plan must ☐be reviewed, updated, and signed by a physician at least annually. ☐Changes in the types, ☐duration, or ☐amount of services that are determined during the treatment plan reviews must be reviewed and signed by a physician. ☐ Projected dates for the participant's reevaluation and the rewrite of the individualized treatment plan must be recorded on the treatment plan		
	Enhanced Benefit Plan only:		
16.03.10.116.02	*At least one (1) objective is required in the areas that are most likely to lead to the greatest level of stabilization*		
16.03.10.116.03	*An individualized treatment plan must be developed and* ☐ *signed by a licensed physician or other practitioner of the healing arts;* ☐ *and signing is within thirty 30 calendar days from initial contact.*		

16.03.10.116.05	*The provider agency must* ☐ *monitor,* ☐ *coordinate, and* ☐ *jointly plan with all known providers to a participant to prevent duplication of services provided to enhanced outpatient mental health services participants through other Medicaid reimbursable and non-Medicaid programs.*		
	Continuation of Services		
16.03.09.710.03; *16.03.10.116.03*	The agency staff must conduct intermittent treatment plan reviews when medically necessary. Intermittent treatment plan reviews must occur as needed to incorporate progress, different goals, or change in treatment focus, but must not exceed one hundred twenty (120) days between reviews.		
16.03.09.710.03; *16.03.10.116.02*	The agency staff providing the services, the participant, and any other members of the participants interdisciplinary team as identified by the participant or his parent of legal guardian must review the progress the participant has made on objectives and identify objectives that may be added, amended, or deleted from the individualized treatment plan. The attendees of the treatment plan review are determined by the participant or his legal guardian and agency staff providing the services.		
16.03.09.710.05.a 16.03.09.710.05.b *16.03.10.116.02*	Continuation of services after the first year must be based on documentation of the following: ☐ description of the ways the participant has specifically benefited from mental health services ☐ why he continues to need additional services and: ☐ the participant's progress toward the achievement of therapeutic goals that would eliminate the need for the service to continue		
16.03.10.116.03	*An updated treatment plan must be developed for participants who will continue in treatment beyond twelve (12) months and signed by a licensed physician or other practitioner of the healing arts.*		
16.03.10.136.05.b	☐ *The treatment plan review must also include a reassessment of the participant's continued need for services and be conducted in visual contact.* ☐ *For children the review must include a new CAFAS/PECFAS for the purpose of measuring changes in the participant's functional impairment.*		
	Recordkeeping Requirements		
16.03.09.716.05.c.ii; *16.03.10.136.01*	Participants name.		
16.03.09.716.05.c.i	The exact type of services that were provided.		
16.03.09.716.05.c.*i*	Specify the duration of the treatment and the time of day		
16.03.09.716.05.c.v; *16.03.10.136.03*	Contain the ☐ legible, ☐ dated signature, with		

	☐degree credentials listed, of the staff member performing the service.		
16.03.09.716.05.c.iv	Contain detailed records which outline exactly what occurred during the therapy session or participant contact documented by the person who delivered the service		
16.03.10.136.02	*name of the provider agency and the agency staff person delivering the service*		
16.03.10.136.03	*Documentation of the* ☐*date,* ☐ *time, and* ☐*duration of service, and* ☐*the justification for the length of time which is billed.*		
16.03.10.136.04	*the written description of the:* ☐*service provided,* ☐*the place of service,* ☐*and the response of the participant must be included in the progress note.* ☐*A separate progress note is required for each contact with a participant.*		
16.03.10.136.08	*A discharge summary must be included in the participants record* ☐*identifying the date of closure,* ☐*reason for ending services,* ☐*progress on objectives,* ☐*and referrals to supports and other services,.*		
16.03.09.709.06.a; *16.03.10.123.04*	Crisis or emergency services that were provided were clearly documented as to the need for the crisis service		
	Additional Comments:		